

PARTNERSHIP IN ACTION: INVOLVING MANAGEMENT IN EDUCATION INITIATIVES

Philip.J. Larkin RGN M.SC Palliative Care Coordinator for Nursing Services, Western Health Board, Galway Ireland..

Object: Changes to the practice and delivery of palliative care in Ireland have had a significant impact on the ability of nurse practitioners to maintain confidence and skill in their practice, particularly Clinical Nurse Specialists in the community. The expectation of management to provide a quality service and meet educational deficit has become increasingly problematic. This paper highlights the progress of a three month education programme for Hospice Home Care Professionals following a review of the administrative and clinical functions of the service.

Method: A pre-course questionnaire was distributed to all nursing and nursing management staff in once centre in The Republic of Ireland, to ascertain perceived areas of knowledge deficit and views on changes to palliative practice. A three month intensive education programme was instituted inclusive of lectures, observational field visits to other sites. The programme was interdisciplinary, open to all staff in the Hospice. Clinical Supervision meetings between staff and management was run consecutively with the programme. At the end of three months, nurses were asked to complete a further questionnaire to indicate preparedness for practice.

Summary/Discussion: A series of meetings between clinical personnel, nursing management and education prior to the programme identified anxiety and low levels of self-esteem in staff. Nurses reported low levels of knowledge in the areas of oncology, bereavement and cultural diversity. A period of time was granted to allow for staff to take a break from clinical care delivery and during the time of the education programme, home care visiting was suspended. Although the intensity of the three month programme was challenged in terms of information retention, this was balanced against their need to return to work and regain security and self-esteem. The Clinical Supervision programme was not only useful in exploring the dimensions of clinical work, but in sharing ideas and vision with management for the development of the service. This new focus has formed the basis for a new and dynamic team within a framework of partnership and mutual reciprocity. There remain, however, a dilemma for nurses who perceive the highest value in providing care to patients in the terminal phase of life and fear this has been lost.

Discussion: The advent of clinical nurse specialism in Ireland has repercussions for practitioners who have to make radical changes to their existing practice. This has created a dilemma for practitioners who are coping with the transition from a terminally ill focused service to one where patients are seen much earlier in their illness. The outcome of the education programme highlighted the value of strong clinical direction, medical advice and support and an openness to change for both clinicians and managers. Although staff indicated that the programme had offered them a basis for practice, the need for a regular (monthly) lecture programme was evident. A rolling programme of lectures covering both clinical and Management issues was created to supplement the three month course.

Conclusions: The full impact of this change is still to be assessed. Recruitment and retention remain a problem, largely due to administrative structures between statutory and voluntary service providers. For clinicians, the need to ensure that best practice ensues justifies the need to challenge inadequacies in service delivery and promote the highest standards of palliative care for patients.