

**INAUGURAL INTRODUCTORY PRACTICE
DEVELOPMENT SCHOOL FOR END OF LIFE CARE**
in conjunction with the International
Practice Development Collaborative

Fostering a Culture of Effectiveness in Care at End Of Life through Practice Development



Report on the Introductory Practice Development Summer School

September 2011



**HospiceFriendly
HOSPITALS**

Putting Hospice Principles into Hospital Practice.



**Office of the
Nursing & Midwifery
Services Director**

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Introduction

The first Introductory Practice Development Summer School supported by the International Practice Development Collaborative (IPDC) was held in the Republic of Ireland on 20th 21st and 22nd July 2011. The school was developed with the intention of advancing knowledge and skills in emancipatory practice development (PD) with a specific focus on end of life care. The introductory school was supported by the Health Service Executive (HSE) Office of Nursing and Midwifery Services Director (ONMSD) and the Hospice Friendly Hospitals Programme (HFH), an initiative of the Irish Hospice Foundation (IHF). The programme was developed in conjunction with the IPDC.

Background

The Hospice Friendly Hospitals Programme was initiated in the Republic of Ireland in 2007 in partnership with the HSE to develop standards for end-of-life care in hospitals, support hospitals in the process of implementing them and generally work to enhance the overall culture and practice of end-of-life care in hospitals. The HSE is responsible for the management of the health service in the Republic of Ireland. The programme has four principle themes: competency and compassion, planning and coordination, the physical environment, and an ethical approach, and the programme employs a variety of approaches, resources and materials to assist organisations in realising these themes. This highly innovative programme is the first of its kind in the world. Further information about the programme

can be found at:

<http://www.hospicefriendlyhospitals.net/>

The practice development component of the programme is a joint enterprise between the HFH and the HSE and has a two phased strategy. Phase one is designed for major acute academic hospitals by virtue of their size, the number of service users and staff, and their perceived position as leaders of practice and change. This phase works directly with clinical teams targeting cultures and contexts of end of life care through facilitated emancipatory practice development methods and processes. Phase 2 engages with other acute and community hospitals nationally using a variety of methods, one of which is the introductory practice development school.

The Introductory School in Context

This introductory school was designed for health care professionals who have a responsibility for the development of practice, implementation of change, management of staff or research and where end of life care is integral to the service provided in their organisations. The programme was designed to address the interrelationship between practice development, effective healthcare practice, evaluation, context, culture, leadership and skilled facilitation within the perspective of end of life care. Information packs were sent to all participants prior to the programme containing information about the programme, suggested reading material, background information about the HFH programme and 'Final Journeys Education Programme' (an education programme designed by the HFH to raise awareness about key aspects of end of life care), available HFH resources, the Department of Health and Children's Practice Development Strategy document, programme documentation and presentations along with practical information about the venue.

The setting for the school was in a university campus on the shores of Lough Gill in Sligo, providing a beautiful setting grounded in nature and cultural history (County Sligo and Lough Gill in particular was the creative home of the famous Irish poet WB Yeats). There was full board and accommodation provided for participants on campus and sufficient workshop rooms for break-out group work. Opening addresses were given by Mervyn Taylor HFH Programme Manager, Michael Shannon Director ONMSD, and Brendan McCormack University of Ulster. There were four school facilitators Brendan McCormack, Lorna Peelo-Kilroe, Randal Parlour and Bryan Nolan (Bryan facilitated the 'Final Journeys' workshop only).



Aims and learning outcomes

The four key themes of the Hospice Friendly Hospitals Programme were incorporated in the overall aims and learning outcomes of this school:

- Clarify the concept of practice development: the values and evidence base underpinning its processes and outcomes
- Experience the use of practice development approaches such as values clarification and visioning
- To develop a common vision and direction
- Experience the mechanisms necessary to establish effective active learning groups
- Participate in the process of active learning as an approach for focusing on professional effectiveness as a practice developer
- Constantly reflect on their own learning in an environment of high support and high challenge
- Explore and critique the concepts of facilitation, context, culture, evidence and effectiveness
- Develop insight and skills in cultural change and leadership
- Experience the use of creative arts
- Network extensively with other practice developers

Participants and how they were selected

Twenty six places for suitable participants were fully funded by the HfH Programme. Notification of the programme was widely circulated to all senior managers within the health service both in acute and primary care and including nursing, medicine and allied health care professionals. Notification was also sent to palliative care consultants and the Palliative Care Institute of Ireland and to Centres for Nurse Education and Nursing and Midwifery Planning and Development.

Seventy two applications were received almost exclusively from nursing. The selection criteria used was based on the following:

1. The number of applications from each site relating to the size of the organisation
2. The applicants role
3. The quality of the information on the completed application form
4. The date the application was received
5. Three places were reserved for HFH coordinators with a direct role in either supporting the

practice development programme or involved in facilitation programmes.

Preference was given to applicants with developmental, research or management roles within their organisations with the authority and support to initiate development programmes. Up to four places were available to any one organisation as it was felt that this may increase the chances of successful implementation of change in that organisation. The applicant's role was also considered where there was one application and the applicant was in a senior, development or research role and would have greater potential to implement some of the practice development processes. However a couple of candidates were considered who did not have a senior, research or development role but who did have agreement for a clear support structure to enable them to implement new knowledge and skills. The quality of most of the application forms was good with the majority having completed the entire form (please see appendix 1 for copy of school brochure and application form). However a small number of forms were only partially completed and therefore not prioritised for consideration.

Some application forms were received after the deadline date and although were still considered using the above criteria depending on the reason for the delay and/or where colleagues from that organisation had applied and were successful. A very small number of participants were very late and too late for consideration. A waiting list was established for any cancellations.

Hopes fears and expectations of participants

Participants were invited to identify their hopes, fears and expectations by writing on post-it notes and placing on headed flip-chart pages positioned on the walls in the main activity room. Themes from the hopes, fears and expectations derived from participants' contributions included:

Hopes

The common themes from participants' hopes related to learning more about practice development and end of life care, bringing new knowledge back to work areas, remaining enthusiastic about practice development and using new energy to make a difference in their work places. The opportunity for networking was identified as a hope that was realised along with a new enthusiasm for their work and greater confidence in applying new knowledge and skills.

Fears

The common themes regarding participants' fears were centred on the ability to apply new learning into practice; ability to understand the methodology and ability to engage colleagues in implementing learning and change. On day 3 most fears were addressed regarding apprehension about understanding the philosophy of practice development and facilitation although still acknowledging that implementing emancipatory practice development (ePD) is a challenge.

Expectations

In general, participants expected to learn new skills and knowledge about practice development and end of life care, become more confident when working with colleagues and when planning change, gain greater understanding of culture, learn more about self, and develop personally. All expectations were either entirely or partially realised.

Because of the size of the group (26), the diversity of roles and the priorities for attending the school, there were some statements that did not fit into a common theme but did stand out such as:

"That I will discover that none of my current work falls within the true definition of Practice Development (justifying my role!)"; *"To be inspired/ignited with vision to rise above the radar and not have 'poppy-head' chopped off"*. *"To leave better than when I arrived!"*
"Better future for health of all people in my care".

Programme structure, content and overview.

The structure of the programme followed the programme outline (see appendix 2) with some adjustments to workshop content. The programme was structured so that the fundamentals of ePD and facilitation were addressed at an introductory level with enough time incorporated for discussion and creativity. The facilitators worked with principles of ePD and emancipatory facilitation. There was one main room where the whole group gathered for whole group work

and three breakout rooms for smaller group work.

The content of the programme is outlined in session plans which were developed for each session by the person facilitating the session (see appendix 3 for session plans). The sessions were designed to provide participants with knowledge and skills at a foundation level that could be used in their organisations and arranged in a sequence that walked participants through the foundation steps required to start using ePD. However participants were reminded that this was an introductory school and would give a flavour of ePD and emancipatory facilitation and therefore further knowledge and skills development would be needed in order to fully utilise practice development as a basis for their work.

Overview of the Programme

The following section will provide an overview and examples of some of the sessions and activities undertaken over the two and a half days.

Day 1

Day 1 was an afternoon session with the formal opening followed by a focus on end of life care. This was followed by network dinner as an informal introductory opportunity. The first session on day 1 focused on developing awareness and communication in end of life care and this set the context for the practice development work that followed over the following two days. In this interactive session, participants explored issues around having difficult conversations with people who are dying and their families, and how to 'be present with' persons who are dying. Participants were asked to think about some priorities they may have when they are dying and what they would not want to happen to them (see appendix 4).

Day 2 and 3

Day 2 and 3 focused on ePD and facilitation as a means of introducing culture change in end of life care. Formal introductions using picture cards were undertaken on day 2 and terms of engagement were agreed using angel cards. Three active learning groups were formed and break out rooms identified for each group. The active learning groups were selected mainly on geographical location to increase the opportunity for networking during and after the school. A scribble board was provided and participants were invited to share their thoughts or observations by writing them on the scribble board over the two days.

Some more formal sessions such as the overview of PD and the clarifying the concept and evidence base for practice development were balanced with activity sessions such as Values Clarification and Claims Concerns and Issues (CCI) and Triad work. Participants worked together in their active learning groups to complete the values clarification exercise and all managed to develop a first draft vision statement (see appendix 5 for example of one vision statement). Similarly for the CCI work, participants worked together in their active learning groups to identify their collective CCIs (see appendix 6 for the CCI). The evidence informed and person-centered changes in practice session engaged participants in triad work in groups of three following a discussion on facilitation and reflection. Facilitators assisted and guided groups to use the process to share an issue that they had using the triad model.

A reflective walk in nature exercise was undertaken where participants formed pairs and walked in nature together initially in silence and then commenced a reflective discussion on the links they were beginning to make between leadership, practice development and facilitation within their individual roles. When they returned from the walk they captured their discussion creatively by either making a picture, a poem or a mime and shared with the whole group followed by a short discussion about transformational leadership.

“Where sometimes we may feel we walk alone and nobody has ever experienced what we have. There are others who understand and are willing to help, if we ask.

And we can enable,

We do not have all the answers

And even if we had

It's up to everyone to find their own answers!”

A poem by participants following a reflective walk in nature



A drawing representing concrete steps and a flower growing between the cracks created by 2 participants following the reflective walk in nature exercise.

'I saw the mystic vision flow...
And live in new, in woods and streams
Until I could no longer know
The dream of my life
From my dreams'

Poem by participants following reflective walk in nature

A 'forum theatre' exercise was used to share day 2 evaluations with the group at the start of day 3. Facilitators and participants joined in on this exercise and those observing fed back on what they saw. Those who participated in the exercise shared what they felt.

Programme Evaluation

Daily evaluations for day 2 and 3 were completed by participants and facilitators and a copy of the template used is in Appendix 7

What worked for participants?

In general participants liked the interactive nature of the programme and the opportunity to work in groups. Most liked the active learning sets and the opportunity to explore and share together. The PD processes that were liked most were the triads activity, visioning work, CCI, reflective work, including the reflective walk in nature, and the creative work. Almost all participants liked a mix of theory balanced with interactive work using processes that they could clearly see relevant to their settings.

The majority of participants said that they gained confidence through the programme and viewed it as a journey that takes time:

"I am developing my confidence and competence within the organisation after a battle! The course is supporting me with this by giving me the tools. Practice Development RP creativity and confidence"

"Change takes time, reflection. It can be scary and dark at times but without change and risk, there will be no growth. Letting go of the control and being free enough to wait for the answer when you ask the question. In the midst of everything be aware of the light and beauty that is always present"

"I have a much greater insight into the role of facilitator. It's not all about achieving the task! Standing back, including the shadows in your working life, being inclusive and positively reinforcing"

“Flower is blooming – I feel enlightened and enabled to go forward and continue to work with people who strive to change culture and improve the experience for patients. To enable human flourishing”

Incorporating elements of creativity into practice development was new for almost everyone and some found it more satisfying and appealing to them than others:

“The need to do things creatively – makes me realise I can do things I thought I couldn’t”

“A picture can mean a thousand words.”

“Reflective practice, walk in the afternoon. I will look at nature in a different light. Also if I need head-space and cannot get out I will always remember the peace of Lough Gill”

“I will look at nature in a different light to include in my reflective space”.

“Reflective piece which demonstrates that through all the greyness and negativity of culture in which we work, new beginnings can also emerge and grow”

Some participants were new to the whole concept of ePD and struggled to make sense of concepts and processes on the first 2 days:

“Wednesday: Practice Development – I know nothing. ‘Me from Barcelona’

Thursday: Getting there! Bit of a flicker. ‘Eur.....’

Friday: May get the ‘eka’!!”

“I thought I was ‘there’, and now I realise, where is there?

It takes time to travel the journey and to unravel

But stopping to share, myself to prepare

Will eventually help me to get ‘there’”

Some participants reflected on the effect that the programme had on them both professionally and personally and that they welcomed the opportunity to engage with ‘self’

“This process over anything else I have done for years has affected the way I reflect, act and the language I use, the way I think and work, how I see my life, what and where are my priorities. I am in a better space for it. Thank you!”

“Safer place in knowing and identifying ‘me’ in relation to my strength, vision, values, beliefs, and capabilities”

“‘I wandered lonely as a cloud that floats high or vales and hills, when all at once I saw a crowd a host of golden daffodils’. Starting out on this journey there is no doubt I have been that lonely cloud (and in some ways still am). Through reflections and learning such as these days I am beginning to see those golden daffodils (my favourite flowers). The journey will be long and have many twists and turns, but belief in my self and a process will enable me to help others to help themselves to flourish”

‘In the setting of Inisfree, a new Practice Development Facilitator has been born.’

“I really explored myself and the importance of me as a leader. I will commit to continue examining this within the context of Person-Centred EOLC”

“These three days have opened a whole new pathway of learning and getting things done. An excellent summer school”

“I fell I’m calmer, have slowed down and not as liable to dive into situations and try to fix them. Happy now to let processes happen and not be as self critical”

As a closing exercise the group and facilitators formed a large circle around a canvas of paintings and following closing remarks from Mervyn Taylor everyone was asked to say in one word what practice development means to them. The main picture on the following page was taken of the group and facilitators during the closing exercise.

What worked for facilitators?

There was evidence of synergy between facilitators and participants throughout the programme. The areas that worked well were similar in many ways to participants' evaluations. Evidence of willingness to engage on the part of participants and acknowledgement of the value of using practice development processes was obvious from day 1 of the programme. Good engagement in Values Clarification work and a lot of learning from the CCI. Positive reaction from the group to the reflective walk in nature (leadership walk), active learning, triads and reflection. Key principles came together and participants remained engaged until the programme ended.

Facilitators worked well together and were adaptable to change the session plans if necessary to respond to the group's priorities and feedback. The programme structure and content also worked well and the active learning space in the venue was conducive to learning and well received by the group. In general it was obvious that the mix of creativity and cognition worked well for participants. Having a topic or theme for the school seemed to work well in focusing individuals on exploring possibilities for practice and developing action plans. In particular planning the incorporation of end of life care standards into action plans using PD methods and processes seemed to make more sense to some individuals and worthy of further review.



What didn't work for participants?

The more formal sessions where there was limited opportunity for activity and interaction were least favoured by participants.

"Just a thought – Could some of the slides have less words and a simpler message?"

Some participants felt very challenged with the creative aspects of the programme and struggled with it over the two days.

"Do not enjoy being creative in the ways outlined above. Most enjoyed networking with others. I hoped for more specific EOLC knowledge rather than facilitation"

"Group work in relation to standards, found the dynamics of the group challenging some. Some voices a lot louder than others"

A few participants said that they would like to have seen a greater emphasis on end of life care as it was their principle reason for attending the school.

What didn't work for facilitators?

Timings of some sessions needs adjusting as some of the activities were rushed and this would have been achieved by reducing the use of Power Point to introduce some sessions rather than relying on the strength of the creative process itself. This was new learning for some facilitators. Reviewing the programme to see if there is too much content may be advantageous. As formal introductions were done on day 2 it would be more appropriate to do this on day 1. It may also be worth exploring possibilities of linking programme more closely with participants own practice. Adding a language exercise may have some value in opening minds to the power of language within their organisations.

Recommendations

The introductory school was well received and supported by senior nurse managers in particular; even in the present economically challenging times. There has been a great deal of interest in the school. This is reflected by a growing interest nationally in emancipatory practice development as a concept and as a means of developing effective workplace cultures. Individuals in development roles are more aware of this work now, particularly from other programmes such as the recently completed 'National Practice Development Programme for Older Persons' and the on-going 'National Practice Development Programme for End of Life Care in Major Acute Hospitals'. In this context the following recommendations are proposed:

1. The school should be repeated and made available to all sites involved in care at end of life and disciplines involved in development, management or research.
2. Anecdotal evidence from this introductory school suggests that having a theme for practice development may have enabled greater understanding of the use of ePD and may be worth considering for future schools. Therefore the second recommendation is that future schools would have a particular theme relating to aspects of person-centred care.
3. In order to continue to develop the learning achieved in the introductory school, two further days should be added over a period of 6 to 12 months to incorporate further practice development methodologies and processes that bring it in line with the requirements of a full practice development school as defined by the IPDC.

Summary

The introductory school was well supported and all places were filled from a variety of settings across the country. Participants engaged enthusiastically in the programme and appreciated the opportunity to network over the course of the two and a half days. The feedback from participants and facilitators has been largely positive with many participants requesting opportunities for a follow-up programme to build on newly acquired knowledge and skills.

In our endeavour to introduce a variety of methods of learning and initiate opportunities for creative thinking, a large canvas was made available to participants and facilitators to build a picture that represented ePD for them by drawing a picture, symbol, image etc using acrylic paints. The picture will be preserved for posterity and displayed as an acknowledgement of the first practice development school in the Republic of Ireland.

Please see image below:





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Putting Hospice Principles into Hospital Practice.



Office of the
Nursing & Midwifery
Services Director

in conjunction with **THE INTERNATIONAL PRACTICE
DEVELOPMENT COLLABORATIVE**

Fostering a Culture of Effectiveness in Care At End Of Life Through Practice Development



‘Introducing Practice Development’:

Inaugural School

July 20th 21st and 22nd 2011

Innisfree International College

St Angelas, Clogherevagh, Lough Gill, Co Sligo.

This school is designed for health care professionals who are responsible for developing, implementing or researching practice development strategies. The school addresses the inter-relationship between practice development, effective healthcare practice, evaluation, context, culture, leadership and skilled facilitation within a context of end of life care. Fostering a Culture of Effectiveness in Care at End of Life through Practice Development will help you to begin to develop your skills in facilitating, implementing and evaluating changes in practice at clinical, unit, department or organisational level.

This is the first 'Introducing Practice Development School' to be hosted in the Republic of Ireland. It is supported and funded through the Centre for Innovation and Leadership in the HSE Office of Nursing and Midwifery Services Director, and the Network of Hospice Friendly Hospitals

The Course Programme is focused on:

- developing a common vision of practice development and evidence-based health care at end-of-life care through values clarification and visioning
- facilitation, reflection and active learning
- developing and understanding workplace culture
- evidence, effectiveness and evaluation
- group learning in relation to concepts of practice development frameworks, processes and tools

Who Should Attend?

The course will help you explore several aspects of practice development within the context of care at end of life. These will include the concept of practice development, the process of initiating and sustaining practice development strategies within your organisation, its evaluation and the role of workplace culture and facilitation. It is particularly relevant to those who are responsible for developing or implementing practice development initiatives; strategic planning; and the facilitation of person-centred and evidence-based care at end of life. The course is suitable for people with different levels of experience in practice development and research but is of particular benefit to educators, clinical leaders, clinical nurse consultants, nurse practitioners, directorate managers/leaders and professional or practice development post-holders.

Course Team:

The school will be facilitated by Professor Brendan McCormack Director Institute of Nursing Research, Head Person-centred Practice Research Centre University of Ulster, Lorna Peelo-Kilroe National Practice Development Coordinator, End-of-Life Care and Dr Randal Parlour, Assistant Director, NMPDU HSE West

School Design:

This school is not a conventional didactic or research methods course but is based around interactive and creative means of utilising your own experiences of practice development.

The school encourages active participation through interactive workshops and an introduction to active learning as a process to enable the development of personal and professional effectiveness. All sessions build on a small amount of pre-course work which needs to be undertaken prior to commencement of the school.

Course aims and learning outcomes:

The four key themes of the Hospice Friendly Hospitals Programme: competence and compassion; planning and coordination; the physical environment; an ethical approach; will be incorporated in the overall aims and learning outcomes of this school. This is an opportunity for you to focus, through active learning, on your own effectiveness in fostering a culture of learning that is person-centred; exploring the evidence base to practice development in relation to your own learning; and, experiencing the process of effective teamwork

in collaboratively developing plans for working with practice development tools and processes in your workplace.

Participants will be provided with an opportunity to:

- Clarify the concept of practice development: the values and evidence base underpinning its processes and outcomes
- Experience the use of practice development approaches such as values clarification and visioning to develop a common vision and direction
- Experience the mechanisms necessary to establish effective active learning groups
- Participate in the process of active learning as an approach for focusing on professional effectiveness as a practice developer
- Constantly reflect on their own learning in an environment of high support and high challenge
- Explore and critique the concepts of facilitation, context, culture, evidence and effectiveness
- Develop insight and skills in cultural change and leadership
- Experience the use of creative arts
- Network extensively with other practice developers

Pre-course preparation

Guided pre-course activities, detailed school programme, and a complete reference list will be sent out in advance to all participants. Participants are required to submit an outline of their reasons for wishing to attend the school, their interest in end-of-life care and their commitment to implementing new learning into their organisation on completion of the course. Documentation outlining suggested pre-course reading will be forwarded to participants who have successfully secured a place on the school.

Support and Funding

Successful candidates will have the cost of the programme, accommodation and meals provided on site. However any other expenses including travel are not covered under the terms of this programme.

Booking Terms and Conditions

Organisations can pre-book a maximum of four places.

Places are not confirmed until a fully completed booking form is returned to the booking office by the closing date below. Requests for additional places will be wait-listed.

Celebration dinner:

A networking dinner will be hosted on the first night of the programme.

Cancellations

The school is intensive, designed for small numbers of participants in order to achieve maximum benefits.

It can be anticipated that there will be a waiting list therefore we would ask you to please notify us of any cancellations as soon as possible so that your place can be offered to someone else.

Liability

The organisers of the school will not accept liability for loss or damage to any personal effects which may arise as a result of attendance at this event. The organisers reserve the right to amend the programme or speakers, should it be necessary due to circumstances beyond our control.

Parking

Free parking is available on campus.

Accommodation

Accommodation will be provided in Innisfree International College, St Angelas, Clogherevagh, Lough Gill, Co Sligo where individual rooms will be available with full board.

Booking places

Places can only be guaranteed on receipt of fully completed booking form.

How to book

Please complete the attached Registration Form and pre-course documentation and send to:

Roisin.Clarke@hospice-foundation.ie

**Roisin Clarke, Irish Hospice Foundation,
Morrison Chambers, 32 Nassau Street,
Dublin 2**

Closing dates for receipt of registrations: May 27th 2011



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to develop practice



International Practice Development Schools are hosted by members of the International Practice Development Collaborative (IPDC). The programme and resource materials are agreed by the members of the IPDC within a dynamic framework of constant evolution following experimentation and evaluation. Members of the IPDC are:

FOSTERING A CULTURE OF EFFECTIVENESS IN CARE AT END OF LIFE THROUGH PRACTICE DEVELOPMENT

NATIONAL END OF LIFE CARE
'INTRODUCING PRACTICE DEVELOPMENT' SUMMER SCHOOL 2011
BOOKING FORM: July 20th to 22nd 2011

As each organisation can book up to four (4) places we suggest that those wishing to attend discuss this with the relevant personnel in their organisation before registering. Please note that both sections of this form must be fully completed in order to be considered for a place.

Please reserve me a place for the Summer School: 20th 21st and 22nd July 2011

Section 1

Title & First Name: _____ Surname: _____

Job title: _____

Organisation address: _____

Home address: _____

Telephone (daytime): _____ Fax: _____

Mobile number: _____

E-mail address: _____

Please list specific dietary requirements, if any: _____

Section 2

1. Your reasons for wanting to attend the programme? _____

2. The relevance of end of life care in your work area? _____

3. Your involvement in the Hospice Friendly Hospital Programme? _____

4. If your hospital is not involved in the Hospice Friendly Hospitals Programme what other initiatives are in place or under consideration to develop end of life care? _____

5. What structures are in place in your organisation to support you implementing new learning following this course? _____

6. What arrangements have you discussed with your manager to support you in implementing new learning from the course? _____

7. Please outline how you intend to link with key stakeholders in your organisation e.g. End Of Life Care Standing Committee/ team meetings/ management meeting/ palliative care/ practice development unit/ education departments etc following the course to share learning and gain support? _____

Participant's Signature: _____

Senior Managers Signature of Approval: _____

Senior Managers Name (in block capitals): _____

Job title of Senior Manager: _____

Contact details of Senior Manager): Address _____

Email: _____ Phone: _____ Mobile: _____



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Office of the
Nursing & Midwifery
Services Director



This is to certify that

Recipient's Name

has attended

**'Fostering a Culture of Effectiveness in Care at End of Life
Through Practice Development'**

INTRODUCING PRACTICE DEVELOPMENT SUMMER SCHOOL

20th, 21st & 22nd July 2011

Mr. Mervyn Taylor
Programme Manager
Hospice Friendly Hospitals Programme
Irish Hospice Foundation

Professor Brendan McCormack
Director, Institute of Nursing Research,
Head, Person-Centred Practice Research
Centre, University of Ulster

Mr. Michael Shannon
Director,
Office of Nursing and Midwifery Services,
Health Service Executive

APPENDIX 2

PRACTICE DEVELOPMENT PROGRAMME

DAY 1: WEDNESDAY 20TH JULY

Time	PD Activity	Facilitators
14.00 - 16.00	<p>Launch of PD School (afternoon tea/coffee)</p> <p>Mr Mervyn Taylor, Manager Hospice Friendly Hospitals Programme. Project Manager Forum on End of Life</p> <p>Mr Michael Shannon, Director, Office Of Nursing and Midwifery Services Director</p> <p>Professor Brendan McCormack, Director Institute of Nursing Research, Head Person-centred Practice Research Centre, University of Ulster</p>	Lorna Peelo - Kilroe
16.00 - 18.00	Developing awareness and communication skills in EOLC	Bryan Nolan
20.00	Dinner	

DAY 2: THURSDAY 21ST JULY

Time	PD Activity	Facilitators
08.30 - 09.30	Group connection	Lorna Peelo - Kilroe
09.30 - 10.00	Clarifying the concept and evidence base of practice development	Dr. Randal Parlour
10.00 - 10.30	Morning tea/coffee	
10.30 - 11.30	Overview of Practice Development – methodology & approach and link with concept analysis	Prof Brendan McCormack
11.30 - 13.00	Developing a shared vision: the foundation of practice development	Lorna Peelo - Kilroe
13.00 - 14.00	Lunch	
14.00 - 15.00	Turning your vision into reality: Claims concerns and issues	Prof Brendan McCormack
15.00 - 16.30	The use of workplace critical reflection for culture change: creating a culture of high challenge with high support (afternoon tea/coffee)	Randal Parlour
16.30 - 17.30	Capturing our learning from the day through active learning	Brendan, Randal and Lorna

DAY 3: FRIDAY 22ND JULY

Time	PD Activity	Facilitators
08.30 - 08.45	Reconnecting activity	Prof Brendan McCormack
08.45 - 10.15	Effective EOLC: facilitating evidence informed and person-centred changes in practice	Prof Brendan McCormack
10.15 - 10.30	Morning tea/coffee	
10.30 - 12.30	Active Learning: putting evidence-informed and person-centred EOLC into practice	Dr. Randal Parlour
12.30 - 13.15	Lunch	
13.15 - 14.45	Leading Practice Development: integrating facilitation and leadership practices	Lorna Peelo - Kilroe
15.00 - 15.00	How will we take the message back to our workplaces? (afternoon tea/coffee)	Prof Brendan McCormack
15.15 - 16.45	Evaluation of two days	Lorna Peelo - Kilroe
16.45 - 17.00	Closing address	Mervyn Taylor

APPENDIX 3

Developing awareness and communication skills workshop

Facilitator: Bryan Nolan

Duration: 16.00 – 18.00

Time		
10 mins	<p>Aims</p> <p>Raise awareness of the importance and value to patients and relatives of effective communication</p>	
5 mins	<p>Learning Outcomes</p> <ul style="list-style-type: none"> • Opportunity to build on skills and share experience. • Achieve greater insight into being more comfortable around people who are on that Final Journey • Greater appreciation of the “being” rather than “doing” aspects of care 	
90 mins	<p>Introduce Final Journeys Programme</p> <ol style="list-style-type: none"> 1. Explore through group exercise what participants own wishes would be for end of life care. 2. DVD and discussion 3. Use that exercise to test our own assumptions and beliefs around what it is that patients/residents and their relatives need at End of Life. 4. How we can best respond to those in our care and sit with difficult questions 	<p>DVD Group work</p>
15 mins	Summary	
18.00	Finish	

REFERENCES

HFH Final Journeys Programme 1 and 2

Clarifying the concept & evidence base of practice development

Facilitator: Randal Parlour

Duration: 09.30 – 10.00 (30 mins)

Time		
10 mins	<p>Aims</p> <ol style="list-style-type: none"> 1. Clarify the meaning, purpose, and principles of practice development 2. Explore the potential of practice development in an Irish healthcare context 3. Review evidence underpinning practice development 	
	<p>Learning Outcomes</p> <p>Consider:</p> <ul style="list-style-type: none"> the importance of practice development in the current healthcare context the importance of systematic evaluation within practice development the legitimacy of practice development the processes and outcomes derived from practice development 	
5 mins 5 mins	<p>Quiz</p> <p>Reflection & Insight</p> <p>The context for practice development within Ireland. A brief overview of the importance and relevance of practice development principles and processes within the current healthcare context.</p>	Quiz sheets
20 mins	<p>Questioning the evidence base for practice?</p> <p>Participants to consider their own practice context and develop a collage of words, statements, images (on post-its, stickies, postcards etc) that reflect their current evidence base for practice and place on 'evidence board'. Participants are encouraged to share and discuss these interpretations of evidence with others.</p> <p>This will give a sense of where participants are coming from in working with evidence in practice.</p>	
10.00	Finish	

RESOURCES

Department of Health and Children. (2010). Review of Practice Development in Nursing and Midwifery in the Republic of Ireland and Development of a Strategic Framework. Dublin. Stationery Office.

Manley, K., McCormack, B., Wilson, V. ((2008) (Eds) International Practice Development in Nursing and Healthcare. Oxford: Blackwell Publishing

McCormack, B., Manley, K., Garbett, R. ((2004) (Eds) Practice Development in Nursing. Oxford: Blackwell Publishing

DAY 1 PLENARY

Facilitating person-centred, evidence-informed EOL care through practice development: Evidence, Context and Facilitation – Interactions, Intersections and Interconnections

Facilitators' Notes

Expected Learning Outcomes:

Have an understanding of key concepts and processes in practice development

Be able to understand the relationship between practice development and effective end-of-life care

Achieve an insight into key facilitation concepts and processes

10.30 Introduction

PARIHS framework (Slides 2-11)

10 min Reflection and dialogue on slide 11 – plotting where now in own workplace in terms of evidence, context and facilitation and journey to take to ideal position

Person-centred EOL care & Human Flourishing (Slides 12-26)

10 min break for reflection/dialogue at Slide 23 re the practice development definition and its meanings

The use of workplace critical reflection for culture change: creating a culture of high challenge with high support

Facilitator: Randal Parlour

Duration: 15.00 – 16.30 (1½ hours)

Time		
15.00	<p>Aims</p> <p>To clarify the concept and use of critical reflection as a key process contributing towards practice development & culture change</p>	
	<p>Learning Outcomes</p> <ul style="list-style-type: none"> • Clarify the concept of critical reflection and how it can be used in the workplace to develop self and others • Develop an understanding of the stages in the reflective process : description, analysis, & synthesis of practice insights & knowledge and developing action from this. • Experience skills for 'challenge & support' within an active learning group through reflection on a significant work experience. 	

Time	The use of workplace critical reflection for culture change: creating a culture of high challenge with high support (continued)	
1 hr 15 mins	<ul style="list-style-type: none"> Clarifying the concept: critical reflection in the workplace Participants will break into active learning groups (facilitated by Brendan, Randal Lorna). Reiterate terms of engagement with participants prior to commencement. Participants will have an opportunity to: <ul style="list-style-type: none"> experience skills for 'challenge & support' by presenting and working on significant 'real life' workplace situations. discuss & describe the use of reflective processes to promote culture change in own workplace discuss and describe how a model of critical reflection may enable development of self and others in the workplace 	In active learning sets
15 mins	Summary/Evaluation - 5 mins per group	Whole group
16.30	Finish	

RESOURCES

Manley, K., McCormack, B., Wilson, V. ((2008) (Eds) International Practice Development in Nursing and Healthcare. Oxford: Blackwell Publishing
McCormack, B., Manley, K., Garbett, R. ((2002) (Eds) Practice Development in Nursing. Oxford: Blackwell Publishing

Health Service Executive (2010) Enhancing care for older people: A guide to PD processes to support & enhance care in residential settings for older people

McCormack, B. (2006) Reflective Framework. University of Ulster/Royal Victoria Hospital, utilised in the Older Person Services National Practice Development Programme 2007-2009. Author: Professor Brendan McCormack.

Values clarification exercise workshop

Facilitator: Lorna Peelo-Kilroe

Duration: 11.30 – 13.00 (1½ hours)

Time		
5 mins	Aims	
11.30	<p>To experience and contribute to a process of values clarification exercise based on visioning how end-of-life care could be in your service</p> <p>To engage in a dreaming exercise that enables creative thinking balanced with analytical thinking</p> <p>To enable reflection of own values and beliefs about end-of-life care</p>	

Time	Values clarification exercise workshop (continued)	
5 mins	<p>Learning Outcomes</p> <ul style="list-style-type: none"> • Experience the process of developing a common vision for end-of-life care • Clarity of the purpose of values clarification exercise • Engage in an exercise that is strategic and collaborative to create consensus and understanding • Identify own vision for end-of-life care through a reflective process • Work with creative and logical, analytical approaches to developing practice • Reflect on and share knowledge with others as a means of establishing a common vision in the workplace 	
10 mins	<p>Clarifying the concept</p> <p>Values and beliefs as a prerequisite to creating a person-centered care environment. Espoused values and sometimes the reality in practice.</p>	<p>DVD</p> <p>Group work</p>
60 mins	<p>Values Clarification Exercise</p> <p>(10 mins) Brief discussion together in groups of general held values and beliefs about end-of-life care</p> <p>(10 mins) Contribute own ideas to flip charts under each heading on post-it notes using as many ideas as you have with one suggestion per note</p> <p>(15 mins) As a group theme the post-it notes</p> <p>(25 mins) Look at principle themes and develop a vision statement using the words on the post-it notes under the following headings:</p> <p>The purpose of person-centred end-of-life care is...</p> <p>This purpose can be achieved by...</p>	<p>Groups of 8</p> <p>Flip chart</p> <p>Markers</p> <p>Post-it notes</p> <p>Pens</p> <p>Appoint scribe</p>
10 mins	<p>Summery/Evaluation</p> <p>You have experienced the process of developing a vision statement. What is the key message you want to bring back to your workplace from this?</p>	<p>Whole group</p>
13.00	Finish	

RESOURCES

Bennie, A., Titchen, A. (1999) *Freedom to Practice. The Development of Patient-centred Nursing*. Edinburgh: Butterworth Heinemann

Manley, K., McCormack, B., Wilson, V. ((2008) (Eds) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell Publishing

McCormack, B., Manley, K., Garbett, R. ((2002) (Eds) *Practice Development in Nursing*. Oxford: Blackwell Publishing

McCormack, B., McCance, T. (2010) (Eds) *Person-Centred Nursing. Theory and Practice*. Oxford: Wiley-Blackwell

Health Service Executive (2010) *Enhancing Care for Older People. A Guide to Practice Development. Process to Support and Enhance Care in Residential Settings for Older People*

Effective EOLC: facilitating evidence informed and person-centred changes in practice

Purpose

Explore different types of facilitation and ways in which different facilitation styles, models and tools are used to enable effective engagement and action.

Intended learning outcomes

1. Critically and reflectively evaluate enabling facilitation as a framework for creating the space for meaningful engagement for effective action.
2. Understand different theoretical perspectives and how these help to frame facilitation styles, roles and methods.
3. Work with different models of facilitation and understand how they can help a facilitator to engage in intentional action.
4. Understand the importance of reflexivity as an enabling facilitator and how reflexivity contributes to the evaluation of effectiveness as a facilitator.

Processes

Experiential, critical creative examination, exploration, reflection and critique

Evaluation Questions

Was the workshop purpose achieved?

What were the learning outcomes?

Do the learning outcomes match the intended outcomes?

What were participants and facilitators experiences?

Design

Stage 1: Introduction to facilitation – short presentation (20 minutes)

This short presentation will introduce participants to facilitation principles, the facilitation standards, Heron and Rogers. The purpose is to introduce these models and theories so that they will recognise the theories/terms etc as we refer to them in the rest of the workshop. The key message will be the importance of:

1. Listening/hearing
2. Catalytic questioning
3. Reflection and feedback

Appendix 1 will be provided as a resource to support this introduction and workshop as a whole

Stage 2: Reflection on 'self as facilitator' using Mezirow (10 minutes)

Participants will be asked to undertake a short reflection on their knowledge and skills as a facilitator using Mezirow:

What are you aware of about:

- Your feelings about being a facilitator?
- Your perceptions about what it means to be a facilitator?
- the assumptions you hold about what it means to be a facilitator?
- The concepts underpinning facilitation and your understanding of these these?
- The links between the concepts and the values you hold?

Stage 3: Triads (45 minutes)

Drawing on an issue from their individual practice context participants will work in groups of three, taking turns to be, presenter, facilitator/enabler and observer (3 x 15 minute sessions with 10 minutes feedback from observer/discussion after each 15 minute session). (Appendix 2: guidance for the Triad activity will be provided as a resource to participants). Appendix 3 and 4: structured observation frameworks will be provided to participants)

Stage 4: Reflection on learning needs (15 minutes)

Working in pairs, participants will share their initial reflection and using the facilitation standards identify their own learning needs and actions they can take to address these.

TRIADS: Task / Problem / Issue resolution

Divide into groups of 3 in the following roles:

Presenter

You are to think of a task/problem/issue about the setting in which you will be facilitating the guidelines into practice and discuss it with one of the group (the enabler). Try to be brief and specific. The 'task', 'problem' or 'issue' should be of real concern to you.

Enabler

You are to help the presenter with his or her 'task/problem/issue' by trying to get the presenter to think through his or her issues. Ask open questions (How do you now? What does this mean?). The object is to enable the presenter to define or redefine the problem/issue and their relationship to it in specific terms for the presenter to take some steps towards solving it. Try to focus on what can be done by the presenter – not what others ought to do. Some helpful questions may include:

- What could you do ...
- It sounds as though you are feeling ...
- How does that make you feel ...
- What do you think is really going on ...
- What do you think would happen if ...
- Do you think that ...
- How would you know if ...
- How can you ...

Observer

The observer listens to what is being said. You observe the verbal interaction and consider what questions/responses were more/less helpful in enabling the presenter to move forward his or her issue. The observer also listens to/senses what the feelings of the presenter are in relation to their issue.

Finally, the observer also listens to/senses what the presenter has invested (or not) in the issue. What is the presenter's will, commitment or motivation toward the issue and its possible resolution?

Further points the observer may wish to consider include:

- Is the enabler providing solutions for the presenter?
- Is the presenter focusing on what they can do?
- Is the presenter avoiding resolving the problem?
- Is the presenter's proposed action specific enough?

Take 10 minutes between presenter and enabler. After the session and a pause, the presenter and enabler convey how the experience was for them. The observer then gives feedback for 5 minutes to the 'enabler' on how their facilitation aided the presenter, and to the presenter, and then the presenter and 'enabler' may wish to add their comments. Change roles, in order that each person can take the role of enabler and presenter.

(McGill, I, & Beaty L. 2001, Action Learning 2nd Ed. Kogan Page Ltd, London pg 105-106)

Questions to Consider in Observing Facilitation

Did the facilitator:

- Make their intent explicit in their questioning/interventions?
- Create an atmosphere that is unconditional?
- Listen and attend?
- Respond to feelings – expressed or embodied?
- Reflect back to the presenter?
- Help the presenter to trust and value his/her own experience?
- Show empathy?
- Say the right thing at the right time?
- Maintain the right balance of challenge and support
- Manage the time available?

Did the presenter:

- Make a clear and precise presentation identifying key issues?
- Use disclosure appropriately?
- Listen and attend?
- Show his/her feelings about the issue?
- Reflect on the issue through his/her 'own eyes'?
- Respond appropriately to questions from the facilitator?
- Respond authentically to challenge and support?
- Identify action/next steps?

Time		
09.30	<p>Aims</p> <p>Gain an understanding of active learning, its purpose & processes as a mechanism for developing work based effectiveness</p>	
5 mins	<p>Learning Outcomes</p> <ul style="list-style-type: none"> • Clarify the principles and key aspects of active learning • Experience and contribute towards the development of a safe (holistic) environment through the development of 'terms of engagement' • Explore and enable key roles and strategies used in active learning to enable transformation of culture and evidence use in practice 	

Time	Active Learning: Putting evidence informed and person centred changes in practice (continued)	
5 mins	Fundamentals of Active Learning in PD A brief overview to introduce the purpose and processes involved in Active Learning	PTT Slides
5 mins	Facilitating Active Learning Participants will break into active learning groups (facilitated by Brendan, Randal, Lorna). Through Active Learning, participants will explore and experience a systematic approach to practice development to enable the implementation of evidence informed and person-centred changes to practice. Groups will utilise 'Draft Quality Standards for End of Life Care in Hospitals' as a source of evidence for this activity.	In active learning sets
15 mins	Summary/Evaluation	in active learning groups
12.30	Finish	

RESOURCES

Hospice Friendly Hospitals (2010) Draft Quality Standards for End of Life Care in Hospitals: A Consultation Document

Dewing J (2008) Becoming and Being Active Learners and Creating Active Learning Workplaces: The Value of Active Learning in International Practice Development in Nursing and Healthcare pp 273-294 K Manley, B McCormack and V Wilson (eds) Oxford Blackwells.

Manley, K., McCormack, B., Wilson, V. ((2008) (Eds) International Practice Development in Nursing and Healthcare. Oxford: Blackwell Publishing

McCormack, B., Manley, K., Garbett, R. ((2004) (Eds) Practice Development in Nursing. Oxford: Blackwell Publishing

Leading practice development: integrating facilitation and leadership practices

Facilitator: Lorna Peelo-Kilroe

Duration: 13.15 – 14.45 (1½ hours)

Time		
13.15 5mins	Aims To offer participants the opportunity to clarify the role of leader and facilitator and make links when developing practice	
5 mins	Learning Outcomes <ul style="list-style-type: none"> • Opportunity to explore the links between leadership, facilitation and emancipatory practice development • Develop an understanding of transformational facilitation and facilitative leadership • Explore the link between cognitive and creative thinking • Identification of the links with own leadership and facilitation role 	

Time	Leading practice development: integrating facilitation and leadership practices (continued)	
15 mins	Clarifying the concept of transformational leadership What are you discovering about emancipatory practice development (ePD)? What are the links between ePD and leadership? What facilitation approach works with ePD and transformational leadership?	Group work: 2's/3's
30 mins	Creative walk in nature to focus on what you are beginning to discover about ePD, leadership and facilitation in silence first and then and development of image, poem, mime on learning	In 2's/ 3's
5 mins	Summary/Evaluation	Whole group
	Finish	

RESOURCES

Higgs, J., Titchen, A. (2001) Practice Knowledge and Expertise in the Health Professions. Oxford: Butterworth Heinemann

Manley, K., McCormack, B., Wilson, V. ((2008) (Eds) International Practice Development in Nursing and Healthcare. Oxford: Blackwell Publishing

McCormack, B., Manley, K., Garbett, R. ((2002) (Eds) Practice Development in Nursing. Oxford: Blackwell Publishing

McCormack, B., McCance, T. (2010) (Eds) Person-Centred Nursing. Theory and Practice. Oxford: Wiley-Blackwel

How Will We Take our Messages Back to the Workplace?

Facilitator: Brendan McCormack

Duration: 14.45 – 15.15 (30 minutes)

Time		
14.45 5 mins	Aims 1. Identify how potential actions needed to implement the shared vision can be communicated to key stakeholders 2. Reflect on key 'issues' from CCI and explore potential actions 3. Identify potential practical actions	
5 mins	Learning Outcomes <ul style="list-style-type: none"> • Experience the process of systematic action planning • Understand how to transfer CCI into practical action • Consider own negotiation and communication skills and how these will be used to generate action 	
10 mins	Review of CCI Participants will be asked to work with colleagues from own practice setting to review the ISSUES identified in the CCI workshop. Identify 2 key issues that they think would move their practice forward	Natural work groups (working with colleague(s)) CCI from Day 2

Time	How Will We Take our Messages Back to the Workplace? (continued)	
30 mins	<p>Negotiation Plan</p> <p>Still working with own work colleague(s) identify how these issues will be communicated with key stakeholders in own work setting/organisation.</p> <p>Develop a communication plan that focuses on negotiating the implementation of key changes</p>	<p>Small groups</p> <p>Action planning framework</p>
5.00	Finish	

Resources

McCormack, B., Manley, K., Garbett, R. ((2002) (Eds) Practice Development in Nursing. Oxford: Blackwell Publishing

Health Service Executive (2010) Enhancing Care for Older People. A Guide to Practice Development. Process to Support and Enhance Care in Residential Settings for Older People

APPENDIX 4

What I do and do not want when I die

What I Don't Want when I Die

No hospital.
Patient choice uppermost.
No rigid guidelines.
No restrictions with visiting.
Bad body language.
No Catheter.
No N.S. tube.
No forcing tablets down my throat.
No forcing food down my throat.
No noise, no shouting.
No isolation.
No 6-bedded ward.
Nobody telling me what I cannot have.
No pain.
No slaves.
No heroics.
No information shared about me without my permission.
No talking over my head.
No decisions being made without my involvement.
No lies.
No surprise??
No unnecessary intervention.
No staff smelling of cigarettes.
No patronising staff.
No tears.
No praying, no rosary, no wake before I die

What I Want when I Die

Pain-free.
Privacy.
People/Love (dog allowed visit).
Religious care.
Independence maintained.
Involved in decisions (listened to).
Normal interaction (bit of a laugh).
Personal possessions.
To know what's happening.
At home.
Comfortable
Look your best
(teeth brushed, glasses on and clean).
Kind professionals caring for me when needed.
Palliative Nurse Specialist
(knowledgeable professional).
Nice view/surroundings/ sensory.
24 hour visiting.
Dignity.
People being nice to people I love.

APPENDIX 5

Sample of one Vision Statement Developed

We believe that Person-Centred End of Life Care in our unit is affording the person privacy, dignity and compassion to ensure their individual wishes and needs are met in a professional, holistic manner.

We believe this will be achieved by using a multidisciplinary team approach involving the person and their families through active listening and effective communication to create a respectful, transparent, caring environment ensuring the person's values and beliefs are adhered to throughout in an autonomous manner aiming to achieve that they spend their last days symptom free, in a place they wish surrounded, by those they love.

APPENDIX 6

Claims, Concerns and Issues

Positive Statements CLAIMS	Negative Statements CONCERNS	What?/How? ISSUES
We provide holistic care to our patients with respect and dignity	Lack of consultant support	How do we ensure corporate buy-in?
Our care is inclusive	We don't work as a team to meet the patient's needs	How will we introduce staff supports
We do support people to make their own decisions	Too idealistic (we are)	What can we do to prioritise End of Life Care
Increased awareness of End of Life Care	Our learning isn't implemented in practice	How can we discover individual practice differences or variances?
Our team are open and honest	Some voices in the team are louder than others	How can we make the person's wishes happen?
We provide single rooms and privacy	Doctor's engagement (lack of it) in Final Journeys	How do we diagnose dying (the dying phase)?
We have knowledgeable and caring staff	Medicalisation in Patient Care	How are we going to educate people?
We use the person's language	Services user participation	How do we ensure service user involvement?
We do resident and family participation in care well	Lack of individualised care plans	How sill we improve and/or increase effective communication?
We ensure the client's voice is heard through effective communication	Over medicalisation of the dying	How do we engage consultants positive participation?
We have specialist palliative care involvement	We are concerned about comfort levels of staff	What strategies can we employ to engage consultants?
Its the person's life and its their death	We give up on advocacy too easily	
We support people to communicate well	Continuing education is required	
We support team-working and communication in End of Life Care	A lack of staff support	
We offer good staff education	A lack of available single rooms	
We offer patient choice regarding preferred place of care	Individual practices	
Our team are very committed	Staff are not aware that each interaction is important	
	End of Life care is low on corporate priorities	
	Lack of appropriately skilled staff	
	Patient/family/significant other involvement	

APPENDIX 7

Facilitating person-centred, evidence-informed end of life patient care through practitioner inquiry

A TWO AND A HALF DAY INTRODUCTORY SCHOOL

Wed

Thurs

Fri

(Please circle as appropriate)

1. Which aspect of the content from today's programme did you find the most useful and why?

2. Which aspect of the processes from today's programme did you find the most useful and why?

3. Which aspect of the day did you find least useful and why?

4. Can you share with us your feelings about your learning on Practice Development from today?

5. What, if anything, is the one aspect of today that has had the most significant impact on your learning today?

6. What does this mean for your practice and your work place?

7. Do you have any other feelings or thoughts that you wish to be considered as part of the evaluation?

Reflecting on your own journey, can you share with us something about where you are and what you are learning? *(feel free to use this space as creatively as you wish - for example drawing, metaphor, poetry, prose. . .)*

Daily Evaluation Themes: Facilitators Reflections and Recommendations

Themes from participant's daily evaluation:

Day Co-ordinators Summary:

What went well:

What needs to change:

What needs to change:

Recommendations:

