Training Support Guide
How to Develop a Staff Education and Training Strategy to Help Implement a Palliative Approach in Residential Aged Care
Recommended Citation

Enquiries
All enquiries about this document should be directed to:
Brisbane South Palliative Care Collaborative [Queensland Health]
Email: bspcc@health.qld.gov.au
An electronic copy of this resource can be downloaded at: www.caresearch.com.au/PAToolkit

Acknowledgements
This resource was developed as part of the National Rollout of the Palliative Approach Toolkit for Residential Aged Care Facilities Project. The Project was funded by the Australian Government Department of Social Services under the Encouraging Better Practice in Aged Care [EBPAC] Initiative.
Brisbane South Palliative Care Collaborative would like to thank the following for assistance in developing this resource:
• Steering Committee for the National Rollout of the Palliative Approach Toolkit for Residential Aged Care Facilities
• Clinical Education Reference Group for the National Rollout of the Palliative Approach Toolkit for Residential Aged Care Facilities

Disclaimer
Information in this resource is provided as a general guide only. Although the Brisbane South Palliative Care Collaborative has attempted to make the information in this resource as accurate as possible, the information is for educational use only and is provided in good faith without any express or implied warranty.
Brisbane South Palliative Care Collaborative has exercised due care in ensuring that the information in this resource is based on the available best practice literature or, in the absence of this literature, expert opinion. There is no guarantee given as to the accuracy or currency of any information in the resource. The information in this resource does not constitute professional advice and should not be relied on as such.
Clinical material presented in this resource does not replace clinical judgement. No information in this resource is intended as medical advice. It should not be used to diagnose, treat, cure or prevent any disease, nor should it be used for therapeutic purposes or as a substitute for an appropriate health professional’s advice.
Neither Brisbane South Palliative Care Collaborative nor any person associated with the preparation of this resource accepts liability for any injury, loss or damage (including without limitation direct, indirect, punitive, special or consequential) incurred by use of or reliance upon the information provided in this resource.
About this Guide

Context

In Australia, the proportion of people dying in residential aged care facilities (RACFs) has steadily increased over the last two decades. In addition, those entering residential aged care are increasingly frail, often highly dependent and have multiple co-morbidities.¹

The complex needs of residents and their families have prompted recognition of the importance of using a palliative approach in residential aged care settings.² For RACFs to implement and sustain a comprehensive, evidence-based palliative approach to care, staff need ongoing access to relevant education, training and professional development activities.² ⁶

Key Point

The Workplace Implementation Guide⁷ in the Residential Aged Care Palliative Approach (PA) Toolkit describes ten steps for implementing and maintaining a palliative approach in RACFs. Step 9 highlights the importance of ongoing staff education and training – that is:

‘Step 9: Review your current staff education and training strategy in relation to implementing a palliative approach and identify how to incorporate PA Toolkit resources into this strategy.’ (p. 36)

This Training Support Guide builds on Step 9 in the Workplace Implementation Guide by providing detailed information on how to design, use and continuously improve your facility’s ‘Palliative Approach Staff Education and Training Strategy (PA-SETS)’.

Focus

Developed as part of the Residential Aged Care Palliative Approach (PA) Toolkit, this Training Support Guide:

1. Provides detailed information on how to develop and evaluate a facility-wide staff education and training strategy that supports the implementation of a palliative approach in residential aged care.*

2. Suggests ways to integrate PA Toolkit resources into education and training activities for residential aged care staff.

3. Is designed to be used by staff responsible for planning, delivering and/or evaluating education and training activities in residential aged care settings.

4. Supplements information contained in the following PA Toolkit resources:
   • Workplace Implementation Guide: Support for Managers, Link Nurses and Palliative Approach Working Parties
   • Module 1: Integrating a Palliative Approach

5. Is designed to support the delivery of high quality and evidence-based palliative care within Australian RACFs.

* This strategy will be referred to as a ‘Palliative Approach Staff Education and Training Strategy (PA-SETS)’ in the remainder of this document.
Brief Overview of a Palliative Approach in Residential Aged Care

Before focusing on how to develop your Palliative Approach Staff Education and Training Strategy (PA-SETS), let’s briefly review:

- What is a palliative approach?
- Why implement a palliative approach in residential aged care?
- When should a palliative approach be implemented?

What is a Palliative Approach?

In determining a resident’s palliative care needs, it is important to distinguish between a palliative approach, specialised palliative service provision, and end of life (terminal) care. Understanding the differences between these three forms of palliative care is particularly important in care planning and in clarifying a resident’s treatment goals.2

Key Point

Three Forms of Palliative Care2

Palliative approach

A palliative approach aims to improve quality of life for residents with life-limiting illnesses and their families by reducing their suffering through early identification, assessment and treatment of pain, physical, cultural, psychological, social and spiritual needs. Importantly, this form of palliative care is not restricted to the last days or weeks of a resident’s life.

Specialised palliative service provision

This form of palliative care involves referral of a resident’s case to a specialist palliative care team. This, however, does not replace a palliative approach to care being provided by the RACF but rather augments it with focused, intermittent, specific input when required. Specialist palliative care teams do not usually take over the care of a resident but instead provide advice on complex issues and support to aged care staff and general practitioners.

End of life [terminal] care

This form of palliative care is appropriate when a resident is in the final days or weeks of life and care decisions may need to be reviewed more frequently. Goals are more sharply focused on a resident’s physical, emotional and spiritual comfort and support for the resident’s family.
Why Implement a Palliative Approach in Residential Aged Care?

The major benefit of using a palliative approach in residential aged care is that it improves residents’ quality of life by:

- Encouraging open and early discussions about advance care planning as well as death and dying which:
  - Assists the resident and their family to understand and accept the implications of disease progression.
  - Helps to involve the resident and their family in care planning and decision-making.
- Facilitating the early identification of changes in the resident’s condition and the prompt management of emerging symptoms which:
  - Provides opportunities for improved control of pain and other symptoms.
- Reducing unnecessary transfers to hospital because residential aged care staff develop knowledge and skills to successfully manage the palliative care needs of residents which:
  - Enables the resident to be cared for by familiar staff with whom they have a close relationship.
  - Enables the resident to die in their home [the RACF].

When Should a Palliative Approach be Implemented?

In general, a palliative approach is started when aggressive curative treatments are no longer appropriate for the resident and the focus of care is on symptom management, quality of life and comfort. The ‘Palliative Approach Trajectories Framework’ underpinning the PA Toolkit uses a resident’s estimated prognosis to trigger three key processes that are central to the successful implementation of a palliative approach: advance care planning, palliative care case conferences and use of an end of life care pathway. A detailed description of this framework and the three key processes is beyond the scope of this Training Support Guide. Instead, consult the following PA Toolkit resources for information about the components and use of the ‘Palliative Approach Trajectories Framework’:

- Module 1: Integrating a Palliative Approach
- Module 2: Key Processes
Part 1: Developing Your Facility’s Staff Education and Training Strategy

Benefits of Ongoing Staff Education and Training in a Palliative Approach

Benefits of providing ongoing access to palliative care education, training and professional development for staff at your facility include:

• Greater workforce capacity due to increased staff knowledge, skills and confidence in providing care to residents at end of life.
• Improved outcomes of care for residents leading to increased resident and family satisfaction with the facility.
• Enhanced job satisfaction for staff contributing to reduced staff turnover.
• Increased likelihood that current best practice evidence related to the palliative care and associated needs of residents will be translated into day-to-day practices within the facility.2-11

Key Point

In thinking about learning opportunities for RACF staff, it’s useful to distinguish between education, training and continuing professional development.

Education refers to a process by which people develop abilities, attitudes and other forms of behaviour considered to be valuable by the groups in which they interact.12

Training refers to discrete planned events that are used to instruct people on how to perform specific defined skills or procedures.13

Continuing Professional Development refers to the means by which members of a profession maintain, improve and broaden their knowledge, expertise and competence, and develop personal and professional qualities required for their work.14

Essential Elements in a Staff Education and Training Strategy

Table 1 lists six best practice objectives relevant to the design, implementation and review of a whole of organisation staff education and training strategy.15-17 Each of these objectives should be addressed in your facility’s PA-SETS.

Table 1: Key Objectives in a Staff Education and Training Strategy

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Foster a ‘Learning Culture’</td>
</tr>
<tr>
<td>Objective 2</td>
<td>Build Local Partnerships to Support Education and Training</td>
</tr>
<tr>
<td>Objective 3</td>
<td>Access Current Best Practice Information</td>
</tr>
<tr>
<td>Objective 4</td>
<td>Identify and Prioritise Education and Training Content</td>
</tr>
<tr>
<td>Objective 5</td>
<td>Use Appropriate Education and Training Methods</td>
</tr>
<tr>
<td>Objective 6</td>
<td>Undertake Evaluation and Continuous Improvement</td>
</tr>
</tbody>
</table>

The remainder of Part 1 of this document examines each of these objectives in the context of developing a facility-wide PA-SETS.
Objective 1: Foster a ‘Learning Culture’

The value placed on education and training by a facility sends a strong message to staff about how seriously to view education and training initiatives and can affect the quality of knowledge transfer that results from such initiatives.\textsuperscript{15,16}

To communicate the importance of ongoing education and training in regards to a palliative approach, it’s critical to establish and continually reinforce a facility-wide ‘learning culture’. In particular this involves:

- Forming a Working Group (comprising three to four people) that will be responsible for planning, implementing and continually reviewing your PA-SETS and related activities.
- Aligning your PA-SETS with the facility’s strategic and operational plans.
- Identifying barriers and enablers that may impact on your PA-SETS.
- Using a ‘whole of facility approach’ to staff education and training related to implementing a palliative approach.

PA-SETS Working Group

To gain facility-wide support for education and training initiatives, your PA-SETS Working Group should comprise representatives from three types of expertise within the organisation: system leadership, technical leadership and day-to-day leadership (Table 2). Recruit three to four people to join your PA-SETS Working Group ensuring that there is at least one representative from each of these areas of expertise.

Table 2: Membership of the PA-SETS Working Group

<table>
<thead>
<tr>
<th>Type of Representative</th>
<th>Description</th>
</tr>
</thead>
</table>
| System Leader          | • This is someone at your facility with the authority:  
                          - To undertake facility-wide initiatives, changes and reviews when required; and  
                          - To overcome barriers to the implementation and sustainability of initiatives/changes when identified.  
                          • This person should have authority (either formal or informal) across all operational areas affected by your facility’s PA-SETS – e.g. a senior manager (either clinical or non-clinical) or their delegate. |
| Technical Leader       | • This is someone with technical expertise in either clinical education or workforce development, and who is enthusiastic about continuous quality improvement – e.g. a Clinical Nurse Educator, Learning and Development Coordinator or Quality Improvement Coordinator. |
| Day-To-Day Leader      | • This is someone who can assume the day-to-day leadership in implementing your facility’s PA-SETS – e.g. a Palliative Approach Link Nurse.\textsuperscript{*} |

Adapted from: NHMRC (2000)\textsuperscript{16}

\textsuperscript{*} Refer to the PA Toolkit Workplace Implementation Guide for detailed information about the Palliative Approach Link Nurse role.\textsuperscript{7}

It’s optimal for your PA-SETS Working Group to be comprised (at least in part) of a subset of the members from your facility’s Palliative Approach Working Party\textsuperscript{*} (Figure 1). This will strengthen the strategic and operational links between your PA-SETS and other palliative approach initiatives being undertaken at the facility (e.g. policy development; internal and external stakeholder engagement; use of specific clinical tools and protocols).\textsuperscript{7}
Figure 1: Link between the PA-SETS Working Group and Palliative Approach Working Party

* Refer to Step 1 in the PA Toolkit Workplace Implementation Guide.
Alignment with the Facility’s Strategic and Operational Plans

In order to strengthen the day-to-day relevance and implementation of your PA-SETS, align it with the facility’s broader strategic and operational objectives. This will:

- Increase the engagement of senior management with your education and training initiatives related to implementing a palliative approach. Strong and ongoing commitment and support at the executive level and from senior managers [clinical and non-clinical] within the facility is critical to the effectiveness and sustainability of your PA-SETS.3, 7
- Help to identify the types of palliative care knowledge and skills required by specific staffing groups within your facility and how these should be prioritised in your PA-SETS.17

Key Point

Ensure that priorities with respect to learning outcomes and target groups set out in your PA-SETS are directly linked to the facility’s broader organisational development goals and annual business plan.

Identifying Barriers and Enablers

The success and sustainability of your facility’s PA-SETS requires that barriers to staff accessing relevant palliative care education, training and professional development be clearly identified, carefully analysed and measures put in place to overcome them. A variety of techniques can be used by your PA-SETS Working Group to identify barriers and enablers.18-19 For example:

- Key informant surveys, interviews and focus groups with relevant internal and external stakeholders
- Direct observation
- Case studies

Table 3 provides examples of barriers and enablers that may impact on the development and sustainability of a ‘learning culture’ within your facility and the subsequent effectiveness of your PA-SETS. Use the examples in Table 3 as a guide only. It’s important for your PA-SETS Working Group to become aware of specific barriers and enablers impacting on your facility and to develop locally-appropriate and feasible methods to address barriers and strengthen enablers where possible.
Table 3: Examples of Potential Barriers and Enablers Impacting on a Facility’s PA-SETS

<table>
<thead>
<tr>
<th>Potential Barriers</th>
<th>Potential Enablers</th>
</tr>
</thead>
</table>
| Lack of executive level and management support for education and training activities related to implementing a palliative approach | • Consult with executive level and management staff in planning, implementing and evaluating your PA-SETS and related activities.  
• Consult with senior managers to identify how your PA-SETS can align with and support the facility’s strategic, operational and business plans.  
• Include a system leader on your PA-SETS Working Group [see Table 2].  
• Routinely update senior managers about the outcomes from PA-SETS initiatives – e.g.  
  - Include a standing item about staff education and training on the agendas for relevant management meetings to provide updates about your PA-SETS and related activities.  
  - Provide senior managers with evaluation summary reports about the outcomes from your PA-SETS initiatives [see Objective 6 in this document]. |
| Lack of staff support for education and training activities related to implementing a palliative approach | • Consult with staff at all points in planning, implementing and evaluating your PA-SETS and related activities.  
• Invite staff to identify and prioritise their specific palliative care learning needs – e.g. as part of Training Needs Analysis [see Objective 4 in this document].  
• Discuss the career development advantages of enhanced palliative care knowledge and skills with staff – e.g. as part of performance planning and development meetings for individual staff.  
• Use ‘awareness-raising’ activities to promote staff interest in the day-to-day benefits of using a palliative approach in caring for residents.  
• Include information about implementing a palliative approach as part of orientation for all new staff [i.e. taking into account the new staff member’s role and scope of practice].  
• Support the development of a ‘learning culture’ at your facility [see Objective 1 in this document]. |
| Workload and time pressures preventing staff attendance at education and training activities related to implementing a palliative approach | • Use informal and self-directed learning methods to support staff education and training in a palliative approach [see Objective 5 in this document].  
• Include ‘brief education updates’ [5-10 minutes] as part of monthly staff meetings.  
• Include ‘clinical practice updates’ related to palliative care delivery in staff newsletters. |
| Lack of internal expertise related to implementing a palliative approach          | • Build relationships with external stakeholders [e.g. local specialist palliative care service] to support education and training in a palliative approach [see Objective 2 in this document]. |
| Multiple competing demands on the facility’s education and training schedule     | • Use Training Needs Analysis to identify and prioritise specific staff learning needs related to a palliative approach [see Objective 4 in this document].  
• Identify generic skills and content overlaps to reduce education and training duplications [e.g. communication skills]. |
| Limited opportunities for staff to apply new knowledge and skills following education and training activities related to implementing a palliative approach | • To promote knowledge transfer:  
  - Ensure that education and training are directly relevant to the current day-to-day work of staff.  
  - Use problem-based [practical] learning activities.  
  - Use informal learning methods to support staff in applying new knowledge and skills.  
• Detailed information about strategies to support staff in applying new knowledge and skills is set out in Objective 5 of this document. |
**Table 3 (continued): Examples of Potential Barriers and Enablers Impacting on a Facility’s PA-SETS**

<table>
<thead>
<tr>
<th>Potential Barriers</th>
<th>Potential Enablers</th>
</tr>
</thead>
</table>
| Financial constraints on the facility’s ability to provide education and training related to implementing a palliative approach | • Build formal partnerships with other facilities in your local area to enable cost-sharing in relation to staff education and training [see Objective 2 in this document].  
  • Undertake scoping activities and consult with stakeholders to identify potential sources of external funding to support workforce development activities – e.g. government funding schemes that support aged care/palliative care workforce development.  
  • Undertake scoping activities and consult with stakeholders to identify relevant externally-provided education, training and professional development opportunities for staff. |
| High staff turnover                                                                | • Build flexible and ongoing education and training into your PA-SETS – e.g.  
  - Include education and training in a palliative approach as part of orientation for all new staff.  
  - Use self-directed learning resources as part of orientation for all new clinical and care staff [e.g. the PA Toolkit Self-Directed Learning Packages].  
  - Use informal learning methods to support ongoing staff education and training in a palliative approach.  
  • Detailed information about workplace education and training methods is set out in Objective 5 of this document. |

**Key Point**

**Awareness-Raising Activities to Support Your PA-SETS**

Raising staff awareness about the benefits of ongoing education and training in a palliative approach will assist in building support for your PA-SETS initiatives. Examples of awareness-raising activities include:

- Articles in internal newsletters
- Posters
- Resource folders that are readily accessible by staff
- Bookmarks to support key education and training messages
- Flyers and brochures
- Information in relevant facility reports [e.g. annual reports, strategic and operational plans]
Use a ‘Whole of Facility Approach’

Education, training and professional development in a palliative approach should not be restricted to clinical and direct care staff. All staff who are likely to come into contact with residents/residents’ families need at least a basic understanding of the purpose of using a palliative approach and its contribution to the delivery of high quality, resident-centred care within the facility.

Promoting greater use of mentoring as a learning strategy [refer to Objective 5 in this document] and identifying relevant palliative care learning opportunities as part of annual performance planning and review meetings for individual staff will support the facility-wide uptake of your PA-SETS and reinforce a ‘learning culture’. Some RACFs choose to gain registered training organisation status to further reinforce a facility-wide ‘learning culture’—but clearly this is not suitable for all. In general, RACFs seeking registered training organisation status need to be larger, well-resourced organisations, or part of a chain of aged care facilities.

Key Point

The Program of Experience in the Palliative Approach (PEPA) offers clinical placements in Specialist Palliative Care Services [community and inpatient] and tailored workshops to health professionals from a range of disciplines including: nurses, aged care staff, allied health practitioners and Aboriginal & Torres Strait Islander health professionals. PEPA placements and palliative approach workshops are offered free of charge. PEPA is funded by the Australian Government Department of Health. For further information visit the PEPA website at: www.pepaeducation.com
Objective 2: Build Local Partnerships to Support Education and Training

Building collaborative partnerships with local health professionals/organisations will help to implement and sustain your PA-SETS. Consider for example:

- Establishing formal links with other RACFs in your local area and pooling resources so that palliative care education and training activities for staff across the partner facilities can be delivered at a central site. This could potentially reduce education and training costs for each facility but will require someone to take on a coordination role.

- Identifying and recruiting local health professionals [e.g. pharmacist, speech pathologist, physiotherapist, occupational therapist] to provide regular staff education sessions. Advertise these sessions to other local RACFs to make up a viable group of participants.

- Inviting your local specialist palliative care service (SPCS) to deliver staff education and training sessions. Remember that SPCSs differ in the types of assistance [including staff education and training] able to be provided to RACFs because each service has its own operating guidelines, staffing profile and resource availability. It will be important to contact your local SPCS directly to discuss how they may be able to contribute to your PA-SETS.*

- Developing partnerships with local higher education institutions as a means of establishing an ongoing research and training relationship and to expand career pathways for staff.

* Refer to Step 2 in the PA Toolkit Workplace Implementation Guide for further information about how to engage your local specialist palliative care service.
Objective 3: Access Current Best Practice Information

To facilitate optimal clinical and organisational outcomes, it’s important for your PA-SETS to be informed by and to reinforce current best practice in addressing the palliative care and related needs of residents. Methods for accessing best practice information include:

- Current consensus-based and evidence-based practice guidelines.
- Articles and other resources available from the CareSearch website: www.caresearch.com.au
- Programs available on the Aged Care Channel.
- Articles and other resources available from the Palliative Care Australia website: www.palliativecare.org.au
- Awareness-raising, education and training activities provided by Palliative Care Australia and its State/Territory-based member organisations.
- Awareness-raising, education and training activities provided by aged care industry associations and peak bodies.
- Research, education and training partnerships with higher education institutions.
- Local ‘knowledge translation’ activities [e.g. a monthly journal club for staff convened by the facility’s Palliative Approach Link Nurse; practice updates in the facility’s staff newsletter].

Key Point

Evidence-based practice refers to the blending of individual clinical judgement and expertise with the best available external evidence to generate the kind of practice that is most likely to lead to a positive outcome.3

When evaluating information contained in professional literature and how it applies to practice, it’s important to consider ‘levels of evidence’.20-23 Visit the CareSearch website [www.caresearch.com.au] for information and resources to enhance your understanding about the use of evidence in the delivery of palliative care.

Key Point

Levels of Evidence

The levels of evidence set out below are those designed by the National Health and Medical Research Council of Australia with the addition of a Level V.24

I Systematic review of all relevant randomised control trials (RCTs).
II At least one properly designed RCT.
III-1 Well designed pseudo-RCTs.
III-2 Comparative studies with concurrent non-randomised controls, case control studies or interrupted time series with a control group.
III-3 Comparative studies with historical control, two or more single arm studies, or interrupted time series without parallel control group.
IV Case series, either post-test or pre-test and post-test.
V Specialist expert opinion.
Factors that are critical to the successful implementation of evidence-based practice include:

- A workplace that is supportive of evidence-based practice.
- The availability of skilled supervisors and mentors.
- Time available for clinicians to engage in evidence-based practice.
- Adequate physical resources [e.g. access to information technology and computerised databases].
- The provision of education and skills development for all staff in regards to relevant evidence-based practice matters.
- Clinicians who have sound reasoning, reflection and clinical judgement skills.
- Team members who are committed to evidence-based practice.
- Clinicians who are willing to change practice consistent with the best available evidence.\textsuperscript{3, 21-23}

Clearly, access to relevant and ongoing education, training and professional development is a key method for promoting evidence-based practice by your facility’s staff.

\textbf{Key Point}

\textbf{Tips for Prioritising Evidence-Based Guideline Recommendations as part of Staff Education and Training Plans}

- Focus on the important practice gaps
- Identify the critical recommendations
- Positive attributes of recommendations include:
  - Based on sound evidence
  - Precisely described
  - Compatible with key stakeholder values [e.g. clinicians, residents and residents’ families]
  - Central to the process of care
  - Results will be observable
  - Low in complexity
  - Issue has a high profile
  - Cost effective
Objective 4: Identify and Prioritise Education and Training Content

Ensuring that your facility’s staff education and training strategy addresses the skills, knowledge and behaviours required to implement a palliative approach in day-to-day practice is essential. Relevant content areas to consider in regards to implementing a palliative approach include:

- Features of a palliative approach model of care and implications for the planning and day-to-day delivery of care and support to residents and their families.
- Legal and other regulations in regards to advance care planning/advance directives.
- Evidence-based assessment and management of clinical symptoms [e.g. pain, dyspnoea, delirium] for residents requiring a palliative approach [i.e. pharmacological and non-pharmacological symptom management].
- Issues related to oral care, nutrition and hydration for residents requiring a palliative approach.
- Recognising and responding to the psychosocial, cultural, spiritual and religious needs of residents requiring a palliative approach and their families.
- Communication skills for supporting dying residents and their families.
- Understanding, facilitating/participating in, documenting and reviewing advance care planning for residents.
- Understanding, facilitating/participating in, documenting and reviewing palliative care case conferences for residents.
- Use of an end of life care pathway in the care of dying residents.
- Legislative and related requirements in regards to the management and use of end of life medications in residential aged care settings.

Clearly, whether and the extent to which these topics are covered will depend on the role, scope of practice and level of experience of staff participating in a particular education or training activity. The process of Training Needs Analysis offers a systematic method for identifying and prioritising the knowledge, skills, and behaviours required by specific staffing groups within an organisation and is an essential element in developing an evidence-based and facility-wide PA-SETS.

Conducting Training Needs Analysis (TNA) at Your Facility

Training Needs Analysis (TNA) involves the systematic review of learning and development needs within an organisation. In particular, TNA identifies the skills, knowledge and behaviours that staff require to effectively undertake their respective roles and how best to develop these competencies.

**Key Point**

Conducting Training Needs Analysis (TNA) as part of implementing a palliative approach within your RACF is essential for:

- Systematically identifying and setting priorities with respect to the palliative care education, training and professional development needs of staff.
- Aligning your PA-SETS with the facility’s strategic and operational goals.

Figure 2 highlights that TNA is best undertaken as the first step in an ongoing cyclical process. In the context of your PA-SETS:

- The cycle should begin with systematic consultation to determine the specific learning needs of staff.
- Education, training and/or professional development activities are then designed to address identified learning needs and once implemented, are evaluated to determine how effective they have been.
- Amendments to the next cycle are made based on evaluation results and any relevant changes in demands on the facility [e.g. new accreditation requirements affecting palliative care delivery; changing staff profile].
**Figure 2: Training Needs Analysis (TNA) Cycle**

1. **TNA**
   - Conduct Training Needs Analysis

2. **SELECT**
   - Prioritise learning needs and select education/training method(s)

3. **DEVELOP**
   - Develop (or identify) education/training materials

4. **IMPLEMENT**
   - Deliver education/training

5. **EVALUATE**
   - Evaluate and review education/training outcomes

**Key:**

1. TNA Conduct Training Needs Analysis
2. Select Prioritise learning needs and select education/training method(s)
3. Develop Develop (or identify) education/training materials
4. Implement Deliver education/training
5. Evaluate Evaluate and review education/training outcomes
Key Point

Training Needs Analysis (TNA) must be carefully planned, conducted and have clear (measurable) outcomes to ensure that education, training and professional development activities are undertaken effectively and contribute to meaningful improvements in care delivery.

TNA promotes a highly planned approach to the development and delivery of education, training and professional development. It also provides the data necessary to explain to senior management and other key stakeholders what education, training and development is required, what budgets are needed and relative spending breakdowns, and how education, training and development is expected to impact on the organisation.26-27

TNA can be conducted to:

- Examine the overall set of learning and development needs required by staff in order to successfully implement and sustain a comprehensive and evidence-based palliative approach within your facility.
- Support a particular palliative approach project, change initiative or ‘one-off’ need within the whole facility or an individual work unit.

In the context of developing your PA-SETS, key TNA questions to ask as part of stakeholder consultations include:

- Why do facility staff require ongoing education, training and professional development in regards to implementing a palliative approach?
- What knowledge, skills and behaviours do staff need in implementing a palliative approach within the facility?
- Can identified learning needs be prioritised and, if so, on what basis? (i.e. high, medium and low priority learning needs)
- Which staff require education, training and/or professional development to address identified learning needs?
- When will staff need the new knowledge, skills and behaviours?
- What education, training and professional development methods will best address identified learning needs?
- Where will education and training activities take place?
- Who will facilitate the education, training and professional development activities?
- How can we find out if education, training and professional development activities have been effective?

Key Point

Remember:

- It’s important to thoroughly brief any person/group involved in the TNA about:
  - The objective[s] or purpose of the TNA.
  - The process required for the TNA.
  - The intended outcomes and use of the information gathered in the TNA.
- Consultation is essential to develop and maintain stakeholder engagement with the TNA.
- Communication about the purpose and expected outcomes from the TNA is important and must be conducted through various means to reach the largest audience.
Benefits of a well-planned and conducted TNA include:

- Alignment of education, training and professional development activities with the facility’s strategic and operational plans.
- Process improvements due to reduced duplication of effort because there is a planned approach to staff education, training and professional development within the facility.
- Cost savings because the planned design, delivery and evaluation of staff education, training and professional development avoids unnecessary duplication and repetition.
- Performance improvements due to enhanced quality, quantity and speed of delivery of learning opportunities for staff and subsequent increases in the knowledge/skills of specific target groups.
- Good governance because a systematic and planned process provides a platform for efficient operational management and review of workforce development activities including staff education and training.25-27

Table 4 sets out key issues in planning and undertaking TNA. Failure to address these issues may impact on the quality of your TNA and subsequent activities undertaken as part of your PA-SETS.

**Table 4: Key Considerations in Planning and Undertaking Training Needs Analysis (TNA)**

<table>
<thead>
<tr>
<th>Develop clear aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The aims of your TNA must be stated clearly at the outset. Without explicit aims, any initiatives arising from the TNA will lack impact.</td>
</tr>
<tr>
<td>Examples of clearly stated aims include:</td>
</tr>
<tr>
<td>- The purpose of this TNA is to identify the specific clinical and related skills required by nursing staff [RNs and ENs] in the delivery of end of life [terminal] care for residents and to determine appropriate methods for developing these skills in the facility’s nursing staff over the next six months.</td>
</tr>
<tr>
<td>- The purpose of this TNA is to identify the specific knowledge, skills and behaviours required by careworkers in the day-to-day care of residents from culturally and linguistically diverse [CALD] backgrounds and to determine appropriate methods for developing these competencies in the facility’s careworkers over the next three months.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stakeholder involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify and secure the participation of internal and external stakeholders to ensure that all relevant parties inform the TNA. Use multiple sources of information where appropriate to address the potential for stakeholder bias with respect to education, training and professional development priorities. Refer to Step 2 in the PA Toolkit Workplace Implementation Guide for detailed information about stakeholder engagement.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisational needs versus individual staff needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus your TNA on identifying group-based learning needs that support the facility’s strategic and operational plans, rather than on individual staff learning needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibility for the TNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• TNA outcomes are enhanced when there is a clear link between those responsible for the TNA and the organisation where it is taking place. Your PA-SETS Working Group should take a primary role in planning and undertaking the TNA [in direct consultation with your Palliative Approach Working Party].</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use more than one method to collect data as part of your TNA. Data collection methods could include the use of audit tools and key informant surveys, interviews and focus groups.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete your TNA in a timely manner to ensure that findings reflect the current learning needs of staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contextual issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify contextual issues inside and outside of the facility that have the potential to impact on staff learning and development needs [e.g. decision by the facility to use a new clinical tool/procedure].</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clear outcomes that match the aims of the TNA and stakeholder needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clearly identify how the information gathered during your TNA will be used and by whom.</td>
</tr>
</tbody>
</table>
Objective 5: Use Appropriate Education and Training Methods

Benefits of Work-Based Learning

RACFs provide a rich environment in which to develop staff knowledge and skills required for delivering optimal care. Although access to formally organised education is extremely valuable in this context, there is also a broad range of learning experiences that form part of day-to-day work in RACFs (i.e. work-based learning opportunities).

Work-based learning in residential aged care settings offers several benefits:

- Being driven by the needs of residents/facilities to directly improve the quality of care.
- Supporting the implementation of evidence at the local level.
- Using the potential to improve productivity.
- Being cost-effective.
- Increasing work satisfaction.

Key Point

Work-based learning involves the bringing together of self-knowledge, expertise at work and formal knowledge. It emphasises a structured and learner-managed approach to maximise opportunities for learning and professional development in the workplace.

Adult Learning Principles

The appropriate selection and use of education and training methods requires an understanding of the specific needs and attributes of adult learners. Adult learning principles stress the value of experience in the learning process, the adult learner’s self-concept and motivation to learn, and the importance of self-directed learning.

Although there are different views about what to focus on in adult learning (e.g. characteristics of adult learners; aspects of adult learning environments; process of adult learning), there is general agreement that the key principles of adult learning can be summarised into five broad themes [Table 5].
Goal-oriented: Adults need to know why they are learning.

- Adults will commit to learning something when the goals and objectives are considered realistic and important to the learner – i.e. perceived as being immediately relevant to the learner’s personal and/or professional goals.
- Adult learners need to see the results of their efforts and need to have accurate feedback about progress toward their goals.
- Ensure that the objectives and expected outcomes for all learning and development activities are clearly stated and understood.

Problem-focused: Adults are motivated to learn by the need to solve problems.

- Adults will commit to learning something when it is perceived by the learner to have a practical, problem-based and directly-relevant focus.
- Focus education and training on current (immediately relevant) learning needs.
- Use relevant and practical examples (i.e. case-based and problem-based learning activities).

Accumulated knowledge and experience: Adults’ previous experience should be respected and built upon.

- Adults come to any learning situation with a wide range of experiences, knowledge, skills, self-direction, interests and competence.
- Adult learning is enhanced by behaviours that demonstrate respect, trust and concern for the learner.

Learner diversity: Match learning approaches to adults’ background and diversity.

- It is important to determine the specific learning needs and styles of your target audience.

Autonomous and active: Adults need to be actively involved in the learning process.

- Adults want to be involved in the selection of learning objectives, content, activities and assessment methods.

---

**Key Point**

Learning style refers to how an individual may prefer one mode of teaching over another. For example, a person may have a preference to receive information in a visual format rather than in a written or verbal format. Preferences can differ depending on the task and context. For further information on how to identify and respond to different learning styles in adults see: Health Education and Training Institute (2012)²⁷, Northwest Centre for Public Health Practice (2012)³⁰, and Rural Health Education Foundation (2009)³¹.

---

There are a variety of opportunities within RACFs for staff to engage in learning activities that are meaningful and directly relevant to their work. These activities can be categorised in several ways including:

- Informal versus formal learning
- Self-directed versus facilitated learning

Let’s consider each of these types of learning in the context of using appropriate education and training methods as part of your PA-SETS.
Informal and Formal Learning Opportunities

Informal Learning: Contemporary views about informal learning suggest that individuals acquire attitudes, values, skills and knowledge via daily experiences occurring outside of formal education and training situations. For example, through exposure to the opinions and practices of others at work.13

There are several ways in which informal learning can occur in residential aged care settings. For example:

• Work and practice experience
• Quality improvement activities
• Reflective practice
• Participating in meetings (e.g. palliative care case conferences)
• Pilot programs
• Reading and ‘surfing’ the Internet
• Informal conversations with colleagues (e.g. over lunch; in corridors; travelling to meetings)

Formal Learning: In contrast, formal learning refers to learning that occurs in structured programs (e.g. seminars and workshops; formal staff mentoring programs).17, 32

Using a combination of informal and formal learning methods as part of your PA-SETS is optimal. This will:

• Contribute to a comprehensive and coherent workforce development strategy within your facility.
• Encourage staff to become actively involved in determining their learning priorities and the most appropriate teaching methods to address them.11, 29-32

Key Point

Combining informal and formal learning methods and selecting the approach which best fits a particular context or skill is important to the success of your PA-SETS.
Self-Directed and Facilitated Learning Opportunities

Self-Directed Learning: Self-directed learning involves a process by which the learner takes the initiative and responsibility for the learning process. It requires no formal teaching input and can be facilitated by a range of methods and resources (e.g. stand-alone hard copy learning guides; online multimedia learning modules). Self-directed learning is most effective when the learner is interested in and motivated to further develop knowledge and skills in the subject matter.\(^{33,34}\)

Attributes of effective self-directed learners include:

- Self-motivated
- Organised
- A positive attitude to learning
- Take responsibility for own learning
- An internal drive to learn\(^{33}\)

In considering whether and how to use self-directed learning methods for staff at your facility, it’s important to recognise and encourage these self-directed learning attributes.

Tips to foster self-directed learning by staff at your facility include:

- Recognise when learners are motivated to pursue self-directed learning in a topic of interest to them and offer guidance on suitable learning opportunities and resources where possible.
- Incorporate discussion about topics of interest into activities such as supervision or team meetings.
- Document learning objectives where learners have identified their own goals (e.g. in meetings to discuss professional development activities for individual staff) and provide resources (where possible) to support the achievement of these learning goals.
- Encourage engagement in ongoing reflection and self-evaluation.
- Be aware of the career stages, maturity-levels, personal and professional goals that can motivate people to engage in self-directed learning.
- Match self-directed learning opportunities and resources to the learner’s interests, competency-level and stage of career development.
- Model self-directed learning through the pursuit of education, training and professional development opportunities.
- Use workplace opportunities to promote self-directed learning by staff (e.g. by supporting clinically-relevant research or quality improvement activities being undertaken at the facility).\(^{34}\)

Key Point

The Self-Directed Learning Packages in the PA Toolkit use a range of self-directed learning strategies to assist residential aged care staff in systematically working through the content covered in the PA Toolkit Learning Modules. Three Self-Directed Learning Packages aimed at staff with different scopes of practice and levels of experience are included in the PA Toolkit: Nurse (Introduction), Nurse (Advanced) and Careworker.
Facilitated Learning: Facilitated learning describes a teaching process in which the facilitator aims to create a teaching environment which is conducive to learning and empowers the learner.\textsuperscript{13, 17}

Attributes of an effective facilitator of adult learning include:

- Encourages ‘hands on’ and interactive approaches to learning activities.
- Adapts the education and facilitation to the context in which the learning occurs.
- Establishes learning goals that are clear, achievable and relevant.
- Seeks opportunities to collaborate and negotiate learning processes with others.
- Acknowledges learners as co-producers of new knowledge and skills.
- Recognises prior knowledge and life experience as valuable foundations for learning.
- Uses flexible teaching approaches that address different learning styles.
- Values the social interactions involved with learning in groups.
- Directs the learner towards resources required to learn.\textsuperscript{17, 32}

Use these attributes as a guide when identifying and selecting facilitators for your PA-SETS initiatives.

For detailed information and resources on how to design, deliver and evaluate facilitated learning activities see: Health Education and Training Institute (2012)\textsuperscript{17}, Northwest Centre for Public Health Practice (2012)\textsuperscript{30}, Rural Health Education Foundation [2009]\textsuperscript{31}, Misko [2009]\textsuperscript{32}, and Smith & Dalton (2005)\textsuperscript{34}.

Using a combination of the following facilitated learning methods in residential aged care has been found to be extremely useful for enhancing staff knowledge and skills:

- One-to-one facilitation: coaching/mentoring, clinical supervision, and incidental teaching.
- Group facilitation: workshops, small group sessions [e.g. tutorials and journal clubs], presentations, and in-service training.\textsuperscript{15, 32}

One-to-one facilitation:

- Opportunities to engage in one-to-one facilitation can arise during formal supervision, coaching and mentoring, and incidentally (e.g. in a corridor; sitting together at lunch; walking to the car park after work). One-to-one facilitation of learning provides an opportunity to:
  - Engage with and learn from colleagues.
  - Customise teaching to the individual learner’s needs.
  - Model personal and professional characteristics in authentic clinical settings.
  - Receive immediate feedback and for facilitators to adapt teaching accordingly.\textsuperscript{17}

Despite whether one-to-one facilitation is planned or incidental, it’s important for the facilitator to use adult learning principles to optimise the learner’s potential to transfer new knowledge and skills into day-to-day practice (refer to Table 5).

Tips to make the most of one-to-one facilitation include:

- Establish clear expectations and ‘ground rules’: With clear guidelines and expectations [e.g. about the facilitator’s role and day-to-day availability], the learner is more likely to engage in the learning process.
- Ask helpful questions: Where possible, the facilitator should use open-ended questions to promote active learning.
- Plan your teaching: Even when learning opportunities occur without notice, take a moment to plan your teaching. This can also provide a structure and framework for subsequent evaluation.
- Monitor progress and provide feedback: One-to-one facilitation can provide opportunities for learners to develop practical skills in a safe and supportive environment. Be sure to provide timely feedback with sensitivity and in private.
- Encourage reflection: Model reflective practice by actively reviewing with the learner the clinical reasoning processes and ethical values that guide clinical care. This is best achieved by reflecting on specific cases that the learner has been involved in.\textsuperscript{17, 20}

For detailed information on how to design, deliver and evaluate specific one-to-one facilitation activities see: Health Education and Training Institute [2012]\textsuperscript{17} and Smith & Dalton [2005]\textsuperscript{34}. 
**Group facilitation:** Table 6 summarises key group facilitation methods that can be used in residential aged care settings. For detailed information on how to design, deliver and evaluate specific group facilitation activities see: Health Education and Training Institute (2012), Northwest Centre for Public Health Practice (2012), Rural Health Education Foundation (2009), Misko (2009), and Smith & Dalton (2005).

**Table 6: Group Facilitation Methods**

<table>
<thead>
<tr>
<th>Group Facilitation Method</th>
<th>Description</th>
<th>Primary Objectives</th>
</tr>
</thead>
</table>
| Workshops                 | • The facilitator explains a topic or performs a skill while learners watch.  
• Opportunities are given for practice. | • Knowledge of principles.  
• Knowledge of physical skills.  
• Manual skills.  
• Observation skills. |
| Small Group Sessions      | • A period of teaching and/or discussion devoted to a single topic. | • Individual development of higher level knowledge.  
• Conceptual and analytical skills (e.g. asking questions; giving reasons). |
| Presentations             | • Seminar:  
- Group discussion introduced by the presentation of a report, research or other piece of work.  
• Lecture:  
- A period of more or less uninterrupted talk by a facilitator. | • Seminar:  
- Critical thinking and reasoning.  
- Ability to present an argument.  
• Lecture:  
- Knowledge of information.  
- Obtaining general background to a topic. |
| In-Service Training       | • Topic is:  
- Determined by the current identified needs of learners.  
- Workplace-oriented.  
- Immediately relevant to learners.  
- Focused on enhancing job-related skills.  
- Focused on a specific group of learners.  
• Usually facilitated by someone internal to the organisation. | • Problem-based knowledge and skill development. |

Adapted from: Health Education and Training Institute (2012)
**Key Point**

Using Electronic Media to Support Staff Education and Training

Using electronic resources is an effective way to provide education and training opportunities to a large number of participants. Examples include:

- Tele/video-conferencing
- Webinars
- The Internet and websites
- E-learning resources

Incorporating electronic media into staff education and training is particularly useful for RACFs in rural and remote areas where access to face-to-face learning opportunities may be limited. However, there are challenges in using electronic media for education and training purposes in residential aged care. These include limited computer literacy skills of some staff and lack of staff access to computers within the facility.
**Objective 6: Undertake Evaluation and Continuous Improvement**

Your PA-SETS should result in improved staff knowledge, skills and behaviours as well as changes in organisational processes that support the implementation of a palliative approach. These changes, in turn, should contribute to improved outcomes for residents and their families.

Consistent with this logic, evaluation and continuous improvement of your PA-SETS requires a consideration of:

- Processes
- Impacts
- Outcomes

Table 7 summarises the purpose and key issues associated with each of these forms of evaluation.

---

**Key Point**

The true value of education, training and development is measured by the extent to which learning is translated into better practices and better outcomes.

---

**Table 7: Types of Evaluation**

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Purpose</th>
<th>Evaluation Methods and Indicators</th>
</tr>
</thead>
</table>
| Process         | • Determine the extent to which PA-SETS objectives have been met (i.e. Objectives 1 to 5 in this document).  
• Identify barriers and enablers that have impacted on the achievement of PA-SETS objectives and the implementation of related education, training and professional development activities. | • Requires objectives related to the development and implementation of your PA-SETS to be clearly stated.  
• Examples of indicators used in process evaluation include:  
  - Number and type of education and training activities delivered within a set timeframe.  
| Impact          | • Identify immediate changes due to implementation of your PA-SETS focusing on the direct results of education, training and professional development activities (e.g. changes in staff knowledge, skills and/or behaviours; changes in compliance with the facility’s policies/procedures). | • Examples of indicators used in impact evaluation include:  
  - Pre/post-surveys to assess changes in participant knowledge. |
| Outcome         | • Identify long-term changes in resident, family, staff and facility outcomes as a result of implementing your PA-SETS. | • Use of audit tools and processes at the facility-level. * |

* Refer to Step 10 in the PA Toolkit Workplace Implementation Guide for detailed information on using audit tools as part of ongoing evaluation and continuous improvement activities within your facility.
Part 2: Using the PA Toolkit in Your Facility’s Staff Education and Training Strategy

The PA Toolkit includes a set of resources which, when used in combination, are designed to help residential aged care providers to implement a comprehensive, evidence-based palliative approach in caring for residents and their families. The following set of tables describe each PA Toolkit resource in detail and provide suggestions about how to use each resource in staff learning and development activities to strengthen the implementation of a palliative approach within your facility (Tables 8 to 24).

Key Point

Refer to the back inside cover of this document for a list of PA Toolkit resources. To download copies of these resources visit: www.caresearch.com.au/PAToolkit
Learning Modules

Table 8: Module 1: Integrating a Palliative Approach

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Learning Module.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Management-level issues, tasks and responsibilities.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Staff with clinical and/or non-clinical management responsibilities working in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• Introduces key policies and strategies for implementing a palliative approach in residential aged care.</td>
</tr>
<tr>
<td>Suggestions for Use</td>
<td>• Resource was designed to support self-directed learning activities.</td>
</tr>
<tr>
<td></td>
<td>• Resource can be used by facilitators of staff learning and development activities to identify key content and prepare for sessions.</td>
</tr>
</tbody>
</table>

Table 9: Module 2: Key Processes

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Learning Module.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Three key processes essential for implementing a palliative approach in residential aged care: advance care planning, palliative care case conferences, and use of an end of life care pathway.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Staff working in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• Introduces the purpose and goals of each key process.</td>
</tr>
<tr>
<td></td>
<td>• Identifies key issues and staff responsibilities in the implementation of each key process.</td>
</tr>
<tr>
<td></td>
<td>• Provides a set of clinical forms to assist facilities and staff to implement the key processes in day-to-day practice.</td>
</tr>
<tr>
<td>Suggestions for Use</td>
<td>• Resource was designed to support self-directed learning activities.</td>
</tr>
<tr>
<td></td>
<td>• Resource can be used by facilitators of staff learning and development activities to identify key content and prepare for sessions.</td>
</tr>
<tr>
<td>Resource Type</td>
<td>Focus</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Learning Module.</td>
</tr>
<tr>
<td></td>
<td>• Assessment and management of five clinical care domains relevant to the palliative care needs of residents: pain, dyspnoea, nutrition and hydration, oral care, and delirium.</td>
</tr>
</tbody>
</table>
## Self-Directed Learning Packages

### Table 11: Self-Directed Learning Package [Nurse Introduction]

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Self-Directed Learning Package.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Key concepts and issues in the implementation of a palliative approach in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Nursing staff working in Australian residential aged care facilities requiring introductory-level information.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• Content and self-directed learning activities targeted at the nurse role and scope of practice.</td>
</tr>
<tr>
<td></td>
<td>• Uses a range of self-directed learning strategies [e.g. reflective exercises, case scenarios] to assist the learner to systematically work through the PA Toolkit Learning Modules.</td>
</tr>
<tr>
<td></td>
<td>• Uses the ‘Suiting the Needs’ and ‘All on the Same Page’ DVDs in the PA Toolkit to guide reflection and highlight key concepts/issues.</td>
</tr>
<tr>
<td>Suggestions for Use</td>
<td>• Resource was designed to guide self-directed learning using the ‘Suiting the Needs’ and ‘All on the Same Page’ DVDs in the PA Toolkit as companion resources to reinforce key concepts and issues.</td>
</tr>
<tr>
<td></td>
<td>• Completion of the resource can be used as an orientation activity for new staff.</td>
</tr>
<tr>
<td></td>
<td>• Resource is also suitable for small group learning activities.</td>
</tr>
</tbody>
</table>

### Table 12: Self-Directed Learning Package [Nurse Advanced]

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Self-Directed Learning Package.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Key concepts and issues in the implementation of a palliative approach in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Nursing staff working in Australian residential aged care facilities requiring advanced-level information.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• Content and self-directed learning activities targeted at the nurse role and scope of practice.</td>
</tr>
<tr>
<td></td>
<td>• Uses a range of self-directed learning strategies [e.g. reflective exercises, case scenarios] to assist the learner to systematically work through the PA Toolkit Learning Modules.</td>
</tr>
<tr>
<td></td>
<td>• Uses the ‘Suiting the Needs’ and ‘All on the Same Page’ DVDs in the PA Toolkit to guide reflection and highlight key concepts/issues.</td>
</tr>
<tr>
<td>Suggestions for Use</td>
<td>• Resource was designed to guide self-directed learning using the ‘Suiting the Needs’ and ‘All on the Same Page’ DVDs in the PA Toolkit as companion resources to reinforce key concepts and issues.</td>
</tr>
<tr>
<td></td>
<td>• Completion of the resource can be used as an orientation activity for new staff.</td>
</tr>
<tr>
<td></td>
<td>• Resource is also suitable for small group learning activities.</td>
</tr>
<tr>
<td>Resource Type</td>
<td>• Self-Directed Learning Packages.</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Focus</td>
<td>• Key concepts and issues in the implementation of a palliative approach in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Careworkers in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• Content and self-directed learning activities targeted at the careworker role and scope of practice.</td>
</tr>
<tr>
<td></td>
<td>• Uses a range of self-directed learning strategies [e.g. reflective exercises, case scenarios] to assist the learner to systematically work through the PA Toolkit Learning Modules.</td>
</tr>
<tr>
<td></td>
<td>• Uses the ‘Suiting the Needs’ and ‘All on the Same Page’ DVDs in the PA Toolkit to guide reflection and highlight key concepts/issues.</td>
</tr>
<tr>
<td>Suggestions for Use</td>
<td>• Resource was designed to guide self-directed learning using the ‘Suiting the Needs’ and ‘All on the Same Page’ DVDs in the PA Toolkit as companion resources to reinforce key concepts and issues.</td>
</tr>
<tr>
<td></td>
<td>• Completion of the resource can be used as an orientation activity for new staff.</td>
</tr>
<tr>
<td></td>
<td>• Resource is also suitable for small group learning activities.</td>
</tr>
</tbody>
</table>
### Table 14: Educational Flipchart: Introduction to a Palliative Approach

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Educational Flipchart.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Provides introductory-level information about key concepts and issues relevant to the delivery of high quality palliative care in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Careworkers in Australian residential aged care facilities.</td>
</tr>
</tbody>
</table>
| Key Features and Content | • Includes four modules:  
    - What is a Palliative Approach?  
    - Implementing a Palliative Approach Using Three Key Processes  
    - Cultural Considerations in Using a Palliative Approach  
    - Self-Care for Residential Aged Care Staff.  
    - Each module can be delivered in ten minutes.  
    • Provides notes for facilitators on how to run introductory-level sessions using the four flipchart modules. These notes:  
    - Identify ‘key messages’ for the facilitator to emphasise (get across to participants) in relation to each flipchart page.  
    - Suggest a range of ‘optional learning activities’ that the facilitator can use to reinforce and prompt participant reflection/discussion about module content.  
    - Provide ‘key content summaries’ to assist the facilitator in preparing for sessions. |
<p>| Suggestions for Use | • Resource was designed as a facilitation tool to support brief formal and informal learning activities [e.g. ten minute education sessions during handover/other staff meetings]. |</p>
<table>
<thead>
<tr>
<th><strong>Resource Type</strong></th>
<th>• Educational Flipchart.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>• Provides introductory-level information about five clinical care domains: pain, dyspnoea, nutrition and hydration, oral care, and delirium.</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>• Careworkers in Australian residential aged care facilities.</td>
</tr>
<tr>
<td><strong>Key Features and Content</strong></td>
<td>• Includes five modules:</td>
</tr>
<tr>
<td></td>
<td>- Pain</td>
</tr>
<tr>
<td></td>
<td>- Dyspnoea</td>
</tr>
<tr>
<td></td>
<td>- Nutrition and hydration</td>
</tr>
<tr>
<td></td>
<td>- Oral care</td>
</tr>
<tr>
<td></td>
<td>- Delirium</td>
</tr>
<tr>
<td></td>
<td>• Each module can be delivered in ten minutes.</td>
</tr>
<tr>
<td></td>
<td>• Provides notes for facilitators on how to run introductory-level sessions using the five flipchart modules. These notes:</td>
</tr>
<tr>
<td></td>
<td>- Identify ‘key messages’ for the facilitator to emphasise (get across to participants) in relation to each flipchart page.</td>
</tr>
<tr>
<td></td>
<td>- Suggest a range of ‘optional learning activities’ that the facilitator can use to reinforce and prompt participant reflection/discussion about module content.</td>
</tr>
<tr>
<td><strong>Suggestions for Use</strong></td>
<td>• Resource was designed as a facilitation tool to support brief formal and informal learning activities [e.g. ten minute education sessions during handover/other staff meetings].</td>
</tr>
</tbody>
</table>
### Table 16: Educational DVD: Suting the Needs: A Palliative Approach in Residential Aged Care

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Educational DVD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Palliative approach in residential aged care.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Australian residential aged care staff.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• A 12 minute video using a fictional scenario to demonstrate key principles in the delivery of a palliative approach in residential aged care.</td>
</tr>
</tbody>
</table>
| Suggestions for Use  | • Resource is extensively used in the PA Toolkit Self-Directed Learning Packages to support consolidation and reflection about key points.  
• Resource can be readily adapted to a broad range of self-directed and facilitated learning activities. |

### Table 17: Educational DVD: All on the Same Page: Palliative Care Case Conferences in Residential Aged Care

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Educational DVD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Palliative care case conferences in residential aged care.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Clinical and care staff working in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• A 14 minute video which uses a fictional scenario to demonstrate key principles and issues to consider with respect to palliative care case conferences in residential aged care facilities.</td>
</tr>
</tbody>
</table>
| Suggestions for Use  | • Resource is extensively used in the PA Toolkit Self-Directed Learning Packages to support consolidation and reflection about key points.  
• Resource can be readily adapted to a broad range of self-directed and facilitated learning activities. |
### Table 18: Educational DVD: How to Use the Residential Aged Care End of Life Care Pathway (RAC EoLCP)

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Educational DVD.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Use of an end of life care pathway.</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>Clinical and care staff working in Australian residential aged care facilities.</td>
</tr>
<tr>
<td><strong>Key Features and Content</strong></td>
<td>This resource includes:</td>
</tr>
<tr>
<td></td>
<td>- A 26 minute training video using a fictional scenario to demonstrate when and how to use the RAC EoLCP in the end of life [terminal] care of residents. This video is divided into 5 key sections that reflect the 5 sections in the RAC EoLCP document.</td>
</tr>
<tr>
<td></td>
<td>- A learning guide to support self-directed and group facilitation activities based on the 26 minute training video.</td>
</tr>
<tr>
<td></td>
<td>- A copy of the RAC EoLCP document.</td>
</tr>
<tr>
<td></td>
<td>- A copy of the brochure: 'RAC EoLCP: Information for Relatives and Friends'.</td>
</tr>
<tr>
<td><strong>Suggestions for Use</strong></td>
<td>Resource can be readily adapted to a broad range of self-directed and facilitated learning activities. The learning guide included as part of the resource contains a number of activities to promote consolidation and reflection about key points addressed in the training video.</td>
</tr>
</tbody>
</table>
### Table 19: Workplace Implementation Guide: Support for Managers, Link Nurses and Palliative Approach Working Parties

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Implementation Guide.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Implementation of a comprehensive, evidence-based palliative approach to caring for residents in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Residential aged care managers, Palliative Approach Link Nurses and Palliative Approach Working Parties.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>• Sets out ten steps for implementing a facility-wide palliative approach in Australian residential aged care facilities, identifies key issues when undertaking each step, and includes templates/tools to assist in completing each step.</td>
</tr>
</tbody>
</table>
| Suggestions for Use | • The individual templates/tools in this resource can be used as the basis for group-based learning activities of various durations (including in-service training).  
• The ‘Ten Implementation Steps Worksheet’ in Appendix A of this resource can be used to structure facilitated learning activities for both small and large groups. |

### Table 20: Training Support Guide: How to Develop a Staff Education and Training Strategy to Help Implement a Palliative Approach in Residential Aged Care

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Implementation Guide.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>• Provides detailed guidance on how to develop a whole of organisation staff education and training strategy to support the implementation of a palliative approach in Australian residential aged care facilities.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>• Staff involved in designing, delivering and/or evaluating education and training activities in Australian residential aged care facilities.</td>
</tr>
</tbody>
</table>
| Key Features and Content | • Expands on information provided in the ‘Workplace Implementation Guide’ [PA Toolkit resource].  
• Sets out and provides detailed guidance on six core objectives that should underpin a facility-wide staff education and training strategy in regards to implementing a comprehensive and evidence-based palliative approach to caring for residents. |
| Suggestions for Use | • The six objectives set out in this resource can be used to structure facilitated learning activities [including in-service training]. |
### Table 21: Guidelines for a Palliative Approach in Residential Aged Care

<table>
<thead>
<tr>
<th><strong>Resource Type</strong></th>
<th>• Implementation Guide.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>• Implementation of a comprehensive, evidence-based palliative approach to caring for residents in Australian residential aged care facilities.</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>• All staff working in Australian residential aged care facilities.</td>
</tr>
<tr>
<td><strong>Key Features and Content</strong></td>
<td>• Uses current evidence to put forward a set of guidelines for implementing a palliative approach in Australian residential aged care facilities.</td>
</tr>
</tbody>
</table>
| **Suggestions for Use** | • Sections within the resource can be used in self-directed learning activities.  
• Sections within the resource can be used by facilitators to prepare for education and training sessions. |
### Table 22: Guide to the Pharmacological Management of End of Life [Terminal] Symptoms in Residential Aged Care Residents

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Clinical Practice Guide.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Pharmacological management of common end of life [terminal] symptoms experienced by residents.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>Registered and enrolled nurses working in Australian residential aged care facilities. General practitioners and staff from specialist palliative care services.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>Focusses on the pharmacological management of symptoms commonly experienced by residents in the terminal phase of life. Provides a set of four educational flowcharts to guide symptom management in dying residents: - Nausea and vomiting - Pain - Respiratory distress - Restlessness and agitation</td>
</tr>
<tr>
<td>Suggestions for Use</td>
<td>Resource can be used for both self-directed and facilitated learning activities for clinical staff. Symptom management flowcharts can be used for in-service training sessions for clinical staff. Sections within the resource can be used by facilitators to prepare for education and training sessions.</td>
</tr>
</tbody>
</table>

### Table 23: Therapeutic Guidelines: Palliative Care [Version 3]

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Clinical Practice Guide.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Evidence-based guidelines for symptom management in the delivery of palliative care.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>Clinical staff working in Australian residential aged care facilities. General practitioners and staff from specialist palliative care services.</td>
</tr>
<tr>
<td>Key Features and Content</td>
<td>Provides evidence-based guidelines for symptom management and related clinical issues in palliative care provision.</td>
</tr>
<tr>
<td>Suggestions for Use</td>
<td>Sections within the resource can be used in self-directed learning activities. Sections within the resource can be used by facilitators to prepare for education and training sessions.</td>
</tr>
</tbody>
</table>
### Other Resources for Residential Aged Care Staff

#### Table 24: Bereavement Support Booklet for Residential Aged Care Staff

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>• Brochure/Booklet.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>• Strategies to address loss and grief experienced by residential aged care staff following the death of a resident.</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>• All staff working in Australian residential aged care facilities.</td>
</tr>
<tr>
<td><strong>Key Features and Content</strong></td>
<td>• Focuses on self-care and workplace strategies to address loss and grief experienced by staff following the death of a resident.</td>
</tr>
<tr>
<td></td>
<td>• Includes two case studies to assist staff in recognising risk factors and reactions commonly associated with loss and grief in residential aged care settings.</td>
</tr>
<tr>
<td><strong>Suggestions for Use</strong></td>
<td>• Resource can be used for both self-directed and facilitated learning activities.</td>
</tr>
<tr>
<td></td>
<td>• Case studies in the resource can be used as a basis for self-directed and facilitated learning activities.</td>
</tr>
<tr>
<td></td>
<td>• Resource can be used by facilitators to prepare for education and training sessions.</td>
</tr>
</tbody>
</table>

**Note:** In addition to the resources summarised in Tables B to 24, the PA Toolkit provides resources appropriate for residents and their families. Refer to back inside cover of this Training Support Guide.
References


About the Residential Aged Care Palliative Approach Toolkit

The Residential Aged Care Palliative Approach Toolkit (PA Toolkit) includes a set of resources which, when used in combination, are designed to assist residential aged care providers to implement a comprehensive and evidence-based approach to care for residents.

The PA Toolkit includes the following resources:

• Module 1: Integrating a Palliative Approach
• Module 2: Key Processes
  - Advance Care Planning
  - Palliative Care Case Conferencing
  - End of Life Care Pathway
• Module 3: Clinical Care
  - Pain
  - Dyspnoea
  - Nutrition and Hydration
  - Oral Care
  - Delirium
• 3 Self-Directed Learning Packages (Nurse Introduction, Nurse Advance, Careworker)
• Workplace Implementation Guide: Support for Managers, Link Nurses and Palliative Approach Working Parties
• Training Support Guide: How to Develop a Staff Education and Training Strategy to Help Implement a Palliative Approach in Residential Aged Care
• Guide to the Pharmacological Management of End of Life (Terminal) Symptoms in Residential Aged Care Residents
• 3 Educational DVDs:
  - Suiting the Needs: A Palliative Approach in Residential Aged Care
  - All on the Same Page: Palliative Care Case Conferences in Residential Aged Care
  - How to Use the Residential Aged Care End of Life Care Pathway (RAC EoLCP)
• 2 Educational Flipchart Sets:
  - Introduction to a Palliative Approach
  - Clinical Care Domains
• Bereavement Support Booklet for Residential Aged Care Staff
• Therapeutic Guidelines: Palliative Care, Version 3, 2010
• Understanding the Dying Process brochure
• Now What? Understanding Grief Palliative Care Australia brochure
• Invitation and Family Questionnaire - Palliative Care Case Conferences
• Guidelines for a Palliative Approach in Residential Aged Care order form

For further information and to download PA Toolkit resources visit: www.caresearch.com.au/PAToolkit