Allied health professionals' palliative care clinical & education needs

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Family rule of thumb



What sort of palliative care skills do you want from an AH clinician looking after you or your family when the time comes…

And it will come for all of us…

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Overview

- Background & research questions
- Methods & analysis
- Findings
  - demographics/caseloads
  - attitudes towards palliative care
  - educational & professional needs
- Discussion
- Take home challenges, opportunities & responsibilities

Background…

- AH often overlooked as palliative care team members
- Integral role in optimising function, ↑ QOL, symptom Mx
- CareSearch developed the Allied Health Hub (2014) - 900+

✚

AHPA represent 120,000+ AH professionals

➔ Evaluation – knowledge needs & access to education

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Research questions

1. What are Australian Allied Health (AH) clinicians' attitudes towards palliative care?

2. How do these attitudes relate to their palliative care experiences & palliative care education needs?

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Methods

- A cross-sectional online survey of Australian AH clinicians (Nov 2015-April 2016)
- 42 items (palliative care education, professional development, practice & attitudes)
- Purpose designed questionnaire, 5 item Likert scale, free text
- Demographic & sociodemographic data
- Disseminated via peak body websites, SIGs, CareSearch

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Analysis

Statistical analysis:

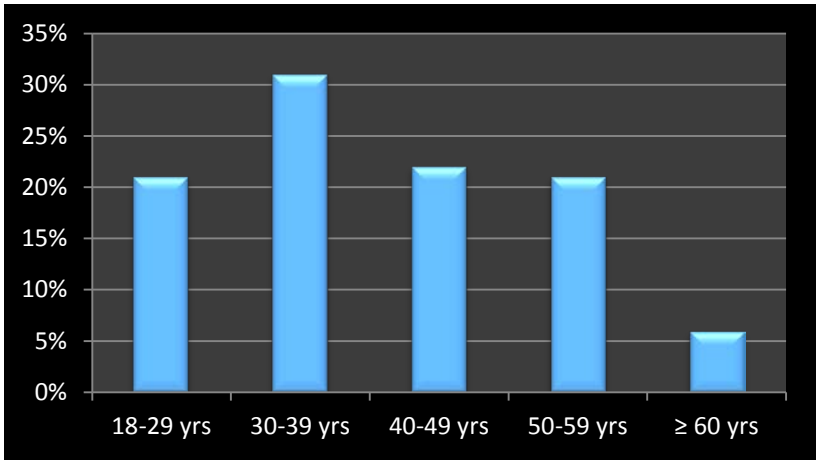
- categorical data reported as number (proportion)
  - chi Square statistics to test for differences b/w groups
- continuous data reported as median (IQR)
  - median tests used with continuous data
- $P < 0.05$ *(2 tailed)* considered to be statistically significant

Content analysis:

- Free text questions

Demographics

- N= 217 (≥ 1 survey questions), 94% F
- All States & Territories represented: Vic: 28%, NSW: 24%, QLD: 22%
- Ages %



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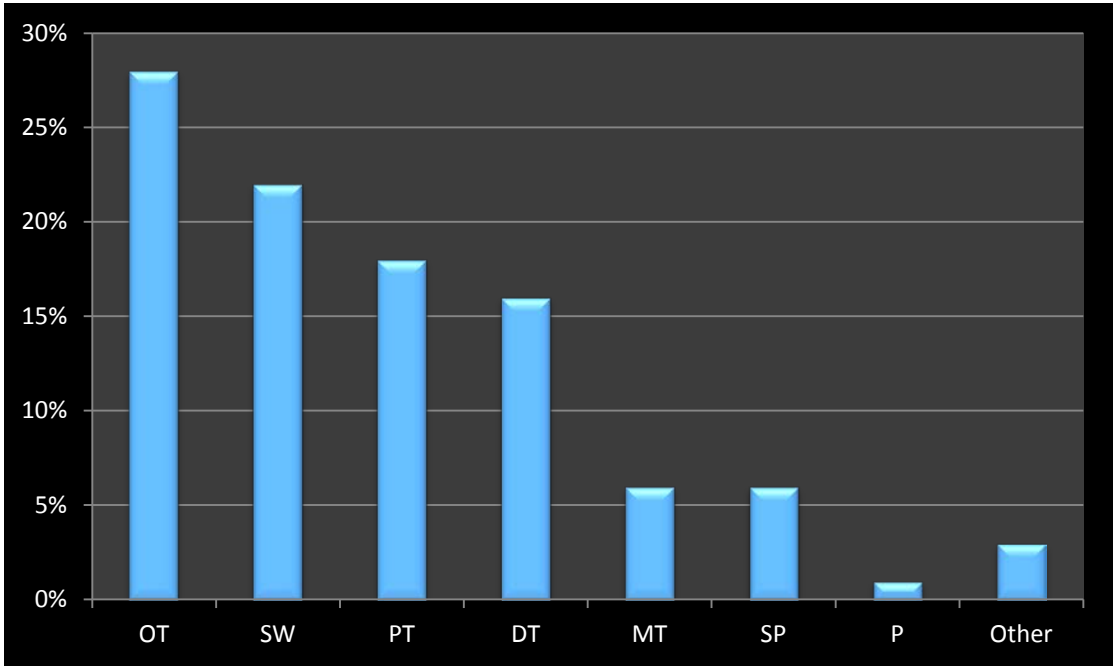
Disciplines



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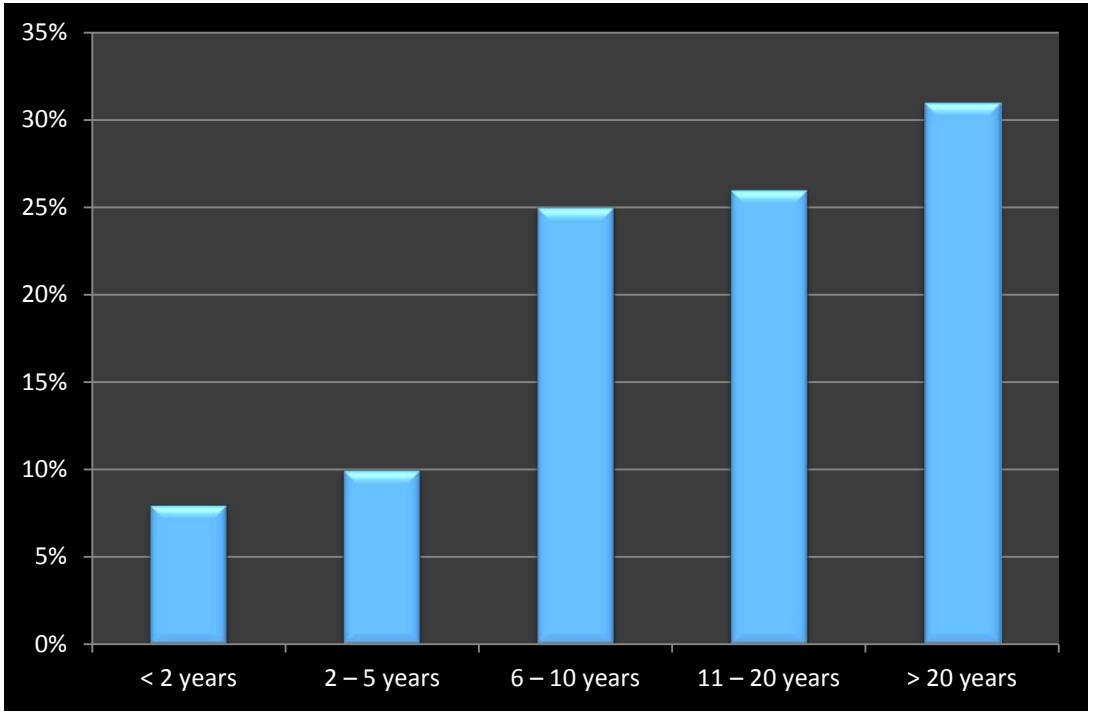
Years of clinical experience since training



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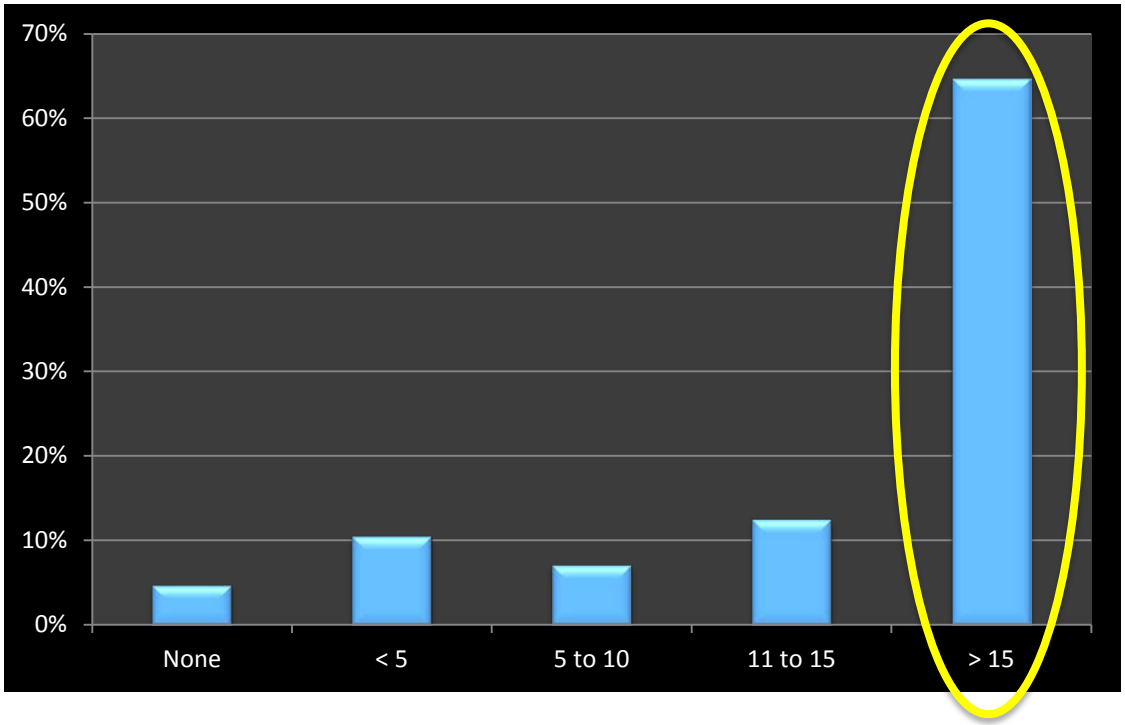
Ave no palliative care clients per month (N=207)



65% >15pm

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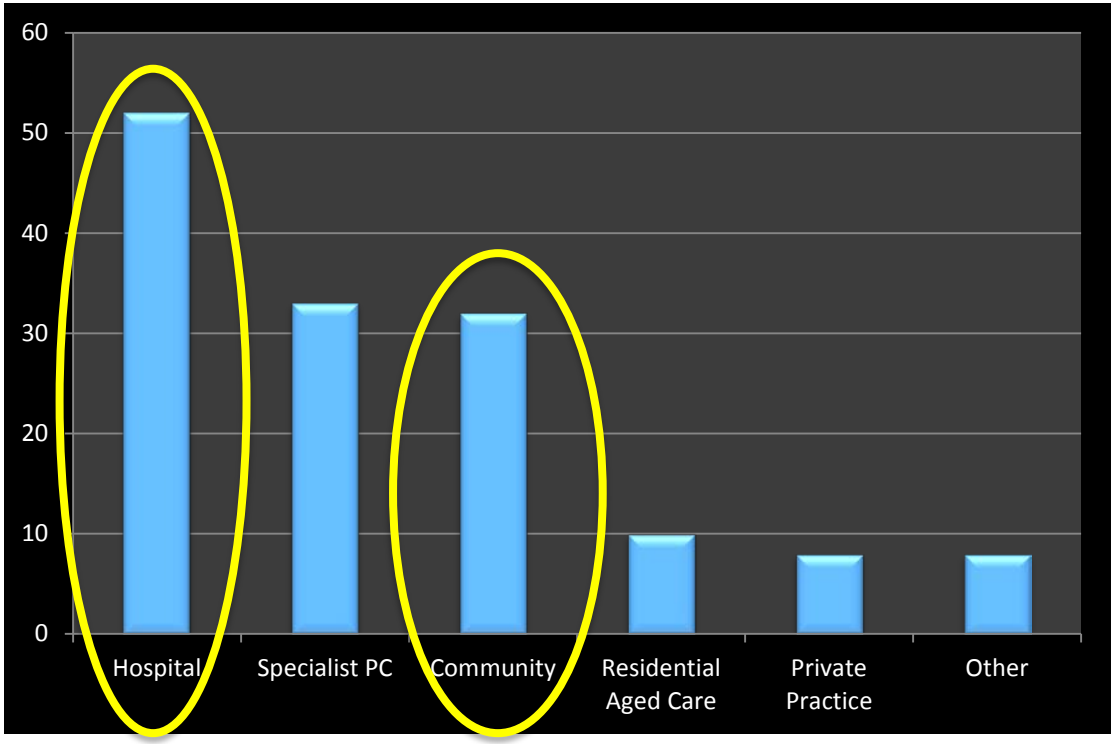
Clinical setting



Hospital & community

84%

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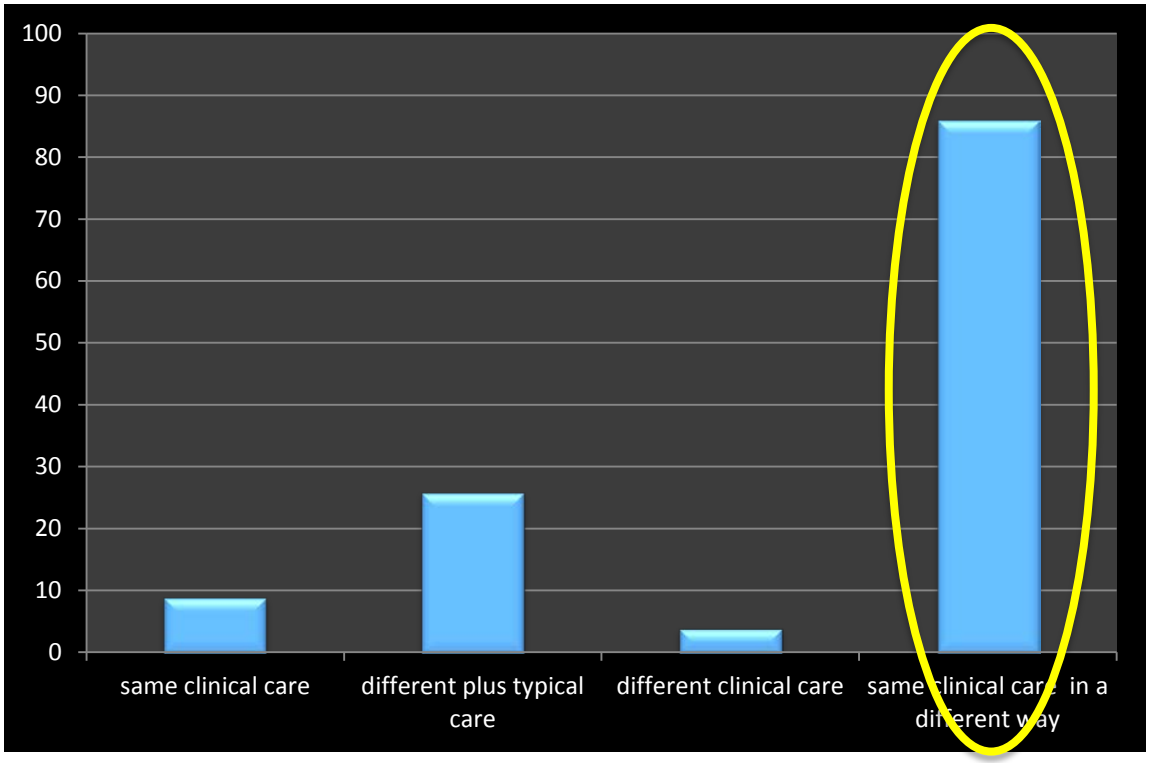
Type of clinical care offered



Same but different

86%

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1. Attitudes towards palliative care

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Same… but different

“co-ordination of support services who provide care…”

“incorporates liaising effectively with other health professionals…”

“support navigating social services.”

“anticipating needs through advance care planning…”

“include (but are not limited to) - pain care, planning for death…”

“’back of house' planning discussions…If we don't plan properly the death can be devastating…”

Client centred care

“Care completely based on client's wishes & values.”

“To listen to family response to recommendations & tailor intervention according to family feedback, needs etc.”

“To respect the wishes of client at all times even when this may conflict with the perceived needs of the client”

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Facilitating participation

"being able to be as independent as possible, & having a dignified death."

"…try to enable them to participate in that which they want & need to participate."

"…helping people engage in the activities they wish to do towards the end of their life."

"…enable them to be independent as they wish & to die with dignity."

Therapeutic interventions that address living & dying

"…preparing people physically, emotionally & financially to die."

"…explores what a good death means for each person…"

"…daunting experience as the realisation that the patient will not survive becomes real"

"education to the families about the progression through the stages of dying"

"…needs of the person as they change throughout their illness journey."

"…adjust to the changes that occur as the end of life nears"

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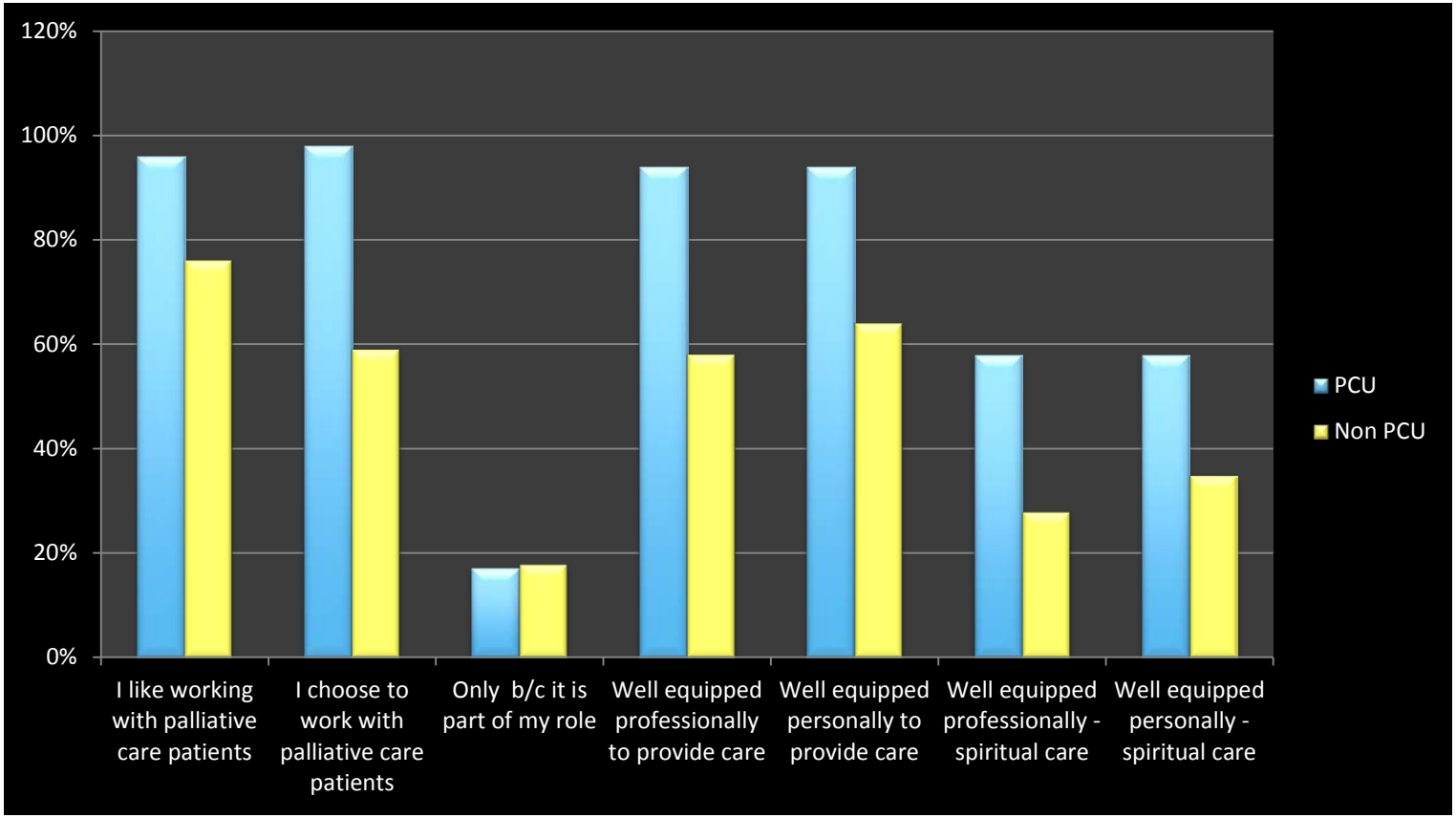
Responses towards palliative care clinical work



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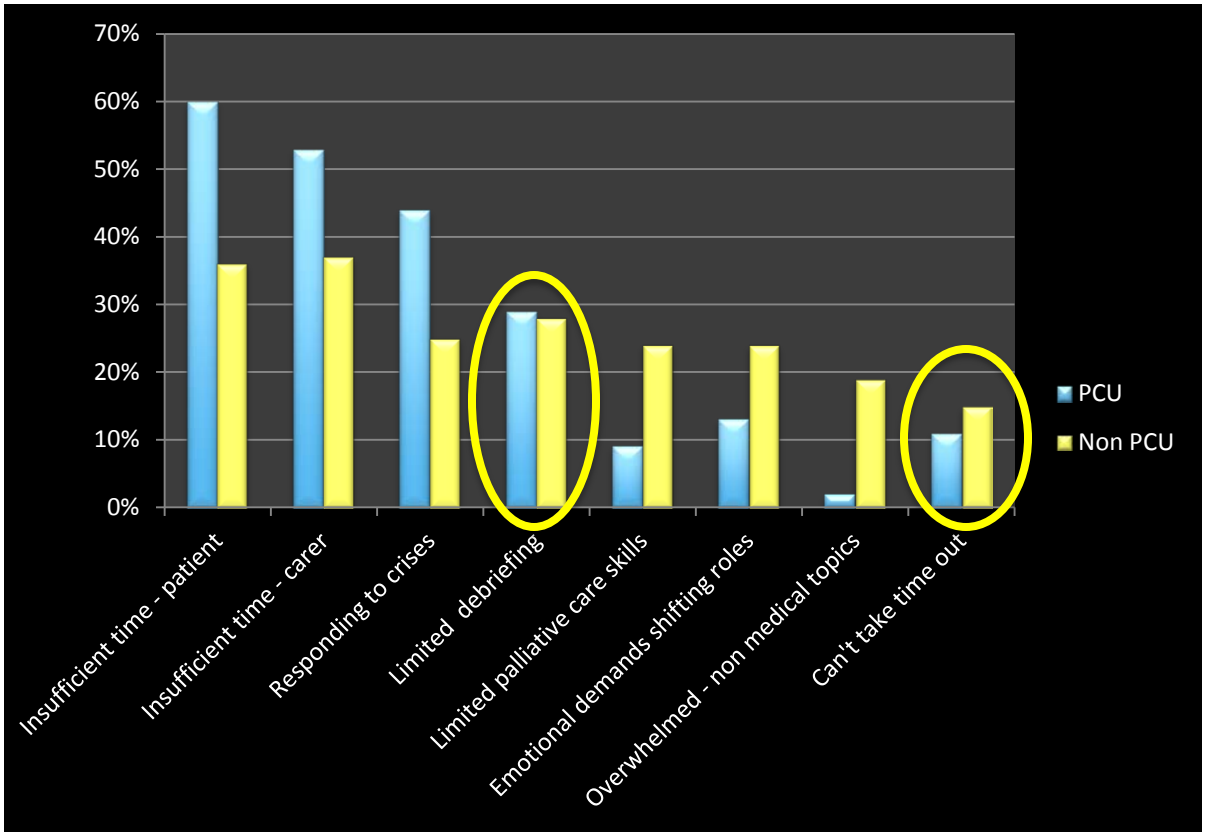
Challenges with palliative caseloads: PCU v non PCU



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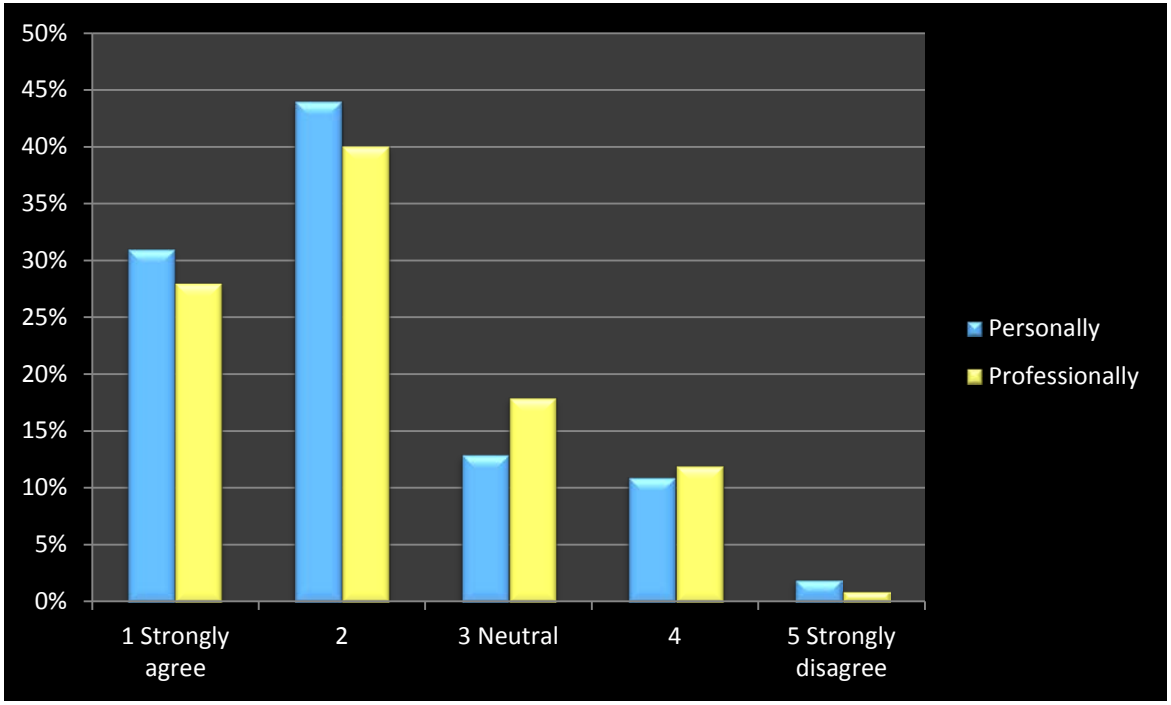
Well equipped to work with palliative care clients…



Willing but want upskilling

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2. AH educational & professional needs

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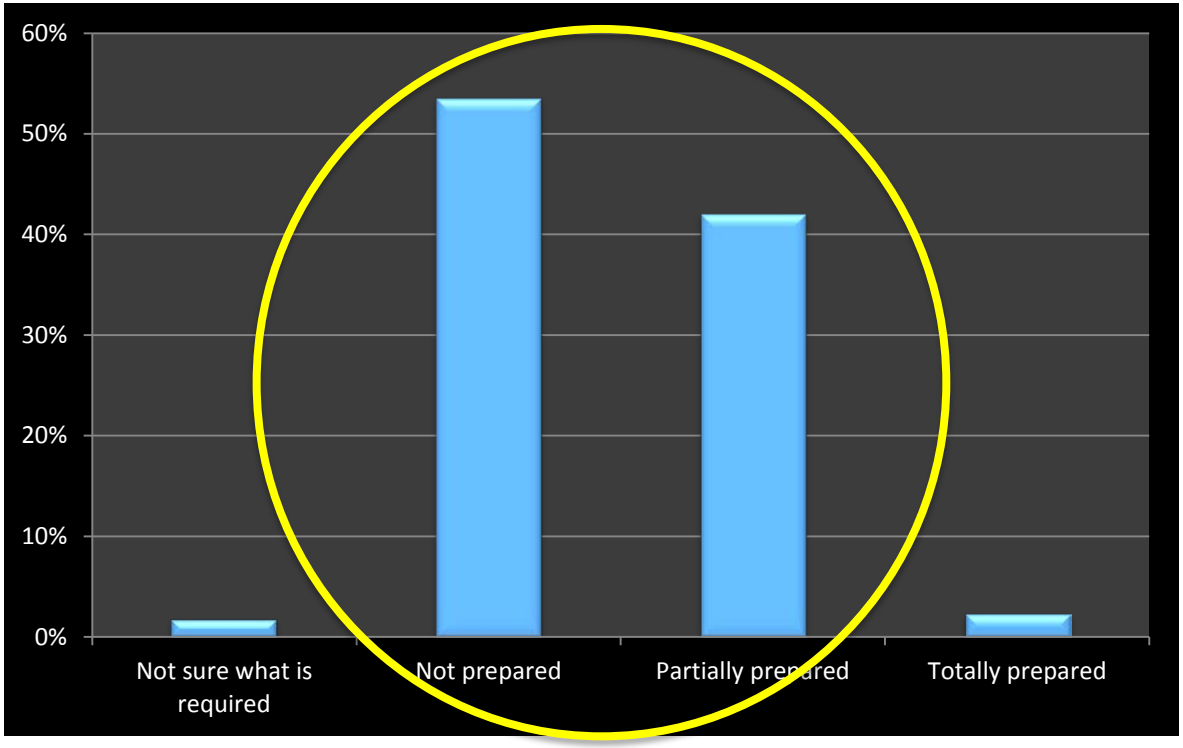
Undergraduate training prepared me (N=166)



Insufficiently prepared

95.7%

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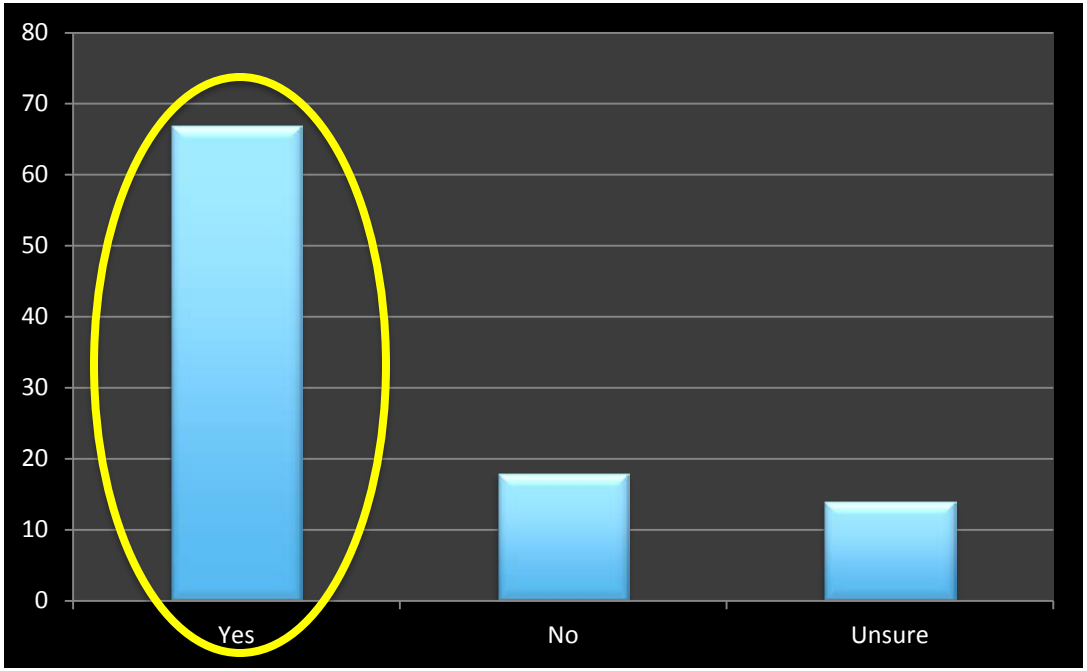
Need for additional education

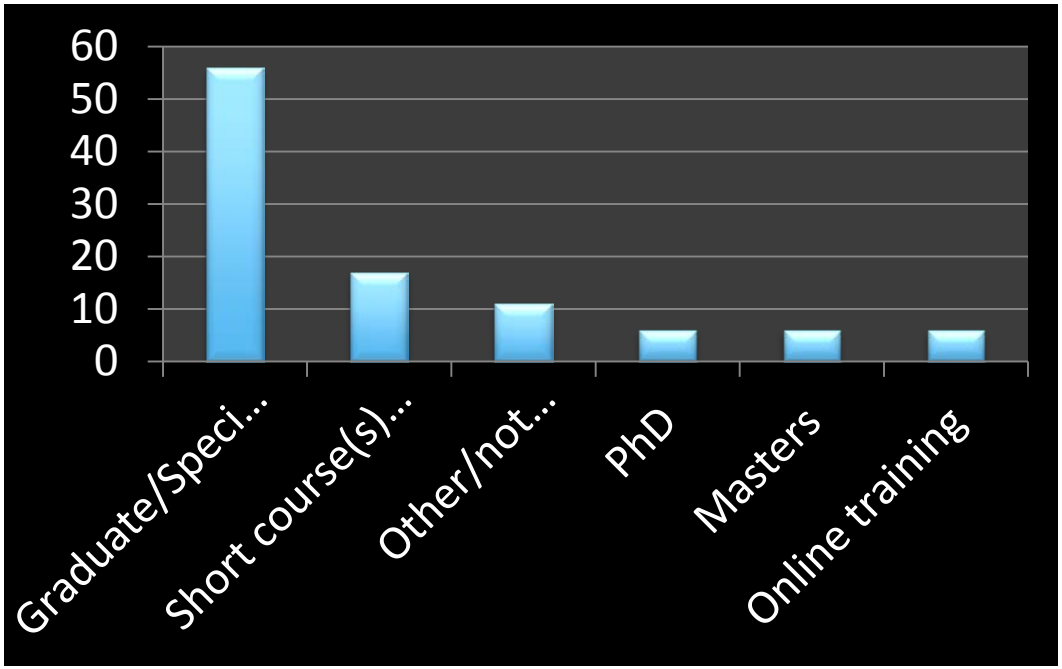


67% identified need for more education

Specialist palliative care post graduate qualifications?

No: 89%

Yes: 11%



N=119

11%

18 clinicians

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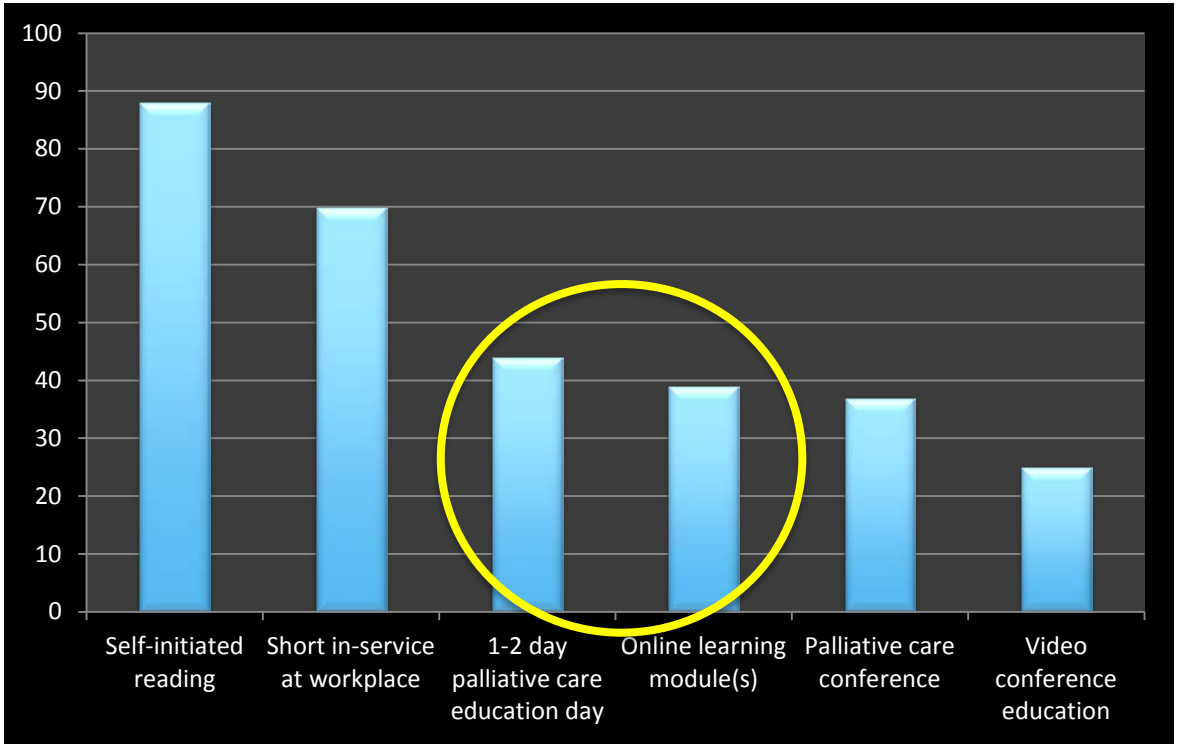
Mode of professional development (N=155)



44% - ed'n day
39% - online

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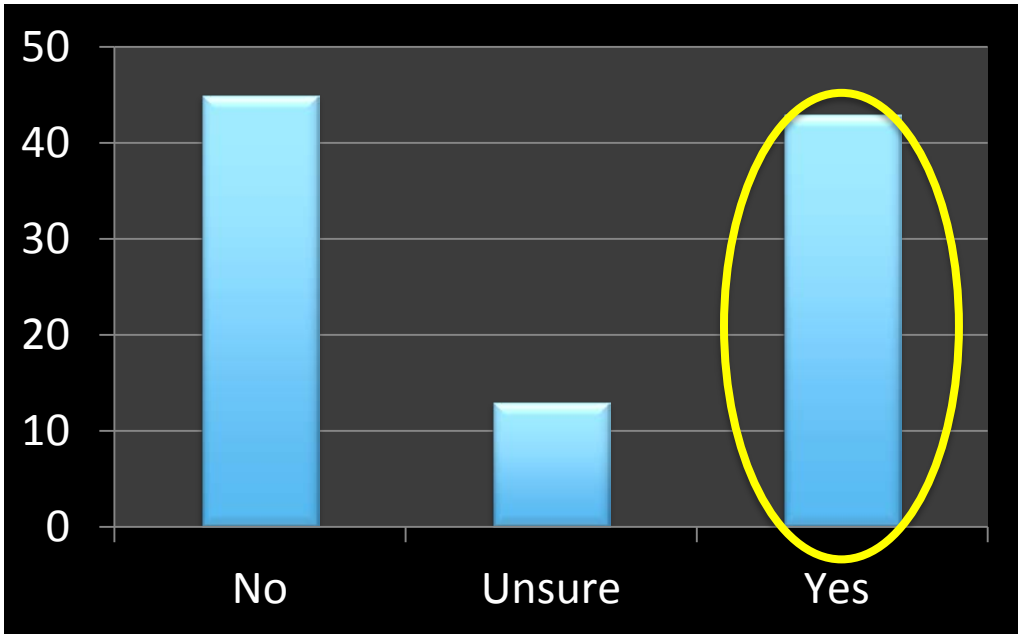
Barriers to accessing education



43% identified barriers to accessing education

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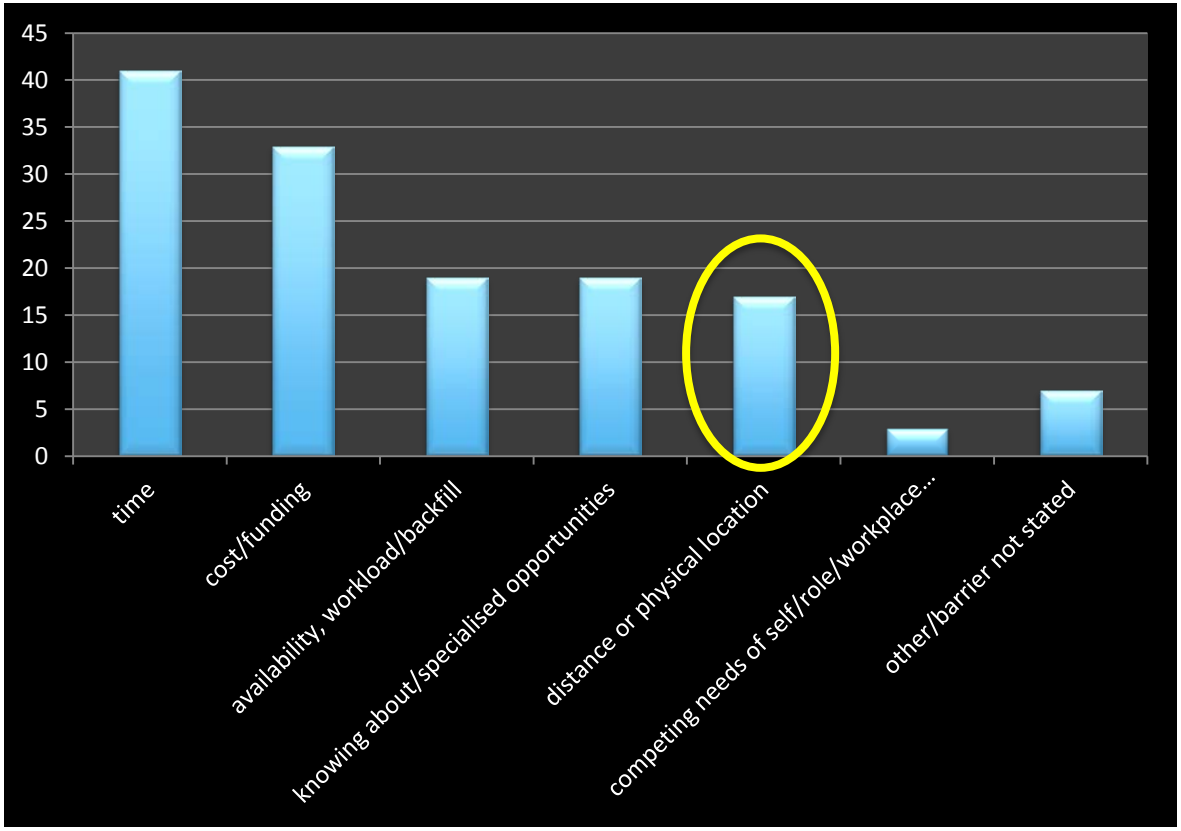
Barriers to accessing education



41% Time
33% Cost
19% Backfill
19% Opportunities

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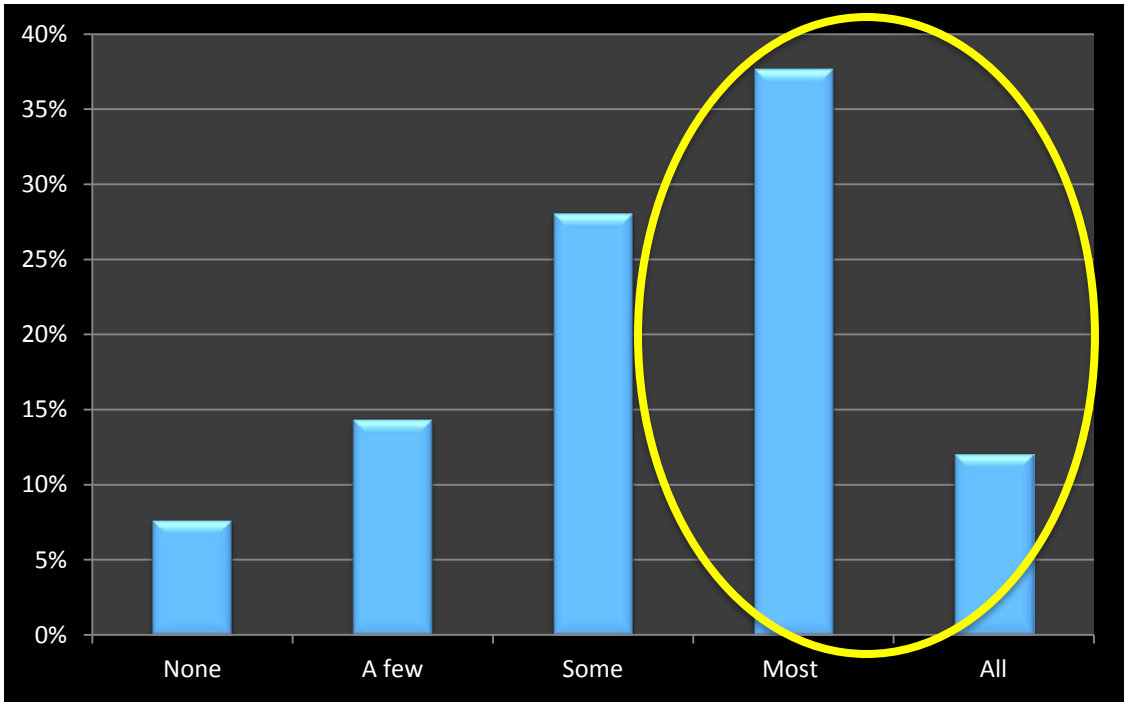
So what?



50% (N=207)
<u>most or all</u>
care for patient who might die in the next 12 months

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Discussion

- Palliative care: Not the sole domain of specialist clinicians

- Reflects changing patient demographics
  - ageing population
  - complex cases (IP) - **NOT** just the elderly
  - ↑ numbers cared for in the community & ↑ carer needs

- Escalating speed required around clinical decision making
  - Your knowledge & care impacts lives

AH practice needs

- 86%: same clinical care but in a different way

  How is care different?

  preparing for death whilst living, family as second client, rapid management of crises, ongoing deterioration, grief & loss, debriefing needs

- 84% saw palliative patients in hospital or community setting
- Only 33% saw palliative patients in a specialist PCU/Hospice

Palliative care competencies are not an optional extra!

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AH education needs

- Accessible
- Affordable
- Applicable

- Realistic v idealistic: student & clinician expectations
  - cognitive dissonance can lead to distress & dissatisfaction

- Key areas for AH education include (44% - 56%)
  - grief & loss/depression & anxiety
  - symptom Mx, palliative Mx of malignant & non malignant diseases
  - communication skills

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Take home challenges

Palliative care: **Not the sole domain** of specialist clinicians/units

- AH Clinicians want upskilling & ongoing support

Clinicians have a duty of care to patients & carers

- generalist knowledge, need to refer, care of self

Managers & health services have a duty of care to clinicians

- provide educational opportunities & access

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Your opportunities…& responsibilities…

- Online education/resources: CareSearch, End of Life Essentials
- Peak bodies: AHPA, OTA, APA, SPA etc
- Palliative Care Australia, PCC4U
- Australian Allied Health in Palliative Care (AAHPC)
- QIAs, research (collaborate with palliative care AH researchers to develop an evidence base)
- Post graduate education (Grad cert/dip, Master of PC/Clin Science, PhD)

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