Practice example: Knowledge for Practice

Trainee Assistant Practitioner ‘This opportunity has been both challenging and exciting’

Four trainee Assistant Practitioners, supported by NHS Lothian and NHS Education for Scotland are undertaking a pilot educational development programme to prepare them for undertaking a range of roles to support individuals with cancer in haematology and oncology services. The educational programme was developed in partnership with NHS Lothian, Jewel and Esk Valley College and Napier University. The trainees are undertaking units from the HNC Health Care programme; skills based work books and reflective practice. This project is currently subject to evaluation.

Further information

Karen Campbell, Macmillan Lecturer Practitioner in Cancer Nursing, Napier University

Pam Dixon, Curriculum Leader, Jewel and Esk Valley College

Donna McGowan, NHS Lothian

Claire Smith, Chief Nurse, Cancer and Palliative Care, NHS Lothian

Contents

Practice Example: Knowledge for Practice 1

Practice Example: Multi-professional Working 2

Practice Example: Care and Intervention 2/3

CPD Cycle diagram 4

CPD Development diagram 4

New Roles and Skills 5

Knowing When to Get Help 5

Practising ethically 5

Individual Care Plan Considerations 6

Senior Support Worker - Personal, Professional and Service Development 6
Practice example: Multi-professional Working

A rehabilitation senior support worker has been developed in Roxburghe House, Dundee, a specialist palliative care unit. The role was established to work with the unit’s well-established multi-professional team, to support the delivery of the individualised rehabilitation care plan and to provide continuity of multi-professional care to individual patients. The rehabilitation care plan is developed following collaborative assessment between the disciplines of nursing, occupational therapy and physiotherapy. The evaluation of this role development showed an enhanced rehabilitation service, with positive feedback received from the multi-professional team, patients and carers.

Further Information

Irene Hillsden, Clinical Co-ordinator, Roxburghe House, NHS Tayside

Lynn Sutherland, Occupational Therapist, Roxburghe House, NHS Tayside

Practice example: Care and Intervention

In a follow up interview after a study day aimed at providing health care support workers with a basic introduction to the causes and impact of symptoms in advanced illness, and highlighting the role of the health care support worker in the management of challenging symptoms a participant said

“I was looking after a lady with lung cancer. She was very breathless, anxious and panicky. She was scared to be on her own and didn’t want her husband to leave. He was also frightened to leave. I stayed calm and reassured them. I gave her a back rub and hand massage to help her relax and slow her breathing, as I remembered that relaxation and distraction can help.”

Further information: Marie Curie Learning Events

www.learningzone.mariecurie.org.uk/skillsand training/learningevents
Practice example: Care and Intervention

‘Inner Strength Outer Beauty’

“It’s not always easy to look your best when you don’t feel your best. Having cancer and receiving treatment for cancer can leave people feeling tired as well as changing the way they feel about themselves and the way they look.

At Borders General Hospital we run a ‘Inner Strength Outer Beauty’ programme designed to give people with cancer advice on how to feel better about themselves. The session is run by a beautician and myself and includes advice on skincare and make up and tips on managing hair loss.

It is a very informal couple of hours and lets people chat with others in the same position allowing them to share tips, experiences and advice. It also provides an opportunity for patients to be directed to other members of staff depending on what issues they may raise such as the need for specific information or help with benefits”  (Elaine Bryson, Nursing Auxiliary)

Further Information
Judith Smith, Oncology Clinical Nurse Specialist, Borders General Hospital

Practice example: Care and Intervention

NHS Fife project “Supporting Palliative Care Education in Care Homes” delivered an educational program based on Foundation In Palliative Care for care home staff, developed by Macmillan Cancer Support.

“The Palliative Care course is one of the best courses that I have been on; it was a very moving course at times. I have learned so much and I have a better understanding about the dying and how their family and friends may feel.

“I found the course beneficial to me as it has allowed me to progress and develop. The course allowed me to understand the dying process in older individual and it’s relevance to palliative care. It also helped me to understand the feelings associated with loss and gave me an insight on how other individual perceive bereavement and death.”

These quotes are from care home support workers and are part of the project evaluation report.

Further Information:
Jan Aimer, Macmillan Cancer and Palliative Care Educator, NHS Fife.
CPD Cycle

Identify Service Need

Identify learning needs from gaps in knowledge and skills

Identify learning activities that meet the above needs

Undertake learning activities

Evaluate and consolidate learning and incorporate into working practice

Gather evidence to demonstrate your learning and development

Example of CPD Development of HSCW in haematology and Oncology

Service need: Increased demand in Haematology and Oncology Day Patient Areas. New job profiles and competencies identified

HCSWs undertook a recognised programme of learning. Further learning needs identified: Understanding of haematology or oncology conditions and treatments, Clinical skills in venepuncture, cannulation, care of the patient undergoing IV treatment, Hickman Line care.

In house education including: Understanding local policies and procedures, Haematology/oncology knowledge through one to one with mentor, local teaching packs, online learning. Clinical skills training at clinical skills centre

HCSWs undertook these learning activities over a period of one year

In house supervision and mentoring provided opportunities to consolidate learning and ensure competency

Development of portfolio of evidence
New Roles and Skills

Margaret and Dena are working as Haematology Support Workers and Pam is an Oncology Support Worker (Senior healthcare support workers) in Ninewells Hospital. They have undertaken further education and training to take on these new roles. They have said that they enjoy the time they spend with patients undertaking their new roles and skills, and value their contribution to the quality of care for this group of patients.

For further information contact:

Ann Graham, Senior Charge Nurse, Ward 34 or Jackie Davie, Senior Charge Nurse, Ward 32, Ninewells Hospital, Dundee.

Knowing When to Get Help

John a man in his 60’s with a brain tumour had been agitated for several hours before I arrived. His family were very distressed as he kept trying to get out of bed and they were exhausted. John had a seizure when I was there. I called the GP who administered breakthrough medication and spoke with the family.

After about 30 mins John settled down and slept and I encouraged the family to rest too. I asked them if they wanted me to wake them if John’s condition changed and they managed to sleep for a couple of hours. During the night I realised that he was dying, I called the family and they sat with him. It’s important to know when to get help. John died before I went off duty- a peaceful death.

(MC HCA)
Received from Helen Dryden, Practice Educator, Marie Curie

Practising ethically

Since commencing employment as a Healthcare Assistant in April 2007 I have registered on the NiCHE (National Incremental Competencies in Healthcare Education) programme to assist with my personal development which includes raising my awareness of the ethical aspects of patient care. From the experience I have gained so far working on the ward I am aware that each patient requires to be treated as an individual and that their views and expressed wishes require to be respected when undertaking their care and when communicating with them.

Kathleen Ann Boyle, Healthcare Assistant, The Beatson West of Scotland Cancer Centre.

Having had the opportunity to attend study days and had training on the ward I have gained a deeper insight into the physical, emotional, social & spiritual issues which confront patients with cancer. The qualified nurses’ have supported me in my learning and development of competencies and I now feel confident to recognise the side effects of treatments that patients experience and what to do to support them and their families.

Maureen Monaghan, Healthcare Support Worker, Beatson West of Scotland Cancer Centre

Received from Anne McLinton BWSCC
Individual care plans should incorporate awareness of cultural diversity and ethical aspects of care. Issues for consideration include:

| Socio-Cultural and Religious Issues | There are differences within the different cultures as to what is socially acceptable and what is expected of the health service. This may relate to aspects of:  
- Daily life - diet, dress, traditions, festivals and religious fasts, managing medication during periods of fasting  
- Care provision – in some cultures the person has to wash before prayer, food and medicines will be taken after prayer.  
- Death – some cultures require all bodily hair to be removed if death is expected, there may be specific needs related to timing of burial and preparation of the body / last offices |
| Language | The use of Interpretation Services and / or Advocacy Support is required especially when decisions are required regarding care and treatment or when bad news is being broken |
| Gender | Consideration should be given to gender of health care workers involved in providing care or in handling a dead or dying person. |
| Family set-up, status in the family, educational background | These issues will impact on the choices and decisions which patients and their families / carers make. Patient rights may need to be protected if their choices conflict with their family’s expectations. |

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**Senior Support Worker - Personal, Professional and Service Development**

**Pamela Fitzpatrick Oncology Senior Support Worker Chemotherapy Day Area ward 32 Ninewells**

I commenced post Jan 2008 having previously completed the NiCHE (National Incremental Competencies in Healthcare Education) course. Key areas of learning and development have been completing the induction pack and clinical skills cannulation pack, which I have really enjoyed. This new role has enhanced my clinical practice as I now care for patients previously cared for only by trained nursing staff requiring supportive treatments e.g. blood transfusions, pamidronate treatment and also some pre chemotherapy tests adhering to local policies, protocols and guidelines. Underpinning this I have gained more knowledge and understanding of why these therapies are required through one to one teaching, completion of on line Oras Gold training and self directed study. One to one supervision has given me the opportunity to reflect on my practice, question more, thereby increasing my knowledge and skills. I really enjoy learning and look forward to participating in further courses and training so that I can deliver high standards of care and can support and supervise other healthcare support workers under supervision of the registered nurses in the department.