



# Utilising feedback from patients and their families as a learning strategy in a Foundation Degree in palliative and supportive care: A qualitative study

Laura M. Pal <sup>a,\*</sup>, Rachael E. Dixon <sup>b,1</sup>, Christina M. Faull <sup>c,2</sup>

<sup>a</sup> Palliative Medicine Registrar, LOROS Hospice, Groby Road, Leicestershire LE3 9QE, United Kingdom

<sup>b</sup> Dove House Hospice, Chamberlain Road, Hull HU8 8DH, United Kingdom

<sup>c</sup> LOROS Hospice, Groby Road, Leicestershire LE3 9QE, United Kingdom

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## SUMMARY

**Background:** In the UK, support workers provide much of the care that palliative care patients receive, and a novel Foundation Degree was developed to enhance their skills. Feedback on performance is a recognised educational tool that reinforces good practice, and gives insight into areas of weakness, but its use with this workforce has not been described.

**Aim:** The aim of this qualitative study is to explore tutor and support workers' experiences of seeking and receiving feedback from patients and their families; focusing on its values and challenges.

**Methods:** Support workers enrolled onto the Foundation Degree in Palliative and Supportive Care, were asked to seek feedback from patients and/or their families about the care that they provided using a 'My Experience' questionnaire. Forms were returned anonymously to the course tutor who discussed results with the student as a formative education strategy. The students' experience of this was explored in focus group interviews at three time points. Two tutors' experiences were similarly explored. Results were analysed thematically.

**Results:** Students enjoyed receiving feedback. Positive feedback helped to increase confidence, and negative feedback allowed students to look critically at their practice and identify areas of weakness. Some experienced challenges in approaching patients/families due to having a small number of suitable patients/families; a reluctance to burden patients; high patient turnover and brevity of care relationships. The tutors enjoyed delivering feedback, recognising its benefits as an educational strategy. Some concern was expressed about how to balance delivering negative feedback while continuing to provide tutorial support throughout the Foundation Degree.

**Conclusions:** User feedback is considered a key formative educational strategy. Its use in health and social support workers is not established. The experiences of students and tutors in this Foundation Degree demonstrate some of the benefits and challenges of this as an educational strategy.

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## Introduction

This study focuses on the experience of students enrolled onto the Foundation Degree in Palliative and Supportive Care (FDPSC), a collaboration between the education department of LOROS, Hospice care for Leicester, Leicestershire and Rutland, and Northampton University, UK. This is a two-year, part-time course aimed at health and social care support workers who continue their work in a range of settings such as care homes, hospitals, hospices, oncology units and community settings. In addition to generic modules of a Foundation Degree,

students take modules in principles and practices of palliative care, symptom management, responding to loss and ethical and spiritual perspectives. Students are eligible for a place on the degree if they have achieved a level 3 National Vocational Qualification (NVQ) or equivalent and work in the public, private or voluntary sector.

## Background

Patients with many diseases including cancer, heart failure, chronic obstructive pulmonary disease and dementia need a wide variety of care in advanced illness. Such patients may be in hospital, hospices or in their home. They may need specialist input, but arguably the largest proportion of time is needed for fundamental care such as washing, toileting, feeding, and psycho-social support which, in the UK, is mostly given by support workers.

\* Corresponding author. Tel.: +44 116 2313771; fax: +44 116 232 0312.

E-mail addresses: [laurarowlands@doctors.org.uk](mailto:laurarowlands@doctors.org.uk) (L.M. Pal),

[r.dixon@dovehouse.org.uk](mailto:r.dixon@dovehouse.org.uk) (R.E. Dixon), [christinafaull@loros.co.uk](mailto:christinafaull@loros.co.uk) (C.M. Faull).

<sup>1</sup> Tel.: +44 1482 785749.

<sup>2</sup> Tel.: +44 116 2318470; fax: +44 116 232 0312.

Health care support workers initially emerged to provide support to professional nurses under their direct supervision (Royal College of Nursing, 2012a, 2012b). They are now an integral part of the workforce, working in a variety of clinical settings, and taking on roles and tasks that were previously completed by qualified nurses, but for which qualification is not a requirement (Department of Health, 2004). Social care support workers, sometimes working alongside health care workers for individual patients to meet complex needs, may also provide overlapping and distinct additional aspects of care.

In the UK, health and social care support workers do not require any formal qualifications accredited by a professional body, and there is currently no requirement for national mandatory regulation. As a consequence there are no national standards for the education and training of this group (Royal College of Nursing, 2012a, 2012b).

As support workers are likely to have the most frequent, and arguably the most intimate contact with patients, they need to be capable of making good holistic assessment of need, using therapeutic opportunities, engaging in discussions and dealing with any issues that arise, including conversations about end of life care. Despite acknowledgment of their valuable role, there is little evidence of education and development of skills and knowledge, in relation to palliative care (Whittaker et al., 2007). This group largely relies on instinct to guide them when caring for patients who are dying (Latta and Ross, 2010). As a group they have expressed a need for education in palliative care and communication skills in order to be best prepared to provide end of life care (McDonnell et al., 2009; Herber and Johnston, 2012).

The FDPSC is designed to try and address the development of support workers, using education grounded in practice to improve the quality of care patients receive, and ensure their needs are met (De Caestecker, 2008). Amongst other educational methods the FDPSC has uniquely introduced user feedback as a learning strategy. Feedback can be utilised as a method of reflecting on clinical experiences, promoting self-evaluation and reflection and enabling professional development as a result (Kolb, 1984). Feedback reinforces good practice and allows staff to become aware of areas of weakness and look at ways of improving (Sargeant et al., 2007). Feedback, to

medical trainees at least, is more likely to be effective when it is provided by an authoritative source over an extended period of time and when it is combined with educational programmes (Veloski et al., 2006).

User involvement in training of nurses is not infrequent. It is used most commonly to enable students to gain insight into the lived experience of illness (Forrest et al., 2000), and also sometimes in contributing to student assessment in simulated scenarios (Speers, 2008), but there is little literature on the use of feedback from patients and carers who are being cared for by students. The aim of this study is to explore the utilisation of feedback from patients and family as a learning strategy with the aim of understanding the effects that such feedback has upon students and how this might influence their practice.

## Methods

### Design and Participants

All students enrolled on the FDPSC are requested to ask patients and/or their relatives that they work with to rate their performance using a 10-item 'My Experience' questionnaire (Fig. 1). The 'My Experience' questionnaire was specifically developed for the FDPSC to rate performance against the course learning outcomes. It was adapted from the Patient Satisfaction Questionnaire used in general practice training (RCGP, 2008) and contains questions relating to specific areas of patient satisfaction related to the components of palliative and supportive care and an overall satisfaction rating.

Students are asked to approach 4 patients and/or family members in each academic term, generating 24 over the FDPSC. Students are given training in order to gain confidence in asking for this feedback. Once completed the forms are returned by the patient or family member to the tutor in a stamped addressed envelope to ensure both anonymity of responses. The tutor collates the information for each student. The collated, anonymised feedback is then discussed with the student with formative intent (i.e. it is not part of their assessment for the course).

Patients and carers were asked to rate the support worker in the following areas using the categories poor, fair, good, very good, excellent and outstanding:

- Making you feel at ease
- Letting you tell “your” story
- Really listening
- Being interested in you as a whole person
- Attempting to understand your individual needs and preferences
- Recognising, respecting and supporting your spiritual needs and well-being
- Helping you to adjust to emotional and physical changes
- Explaining things clearly
- Attempting to identify and support those that are close to you e.g. your family carers
- Overall, how would you rate your care from this support worker today?

Fig. 1. The 'My Experience' questionnaire.

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