OXFORD LEARNING PATHWAYS

A Series of Blended Learning Pathways incorporating e-ELCA (the national e-learning resource to support End of Life Care)

A Resource to Support General Practice Trainees in Specialist Palliative Care Services

Date: January 2013
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- What e-ELCA is and how to access it
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SECTION ONE

What are Oxford Learning Pathways?
OLPs are a blended learning resource for individuals and training facilitators designed to help meet the needs of staff and volunteers involved in providing end of life care to people in Oxfordshire across a range of settings. The pathways have been developed and piloted by teams of experienced palliative medicine and end of life care professionals and utilise the national e-learning resource for end of life care services ‘End of Life Care for All’ known as e-ELCA. There are seven OLPs covering:

- GP Trainees on placement within Specialist Palliative Care Services
- Ambulance Services
- Registered professionals working within acute hospitals
- Clerical staff working in Palliative Care and End of Life Care Services
- Out of Hours (OOHs) Urgent Care Practitioners
- Volunteers within palliative care services
- Band 5 Nurses working in Specialist Palliative Care Services

It is intended that these pathways will be available for use across the UK through the e-ELCA website www.e-lfh.org.uk/projects/e-elca by 31 March 2013 in the form of pdfs, word documents to download and the related sessions grouped for ease of access. However, some are only being made available more widely for further testing before being finalised and depending on feedback the timing for going live may differ.

Blended learning is the effective combination of different modes of delivery, models of teaching and styles of learning. Each OLP contains information on the learning framework used e.g. e-ELCA sessions, other forms of learning such as workshops, tutorials, face to face sessions with mentors/tutors, reading materials, scenarios that can be used to support case based discussions and learning. For those pathways relating to induction into working within Specialist Palliative Care services then it is anticipated that case studies and scenarios will be not be required as learning can be applied to day to day practice. Also included are tips on how to get the most out of the resources as they have been developed to allow flexibility to adapt to meet local needs. Appendix 2 contains the ORCID approach to blended learning adopted by some of the pathways.

What is e-ELCA

e-ELCA was developed in partnership between the National End of Life Care Programme, Association of Palliative Medicine (APM) and e-Learning for Healthcare (e-LfH) through Department of Health funding in response to the End of Life Care Strategy (2008). Each session has been developed by Subject Matter Experts (SMEs) to agreed standards and the content will reflect current best practice regardless of locality. The content is reviewed by APM at agreed intervals with e-LfH to ensure it is up to date and remains fit for purpose. Individuals working within health and social care across a range of settings can all benefit from using the content for induction or further personal development.
There are over 150 e-learning sessions available over eight courses/modules, a full list of sessions can be found at [insert]. The sessions have a high degree of flexibility built in allowing individuals to undertake learning to suit their lifestyle, learning style and at their own pace. Each session lasts only 20 to 30 minutes and individuals can dip in and out as they wish. They are designed to enable individuals to learn on their own or as a wider facilitated group. Most sessions can only be accessed through a registration process requiring agreement from the individual’s employer. However there are a number of taster sessions available through the free access website www.endoflifecareforall.com

To help individuals and training facilitators get started a resource guide ‘e-ELCA getting started and support pack’ is now available from www.endoflifecare.nhs.uk/search-resources/resources-search/publications/e-elca-getting-started-and-support-pack.aspx as a hard copy, DVD or download.

When an individual has completed all the sessions linked to one of the OLPs a certificate can be printed off which can be included in development portfolios or as evidence that the sessions have been undertaken, however it is not proof of qualification or competence and any assessment will have to be undertaken by the mentor or employer.

Note: e-ELCA can be accessed via two routes, which are explained in the resource guide mentioned above. The Course Number refers to the identification used on the National Learning Management System. All references to e-ELCA individual sessions contained within the pathway refer to the session number on the e-Learning for Healthcare Learning Management System. The session titles are the same on both systems.

Next Steps
Each pathway is different to reflect the differing groups of individuals being targeted by the pathway – one size does not fit all! This guide has been designed so that individuals can adapt it to his or her own pace and style of learning. In addition, training facilitators and mentors can use it to adapt to local needs to provide support to individuals and to inform the design and content of local group sessions and workshops. Section Two outlines the approach taken in Oxfordshire and the Appendices contain some of the materials used.

For those not familiar with e-ELCA, it is recommended to complete course number 0.0 session 00-01 “Introduction to e-learning for End of life care” as an introduction to the pathway.

Course number 0.0 session 00-02 “Relationship between palliative care and end of life care” may also be considered at this stage in order to avoid confusion in relation to definitions.
SECTION 2

Aims and Purpose
This learning pathway is for GP trainees on attachment to palliative care units either on a full-time placement or on a day-release/sessional basis. It is a “blended learning pathway” and seeks to combine various modalities of workplace-based learning with e-learning. It is designed to be complementary to the e-portfolio and focuses learning on the individual needs of the trainee, the RCGP curriculum and the needs of the hosting palliative care unit. The pathway requires a supervising doctor from the palliative care unit to act as a mentor to the trainee throughout the learning period. It uses the e-ELCA learning modules as a “background library”. If the trainee is not already familiar with e-ELCA they will need a tutorial on how to access and navigate the site before they begin to plan their learning. The mentor will therefore need a working knowledge of the e-ELCA site and familiarity with many of the sessions relevant to the pathway.

Other related resources and information including useful web links can be found in Appendix 8.

Benefits

<table>
<thead>
<tr>
<th>Learner</th>
<th>Flexibility. Learning tailored to experience, existing knowledge and preferred learning style of each individual Provides evidence for the RCGP e-portfolio</th>
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<tr>
<td>Facilitator/Mentor</td>
<td>Provides structured core learning outcomes linked to the RCGP curriculum that can form a basis of discussions for planning and monitoring learning.</td>
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<tr>
<td>Organisation</td>
<td>Provides a framework of suggested learning outcomes in line with the RCGP curriculum that organisations can adopt or modify according to their own requirements.</td>
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Pathway for GP Trainees in SPC
The supporting documents GPTBLP 2 to 6 are available in word format to enable uploading so that they can be used as evidence of progress within the e-portfolio. The documents can be found in Appendices 3 to 7.

GPTBLP 1 – The Pathway Summary, gives a visual summary and highlights the three strands that make up the pathway:

- Communication
- Assessment
- Symptom management
These areas are highlighted as a priority for learning where time is limited. They can be seen as a priority both for the trainee who is learning to address the palliative care needs of patients and for a palliative care unit that is looking to train up a trainee to work effectively as part of a palliative care team. This does not exclude learning objectives that fall outside the scope of these areas that may well be appropriate during the attachment.

The diagram also includes “modes of learning” under the acronym “ORCID”: Observing, Reflective discussions, Case-based discussion, Independent learning and learning by Doing. Beneath each mode are listed examples of workplace based assessments (or WPBA’s) that may be appropriate to consider as part of on-going e-portfolio based assessment.

Pathway Flow – GPTBLP 1

To suit the needs of the individual and the resources within the organisation, a variety of modes of learning can be used. Suggestions for these are indicated above (these are not intended to be in a preferential or sequential order).
GPTBLP 2. Introduction and planning – (Appendix 3)

This document serves as an introductory planning template for the pathway and should be completed by the mentor and trainee together at the earliest opportunity. It documents the trainees’ previous experience of palliative care and their preferred learning style but also gives the mentor the chance to outline the expectations of the trainee’s role on the palliative care unit and to discuss the various learning opportunities that will be available. As noted above, an e-ELCA tutorial should form part of the introduction to the pathway if the trainee is not already familiar with the site.

GPTBLP 3. e-ELCA curriculum library – (Appendix 4)

This section has taken the learning outcomes form the RCGP curriculum statement 12, “Care of People with Cancer and Palliative Care”, and arranged them under the three strands: Communication, Assessment and Symptom Management. Relevant e-ELCA sessions are then listed next to the learning outcomes. It is not envisaged that a trainee will have to complete all the listed e-ELCA sessions during an attachment. Appropriate sessions may be chosen from this list to help meet the learning objectives identified on the pathway. e-ELCA will not necessarily be the only form of “Independent learning” used on the pathway. The trainee may well choose to use textbooks, journal articles or other web-based material to cover certain areas of the curriculum.

GPTBLP 4. PDP – (Appendix 5)

The personal development plan should be completed by the trainee in consultation with the mentor. A realistic number of learning objectives should be identified under each strand to reflect the time available during the attachment. The “ORCID” column can be used to focus on which “learning modes” will be most appropriate for that learning objective. The “action plan” can then list the e-learning and workplace based sessions that are going to be used to meet the objective. E-learning session titles can be “cut and pasted” from the e-ELCA curriculum library. Learning objectives and action plans can be “cut and pasted” into the e-portfolio.

GPTBLP 5. Mid-way Review – (Appendix 6)

This document should be used by trainee and mentor together to take stock of progress mid-way through the attachment and to re-focus learning objectives as appropriate.

GPTBLP 6. Final Review – (Appendix 7)

This should be completed by trainee and mentor at the end of the attachment to review achievement on the pathway and identify learning needs beyond the scope of the placement that the trainee will take forward. The Mid-way review and Final Review are modelled on the “Record of Professional Conversation” form on the GP e-portfolio and can therefore be cut and pasted into this format.
Top Tips

• Needs to be led by the GP trainee who understands the e-portfolio and learning outcomes he/she must achieve in the RCGP curriculum

• Be realistic with the time it will take to complete the pathway – it will depend on prior knowledge, skills and experience as well as competing pressures in the workplace e.g. the extent of statutory and mandatory training required, the number of hours per week available for protected time etc.

• Take into account that when someone starts a new post they will want to familiarise themselves and form relationships with new colleagues so may not be so focussed when undertaking elearning.
### Commitment Required

<table>
<thead>
<tr>
<th></th>
<th>Learner</th>
<th>Facilitator/Mentor</th>
<th>Organisation</th>
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<tbody>
<tr>
<td><strong>Time</strong></td>
<td>Will be dependent on the learner’s prior experience of specialist palliative care and their learning needs</td>
<td>Must be a supervising doctor from the palliative care unit with knowledge of the RCGP curricula learning outcome requirements</td>
<td>Agreed protected time for the tutor/mentor and the learner</td>
</tr>
<tr>
<td><strong>Other resources</strong></td>
<td>Access to resources to support learner’s style (ORCID) such as time to attend MDT discussions, observing peers in practice, e-ELCA etc.</td>
<td>Familiarity with different learning styles, and ways to modify education to meet these styles and has a working knowledge of e-ELCA. Access to a computer</td>
<td>Support for staff to facilitate easy access to e-ELCA In place and accessible</td>
</tr>
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APPENDIX 1 – Acknowledgements

Special thanks go to the small team who developed the pathway:

- Charlie Bond, Medical Director, Katharine House Hospice – Charlie.Bond@khh.org.uk
- Bridget Taylor, Nurse Educator and Staff Nurse at Sobell House – bridget.taylor@ouh.nhs.uk
- Karen Satchwith, Practice Development Nurse at Sobell House – karen.satchwith@ouh.nhs.uk

Also thanks to:

- The Overall OLP Project Leads - Palliative Medicine Consultants at Sir Michael Sobell House in Oxford, Dr Bee Wee and Dr Mary Miller, and Dr Marilyn Relf Head of Education – Sobell Study Centre
- Catherine Foot at Sobell Study Centre for supporting the pilot teams and arranging the workshops and meetings.
APPENDIX 2 – The ORCID approach to blended learning

With some of the OLPs ORCID has been adopted as a methodology to identify the differing learning and delivery styles that can be included within a blended learning pathway. They need to be tailored to suit the needs of the individual and the resources within the organisation. They can also be used for monitoring progress against agreed learning outcomes/objectives as part of an individual’s action plan. As an example these are:

O bserving – other practitioners, volunteers, professional conversations, ward rounds and team meetings

R eflective discussions – reflecting on own and others practice, behaviours, knowledge, skills and attitudes, prior experiences (professional and personal)

C ase/scenario based discussions, tutorials and workshops to apply learning to practice in safe environments

I ndependent learning – e-ELCA, reading related literature, researching subject areas

D (learning by doing) – caring and supporting individuals at the end of their lives, conversations with family members and carers, participating in team meeting
APPENDIX 3 – Introduction and Planning Template

What do I already know about palliative care?¹

How do I learn best? (Observation; Reflection; Case study; Independent learning; Doing)

Expectations of the role

Learning opportunities available

¹ Information on the principles of Specialist Palliative Care can be found on the National Council for Palliative Care’s website www.ncpc.org.uk
Information on the DH End of Life Care Strategy can be found on http://www.endolifecareforadults.nhs.uk/eolc/eolcstrat.htm
The e-ELCA course, 8.0 Spirituality, contains a useful unit on ‘Spirituality and the philosophy of palliative care.’
Learning Outcomes from RCGP Curriculum Statement 12: (Care of People with Cancer and Palliative Care) with suggested e-ELCA sessions.

### 1/ Communication

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>e-ELCA session</th>
</tr>
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</table>
| The ability to communicate effectively with the patient and carer(s) regarding difficult information about the disease, its treatment or prognosis | 03-15 Breaking Bad News  
03-22 “Am I dying?” “How long have I got?” Handling challenging questions  
03-25 “I don’t believe you, I’m not ready to die” Managing Denial  
03-23 “Please don’t tell my husband” - managing collusion. |
| The ability to counsel and explain for patients and their carers:  
- Risk of disease  
- Behaviour change  
- Treatment options  
- Symptom control  
- Disease progression  
- Processes around death and dying  
- Advance care planning  
- Normal and abnormal bereavement | 04-02 Agreeing a plan of management and care  
04-03 Communicating the plan of management and care  
05-02 Initiating conversations about EoLC cancer  
03-26 “What will it be like?” Talking about the dying process  
01-11 Introduction to conducting conversations about advanced care planning  
03-31 Discussing food and fluids  
07-03 Practical support after bereavement  
07-05 Emotional support and signposting |
| Knowledge of the ethical dimensions of treatment and investigation choices, palliative and terminal care, and advanced directives. | 04-02 Agreeing a plan of management and care  
03-21 Legal and Ethical Issues Embedded in Communication  
01-05 Advance decisions to Refuse Treatment: Principles  
01-06 Advance decisions to Refuse Treatment in Practice |

### 2/ Assessment

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>e-ELCA session</th>
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| The ability to attend to the full range of physical, social and spiritual needs of the patient, family and carer. | 02-15 First assessment; meeting the patient  
02-16 Identifying the patient’s goals and priorities  
02-03 Assessment of physical symptoms  
02-05 Assessment of psychological well-being  
02-06 Assessment of social and occupational wellbeing  
02-13 Assessing urgent situations with limited information  
02-14 Assessment of dying phase and after-death care. |
| The ability to offer spiritual care for the patient and carer(s) | 02-07 Assessment of spiritual well-being  
08-02 Understanding and assessing spiritual need and spiritual distress  
08-03 Spiritual care and models of spiritual intervention |

(Attitudinal aspects)
Knowledge of the principles of palliative care and how it applies to non-cancer illnesses such as cardiovascular, neurological, respiratory and infectious diseases *(Primary care management)*

| 05-05 Case study: end stage cardiac disease |
| 05-07 Case study: motor neuron disease |
| 05-07 Case study: COPD |

Knowledge of their own personal attitudes and experiences that can affect their attitude towards patients with cancer or who are dying e.g.

- The doctors cultural values and/or religious beliefs which might make it difficult for them to be non-judgmental about their patient’s decisions at the end of their life
- Personal life events, such as deaths in the family, which make full clinical engagement a test of their professionalism
- *(Attitudinal aspects)*

| 04-04 individual preferences and cultural influences on symptom management |
| 04-06 Recognising your own limitations in symptom management. |


3/ Symptom management

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>e-ELCA session</th>
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<tbody>
<tr>
<td>The ability to manage distressing symptoms, e.g. nausea, pain, shortness of breath and confusion. <em>(Specific problem-solving skills)</em></td>
<td>04-07 Assessment of pain</td>
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<tr>
<td>04-08 Principles of pain management</td>
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<td>04-09 Drug management of pain-core knowledge</td>
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<tr>
<td>04-10 Opioids in pain management-advanced knowledge</td>
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<tr>
<td>04-11 Managing different types of pain</td>
<td></td>
</tr>
<tr>
<td>04-16 Assessment of nausea and vomiting</td>
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<tr>
<td>04-17 Management of nausea and vomiting</td>
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<tr>
<td>04-12 Assessment of breathlessness</td>
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<td>04-13 Drug management of breathlessness</td>
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<td>04-14 Non-drug management of breathlessness</td>
<td></td>
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<td>04-35 Assessment and management of agitation</td>
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The ability to manage cancer and non-cancer symptomatology in the same patient *(A comprehensive approach)*

<p>| 04-30 Symptom management complicated by coexisting conditions |</p>
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<tr>
<th>Knowledge about and skill in using a syringe driver:</th>
<th>04-27 use of syringe drivers</th>
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<tbody>
<tr>
<td>• Suitable drugs</td>
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<td>• Conversion of drugs from oral dosage</td>
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<td>to syringe driver, either, IV or Subcutaneous</td>
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<tr>
<td><em>(Specific problem-solving skills)</em></td>
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| Knowledge of suitable drugs combinations           | 04-05 Influence of Transition Points and Crises on Decision-Making in Symptom Management |
| *(Specific problem-solving skills)*                | 04-21 Management of bleeding |
|                                                   | 04-22 Recognising and managing spinal cord compression |
|                                                   | 04-34 Management of anxiety |

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<tr>
<th>The knowledge of various palliative care emergencies and their appropriate management:</th>
<th>04-28 Non-drug interventions in symptom management</th>
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<tbody>
<tr>
<td>• Major haemorrhage</td>
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<td>• Hypercalcaemia</td>
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<tr>
<td>• Superior vena caval obstruction</td>
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<td>• Spinal cord compression</td>
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<td>• Bone fractures</td>
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<tr>
<td>• Anxiety/panic</td>
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<tr>
<td>• Use of emergency drugs</td>
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<tr>
<td><em>(Specific problem-solving skills)</em></td>
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Understanding of the evidence base for care at the end of life, which is less rigorous because there are few trials available. Understanding of the difficulty of running double-blinded randomised controlled trials in patients who are dying. *(Scientific aspects)*

Understanding of the wide use of alternative therapies for the patient’s comfort rather than debating the lack of evidence. *(Scientific aspects)*
<table>
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<tr>
<th>Communication Learning Objectives</th>
<th>Learning Modes</th>
<th>Action plan</th>
<th>Time Scale</th>
<th>How will I know when objective is achieved?</th>
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<th>Assessment Learning Objectives</th>
<th>Learning Modes</th>
<th>Action plan</th>
<th>Time Scale</th>
<th>How will I know when objective is achieved?</th>
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<th>Symptom Management Learning Objectives</th>
<th>Learning Modes</th>
<th>Action plan</th>
<th>Time Scale</th>
<th>How will I know when objective is achieved?</th>
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APPENDIX 6 - GPTBLP 5– Midway Review Template

What have I learnt so far?

How has this influenced my practice?

What further learning needs have I identified?

How and when will I address these?
What have I learnt?

How will this influence my practice?

What further learning needs have I identified?

How and when will I address these?
APPENDIX 8 – Other Useful resources and web links

National links:

- e-ELCA free access website [www.endoflifeforall.org.uk](http://www.endoflifeforall.org.uk)
- National End of Life Care Programme [www.endoflifecareforadults.nhs.uk](http://www.endoflifecareforadults.nhs.uk) has information and resources around all aspects of end of life care
- e-GP accessed via the e-learning for Healthcare website has a broader range of sessions for GPs developed in partnership with the Royal College of General Practitioners [www.e-lfh.org.uk/projects/egp/index.html](http://www.e-lfh.org.uk/projects/egp/index.html)
- Royal College of General Practitioners [www.rcgp.org.uk](http://www.rcgp.org.uk/)
- Help the Hospices have information on SPC on their website [www.helpthehospices.org.uk](http://www.helpthehospices.org.uk)
- Dying Matters [www.dyingmatters.org](http://www.dyingmatters.org) has a number of useful videos that can be accessed via the website as well as related leaflets and other useful resources and also contains details of training for GPs around difficult conversations
- Gold Standards Framework [www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk/)
- Liverpool Care Pathway [www.mcpcil.org.uk](http://www.mcpcil.org.uk/)
- Marie Curie Cancer Care [www.mariecurie.org.uk](http://www.mariecurie.org.uk)
- National Council for Palliative Care [www.ncpc.org.uk](http://www.ncpc.org.uk)
- [www.getpalliativecare.org](http://www.getpalliativecare.org)
- Association of Palliative Medicine [www.apmonline.org](http://www.apmonline.org)
- Macmillan Cancer Support [www.macmillan.org.uk](http://www.macmillan.org.uk)