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Signed

Dated
1. Introduction and Acknowledgements

This report provides information relating to a Churchill Fellowship visit to the United States, England and Northern Ireland in April to June 2004 to study palliative care education and practice development. The fellowship included:

- Attendance at a course in Palliative Care Education and Practice at Harvard Medical School

And the study of:

- Nursing roles related to the implementation of clinical practice development in the United Kingdom
- Further education for the establishment and implementation of clinical practice development for nurses
- Practice development relating specifically to palliative care nursing
- Strategic elements of practice development introduction in healthcare organisations
- Education relating to palliative care provision for people with dementia

I would like to acknowledge the contributions of the following organisations and people who made this Fellowship possible in numerous ways:

- The Winston Churchill Memorial Trust for awarding the fellowship and affording exceptional opportunity at this time and in the future.
- Clare Holland House and Calvary Healthcare ACT for granting an extraordinary period of study leave
- The generosity of time, information and hospitality extended by expert nursing and other healthcare colleagues in the United States, England, and Northern Ireland
2. Executive Summary

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Fellowship Objective
To study palliative care education and practice development

Fellowship Highlights
- Attendance at Harvard Medical School course in Palliative Care Education and Practice in Cambridge, Massachusetts
- Bournemouth University
- Royal College of Nursing London
- City Hospital and Belvoir Cancer Hospital Belfast
- Royal Victoria Hospital Belfast
- University of Sheffield
- Dementia Centre University of Bradford
- Incontro Internazionale International Palliative Care Nursing Research Conference Prato Italy
Findings
There is considerable scope for Australian involvement in the evaluation of educational programs in palliative care and their impact on practice through the utilisation of international collaborative research in palliative care education and practice. There is a body of knowledge about palliative care practice and education relating to the care of people with dementia that is yet to be explored.

In addition, there is capacity of considerable depth and breadth for the implementation and evaluation of emancipatory practice development in nursing, and health care locally and nationally. The fundamental aim of practice development, using emancipatory processes, is to enhance the quality and effectiveness of patient centred care. The application of practice development potentially changes the culture and context of care (McCormack, Manley & Garbett, 2004). The effected changes brought about through practice development potentially benefit people who are dying and their families. It is envisioned however, that practice development might be implemented across specialty contexts in healthcare at an organisational and systems level.

A further possibility relating to practice development involves the development of individuals teams and organisations resulting in the enhancement of the experience of practice for nurses, in part, through the development of learning environments at work. There are various descriptions of practice development posts in the United Kingdom indicating that practice development is seen to be the particular remit of the nurses employed in those defined roles. Arguably however, practice development is the work of all nurses to ensure excellence in patient centred practice.
**Professional Presentations**

Invited presentation at the ACT and Southern New South Wales Chapter meeting of the Royal College of Nursing, July 2004.

Presentations will be made at other National Nursing conferences in the future.

**Publications**

Articles for nursing and palliative care publications are planned and an article will be submitted to at least one refereed journal detailing the project work that will result from both the course of study at Harvard Medical School and Practice Development initiatives in nursing teams in health care settings in Canberra.

**Research**

There is substantial participatory and action-oriented research that might be generated from this fellowship related to patient centred practice, palliative care and the implementation of practice development initiatives. There are specific issues related to practice and education concerning palliative care for people with dementia. There is also significant academic and practice project work to be done to uncover evidence to inform the establishment and implementation of practice development in health care settings including further understanding about strategies, skills, knowledge, methodologies and underpinning theories that are elements of practice development work (McCormack, Garbett & Manley, 2004).
3. Program

United States of America

Boston 26 April- 4 May
Harvard Medical School
- Part 1: The Program in Palliative Care Education and Practice facilitated by Dr Andrew Billings and Dr Susan Block and faculty, Harvard Medical School.

United Kingdom

Oxford 6 May – 8 May
Sir Michael Sobell House, Churchill Hospital
- Catherine Foote Manager, Education Centre
- Sue Prowse Senior Nurse
- Mary Walding Practice Development Nurse
- Dr Marilyn Relph Research, Education Centre

Bournemouth 9 May - 11 May
Bournemouth University
- Dr Iain Graham Dean, Institute of Health and Community Studies
- Dr Paul Fulbrook Clinical Reader, Critical Care Coordinator MA Practice Development Program
- Denise Heming Lecturer/Practitioner, Practice Development Nurse Salisbury NHS Trust
- Dr Liz Burrows Senior Lecturer

London 12 May – 14 May
Royal College of Nursing London
- Stephanie Schlingensiepen Senior Practice Development Fellow

Northern Ireland

Belfast 15 May – 25 May
City Hospital and Belvoir Cancer Hospitals
- Adrian Bell Staff Development Manager
- Sally Campilani Directorate Nurse Belvoir Cancer Hospital
• Liz Henderson *Lead Cancer Nurse, Northern Ireland*

Royal Victoria Hospital
• Professor Brendan McCormack *Chair Practice development University of Ulster and Royal Hospitals NHS Trust*
• Barbara Clyde *Senior Macmillan Nurse*

University of Ulster
• Bob Brown *Palliative Care Researcher /Practice Development Facilitator, PhD candidate*
• Dr Kate Sullivan

Altnagelvin Hospital Derry
• Mandy Bradley *Macmillan Nurse Consultant*

Marie Curie Cancer Centre
• Dr Kevin Donnaghy *Head Education Unit*
• Briege Devlin *Lecturer/Practitioner*
• Maura Murphy *Staff Nurse In Patient Unit*

**United Kingdom**

**Sheffield**  26 May – 28 May

University of Sheffield
• Dr Katherine Froggatt *Research Fellow Palliative and End of Life Care Research Group*
• Professor Sheila Payne *Head Palliative and End of Life Care Research Group*

Sheffield Teaching Hospitals trust NHS Northern General Hospital
• Sam Debbage *Practice Development Manager*

**Bradford**  4 June – 5 June

University of Bradford
• Errolyn Bruce *Lecturer, Dementia Care Postgraduate Program, Centre for Dementia Care*
Italy

Prato 7 June – 11 June
Incontro Internazionale International Palliative Care Nursing Research Conference

United States of America

Boston 9 November – 16 November
Harvard Medical School

- Part 2: The Program in Palliative Care Education and Practice facilitated by Dr Andrew Billings and Dr Susan Block and faculty, Harvard Medical School
5. Discussion

Background
The world of health care is dynamic, reflecting changes in the broader community, nationally and globally. In the current healthcare environment there is an emphasis on the use of language that speaks of accountability, encompassing effectiveness and evidence based approaches to practice as central tenets. There is also attention being paid to integrated assessment of need and shared relationships to facilitate the delivery of care. In addition, new partnerships with users and their carers are being explored. In the face of this continuously changing and complex landscape, all nurses need to be aware of the processes of practice development (McCormack, Garbett & Manley, 2004). Practice development from this perspective refers to a systematic and continuous approach to improving patient care by transforming contexts of care through skilful facilitation (Garbett & McCormack, 2002).

Increased awareness of practice development requires scaffolding to allow nurses to embrace a commitment to continuous improvement. The emancipatory nature of the practice model described in a concept analysis by Garbett and McCormack (2002) cultivates appropriate support of nurses to achieve this. The emancipatory processes involved in this model allow nurses to understand how they develop, enable and support developers and maintain evaluation as an integral component of practice development.

The processes of practice development are certainly applicable to nurses delivering palliative care, to ensure excellence in patient centred care for dying people and their families. However, a broader application of nursing practice development is possible, and necessary, to ensure the transformation of the culture and context of nursing across settings and specialty areas. This transformation of culture and context may foster the relevance of contemporary nursing, integrating essential historical elements of nursing care with current technical and ideological developments. Outcomes of engagement with this
process of transformation, importantly, aim to meet individual needs of patients; an additional outcome may be the support of nurses.

**Palliative Care: Changes Within a Changing System**

Palliative care is an active practice based discipline that aims to improve the quality of life for patients and their families facing the problems associated with life threatening illness. This is achieved through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2003). Palliative care may be thought of as a continuum of practice from a generalised palliative approach to care to maximise comfort for people living with a life limiting illness, to specialist care of the dying. Palliative care is provided to relieve uncomfortable or distressing symptoms and to offer compassionate care when the course of an illness cannot be changed by means that are currently available, including curative treatments.

Most of the knowledge used in the practice of palliative care comes from the care of people with cancer and to some degree HIV/AIDS. There is an increasing acknowledgment that palliative care is also relevant for people experiencing other diseases requiring end of life care such as motor neuron disease and end stage organ failure (Addington-Hall, 1998).

There have been changes in the provision and conceptualisation of palliative care in the last decade in Australia. Hospice work now integrates increasing acute interventions (Lawton, 1998). The scope of palliative care provision is now considered to be much broader than in the past. Previously, palliative care was only considered to be applicable for people facing the last months, weeks or days of their lives. Increasingly, palliative care services are being utilised to assist people with a life limiting illness with issues such as symptom management earlier in the manifestation of their disease.
Palliative Care Education and Nursing Practice Development

Education plays an important role in negotiating the changes that are an aspect of palliative care and health care and nursing more generally at this time. Education represents one aspect of the bigger practice development picture (McCormack, Garbett & Manley, 2004). The broader view of nursing practice development considers factors such as the promotion and facilitation of change, the facilitation of research into practice, translation and communication within practice cultures, audit and other quality improvement strategies and response to external influences or policy mandate.

The Program in Palliative Care Education and Practice facilitated by faculty at Harvard Medical School emphasises essential areas and challenging questions about palliative care practice while stressing educational methods to facilitate learning in palliative care. Personal growth and self-reflection are encouraged and facilitated through out the Program. A serendipitous synergy was found during this fellowship in relation to the fit between the syllabus of the Harvard program and the fundamental underpinnings of emancipatory nursing practice development.

Of note is the fact that hidden and informal education agenda, in addition to cultural influences in health care organisations, often undermine palliative care teaching and practice (Block & Billings, 2004). Overcoming these obstacles requires thoughtful methods to support learning and considered approaches to institutional change.

Further related considerations uncovered during participation in the Program in Palliative Care Education and Practice involve the notion that teaching fundamental knowledge about palliative care is less important than improving attitudes and skills. The course focused on teaching attitudes and communication skills. In addition, the development of trust and personal comfort is key in clinical and educational settings. A safe environment can encourage experimentation
6. Conclusions

The current climate of health care in Australia is dynamic. Palliative Care is situated within this environment. The requirement is to establish a model of practice development that responds to expanding boundaries of practice and the shifting needs of professional healthcare practice and health care policy.

A model that features the integration of practice, education, management, research, leadership and innovative change strategies may offer a solution to foster the application of advanced knowledge and skills in nursing and healthcare practice. This model will advance effectiveness in patient centred care at the same time as providing a supportive framework for nursing and other healthcare practitioners.

7. Recommendations

The initial objective developed as a result of the knowledge gained during this fellowship is to commence the development of practice development resources and practice based learning approaches that relate to palliative care practice in clinical contexts other than specialist palliative care settings. This objective should also be applied to consider patient groups other than those with malignant disease such as people with dementia.

A pilot project (developed as a result of participation in The Program in Palliative Care Education and Practice at Harvard Medical School) will be implemented at one of the public hospitals in the Australian Capital Territory commencing in December 2004. This project aims to support the work based learning needs of nurses providing palliative care in the acute healthcare situation.
Further recommendations involve continuing exploration and promotion of practice development, processes, outcomes and evaluation methodologies through participatory and action-oriented research. It is intended that the pursuit of these recommendation will be tacit in this Fellow's career pursuits.
Appendix 1
The Program in Palliative Care Education and Practice Harvard Medical School Boston, Massachusetts

Attendance at residential schools in April/May 2004 and November 2004. The program designed to increase knowledge relating to palliative care education and practice and is aimed at physicians and advanced practice nurses. Contacts have been established with faculty and other course participants.

Sir Michael Sobell House, Churchill Hospital, Oxford:
Discussions with Catherine Foote manager of the education centre, regarding educational program structure and the intersection with practice development which is facilitated by a nurse in a dedicated practice development post.

Bournemouth University:
Dr Iain Graham discussed leadership in relation to practice development. Dr Paul Fulbrook shared information about a Masters Degree program in practice development being offered at Bournemouth. Denise Heming detailed the role of the lecturer/practitioner which is being developed in nursing in the United Kingdom. Dr Liz Burrows presented a general overview of the nursing curriculum at Bournemouth University.

Royal College of Nursing London
Stephanie Schlingensiepen outlined the practice development program in palliative care being piloted by the Royal College of Nursing across a diverse range of health care trusts and settings in England and Scotland.

City Hospital and Belvoir Cancer Hospital Belfast
Adrian Bell and Sally Campilani explained the cancer and palliative care program at the City and Belvoir Cancer Hospitals in Belfast and detailed the integration of practice development programs at these sites. Liz Henderson shared information
about her experiences with practice development in her role as Lead Cancer Nurse for Northern Ireland.

**Royal Victoria Hospital Belfast**
Professor Brendan McCormack discussed at length the broad implementation of practice development across Northern Ireland and the international reach of practice development in which he is instrumental. We discussed some of the potential academic work that needed to facilitate evidence to inform the establish practice development in health care, and more specifically nursing, more globally.

**University of Ulster**
Bob Brown detailed the role of the practice development facilitator from the perspective of a palliative care and nursing researcher.

**Altnagelvin Hospital Derry and Macmillan Cancer Care Royal Victoria Hospital Belfast**
Mandy Bradley and Barbara Clyde talked about work based learning program for palliative care in relation to the Macmillan Cancer Care specialist nurse role, and the development of educative material and research focus from clinical pathways implemented in the care of the dying.

**Marie Curie Cancer Centre Belfast**
Dr Kevin Donnaghy and Briege Devlin detailed an educational program in cancer/palliative care offered by Marie Curie Centre in East Belfast.

**University of Sheffield**
Dr Katherine Froggatt and Professor Sheila Payne and colleagues shared information about the comprehensive research and practice development program in palliative care and elder care at the University of Sheffield.
Sheffield Teaching Hospitals trust NHS Northern General Hospital
Sam Debbage detailed strategies and issues involved in the establishment and implementation of a practice development model at an organizational level in a specific health care trust.

University of Bradford
A meeting with Errolyn Bruce enhanced understanding about palliative care for people with dementia. This meeting was also an introduction to educational programs, specifically in dementia care, run by the University of Bradford and started a conversation about future academic work in relation to palliative care for people with dementia.

Incontro Internazionale International Palliative Care Nursing Research Conference Prato Italy
This conference was an opportunity to learn about current trends relating to palliative care nursing practice and education and practice development at the forum of an international research conference.