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Understanding the optimal learning environment in palliative care

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SUMMARY

The learning experiences of student nurses undertaking clinical placement are reported widely, however little is known about the learning experiences of health professionals undertaking continuing professional development (CPD) in a clinical setting, especially in palliative care. The aim of this study, which was conducted as part of the national evaluation of a professional development program involving clinical attachments with palliative care services (The Program of Experience in the Palliative Approach [PEPA]), was to explore factors influencing the learning experiences of participants over time.

Thirteen semi-structured, one-to-one telephone interviews were conducted with five participants throughout their PEPA experience. The analysis was informed by the traditions of adult, social and psychological learning theories and relevant literature.

The participants' learning was enhanced by engaging interactively with host site staff and patients, and by the validation of their personal and professional life experiences together with the reciprocation of their knowledge with host site staff. Self-directed learning strategies maximised the participants' learning outcomes. Inclusion in team activities aided the participants to feel accepted within the host site. Personal interactions with host site staff and patients shaped this social/cultural environment of the host site.

Optimal learning was promoted when participants were actively engaged, felt accepted and supported by, and experienced positive interpersonal interactions with, the host site staff.

Introduction

The recent Australian Government National Health and Hospitals Reform Commission (AGNHHRC) report (2009) recommends that a new framework for education and training of health professionals be developed, to move towards a flexible, multi-disciplinary approach, and to strive for a sustainable health workforce that meets current and future health needs. Importantly, demographic trends highlight the need to ensure the future health workforce is capable of providing quality end-of-life care. This importance of end-of-life care skills has been highlighted in numerous policy documents across many countries in recent years (AGNHHRC, 2009; Department of Health, 2008; Health Canada, 2007). These policy documents emphasise the need for education of health professionals in both primary and specialist settings in end-of-life care, many of which have not traditionally been the focus for such education (Department of Health, 2008).

In the UK, for example, the National End-of-life Care Strategy has provided one of the first comprehensive frameworks for promoting high quality care across England for all adults approaching the end-of-life (Department of Health, 2008 p, 7). Associated UK initiatives such as the Gold Standards Framework have emphasised the up-skilling of existing health care providers in primary care settings, with reported benefits for patients and carers (Department of Health, 2008). Similarly, the 'Canadian Education for Formal Caregivers Working Group' reports have helped to build the capacity of the palliative care workforce by improving the quality and accessibility of education and training for formal care givers in palliative and end-of-life care through education initiatives, such as specific competencies, medical curriculum, and more (Health Canada, 2007, pp, 6–7).

In Australia, the education of health care professionals in all settings in end-of-life care has also been noted as a priority area in Australia's National Palliative Care Strategy (Commonwealth Department of Health and Aged Care, 2000). As part of the strategy, the Australian Government funded the Program of Experience in the Palliative Approach (PEPA), an experiential continuing professional development (CPD) program for health professionals in primary care and non-palliative care specialist settings. The aim of PEPA is to improve the quality, availability and access to palliative care for people who are dying and their families by providing workforce placements and structured learning experiences to develop the

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capacity of health care professionals. This paper reports on data obtained from a qualitative, prospective phase of the evaluation of PEPA (Queensland University of Technology, 2006).

Specifically, this analysis aims to examine the factors which contribute to positive learning experiences and outcomes for health professionals undergoing a clinically-based CPD program. Available evidence suggests that for benefits to be fully realised from a CPD program, a supportive and enabling practice environment is needed (Ellis and Nolan, 2005). However after extensively searching CINAHL, Medline, and ERIC databases, studies exploring the learning experiences, rather than program outcomes, of multi-disciplinary CPD programs were not located.

A plethora of studies have explored aspects of the student nurse's experience of clinical education, such as the environment of the clinical placement (Chan, 2002; Papp et al., 2003), coping strategies during placements (Chapman and Orb, 2001), perceptions of the mentor's roles and responsibilities (Chow and Suen, 2001), and general experiences of placements (Dunn and Hansford, 1997; Hart and Rotem 1994). This evidence from work with student nurses suggests that good mentorship and a good learning environment, together with a student being assertive in their learning, ensures a good placement experience (Gray and Smith, 1999). Attentive, supportive and credible mentors have also been found likely to facilitate a good placement experience (Baillie, 1993; Dunn and Hansford, 1997). However, similar evidence to understand the learning experiences of experienced health professionals undertaking clinically-based learning experiences was not identified, especially evidence from prospective studies.

Methods

Design

The prospective interview data reported in this paper are a component of a larger comprehensive program evaluation, collected from participants before, during and after completion of the program. Ethics approval for the PEPA evaluation was granted by the relevant university research ethics committee.

Sample

During the period from 2003 to 2006, a total of 983 health professionals from across the country completed a PEPA placement. PEPA involved placement of the generalist health professional in a specialist palliative care service for 4 to 10 days, during which time the health professional was allocated a mentor to facilitate their learning. Specialist Palliative Care (SPC) staff participating in the program attended another specialist setting (e.g. haematology) over a four-day period to expand their knowledge and to share their SPC experience. A convenience sample of PEPA participants was sought by asking the program manager in each of the eight states and territories in Australia to identify informants who may be willing to participate in an interview regarding their experience. From the 143 'expression of interest' flyers distributed to eligible participants by the PEPA managers, 18 expressions of interest were returned to the evaluators, from which five resulted in written consent. One generalist registered nurse (RN) and one generalist enrolled nurse (EN), two SPC RNs and one SPC doctor comprised the resulting sample.

Three of the five participants completed three interviews (before — Time 1, during — Time 2, and shortly after the participant's placement — Time 3), while two (one SPC doctor and one RN) participated in two interviews only (Time 1 and Time 3) due to time constraints, resulting in a total of 13 interviews. Verbal consent was confirmed prior to Time 2 and Time 3 interviews. Author SC conducted 10 interviews and author LB conducted three interviews.

The level of privacy was controlled by the interviewee as they could choose the location of the one-to-one telephone interview. Interviews ranged from 11 to 70 min and were audio-recorded and independently transcribed verbatim.

Instrument

The three semi-structured question guides used were underpinned by the program's evaluation framework (adapted from the Caring Communities Evaluation Framework, Eagar et al., 2003) and objectives. Participants were asked about: their role in providing, and views of, palliative care; their preparation for the placement; their learning strategies and styles; the learning environment; and their expectations. The Time 1 interview guide was uniform where as the Time 2 and Time 3 interview guides were both uniform and tailored to individual participants.

Analysis

The Miles and Huberman (1994) approach to data analysis was employed to identify and categorise the participants' perceptions of their learning experience, i.e., data reduction, data display and drawing conclusions. Interview findings were used to inform and develop subsequent interview guides thus the analysis was undertaken progressively and collectively. Furthermore, the analysis was informed by the traditions of adult, social, and psychological learning theories, whereby data were analysed to answer the primary research question "What are the factors which influence the experience of health professionals undergoing a clinically-based CPD program in palliative care?". An analysis framework was derived from the main themes identified during preliminary data analysis, specifically engaging interaction, acceptance and belonging, and integration (see Fig. 1). Deeper analysis continued using this analysis framework to explore these initial themes. The transcripts were a constant source of reference. This paper reports on two of the three themes identified from this analysis — engaging interaction and acceptance and belonging, as these concepts reflected factors identified in the data which influenced participants' experiences of learning. The theme relating to integration, which is more reflective of outcomes of learning, is presented elsewhere (under review).

Results

Engaging interaction

Engaging interaction entails the participants' perspective of how the mentors and other host site staff actively engaged them in their learning, and they themselves actively participated in activities to promote their learning. Several examples of active facilitation strategies used by mentors, and active engagement strategies initiated by the participants themselves were identified during the interviews. These themes highlighted the reciprocity involved in the learning process in this program.

Active facilitation

Participants reported that the mentors interacted with them by using various teaching methods, such as one-to-one teaching, case discussions, problem solving, encouraging participant input, and providing feedback. Opportunities to engage interactively are reported to have been organised by the mentors by providing: interaction with patients; access to a wide variety of cases, host site staff, activities, resources and networks; and visits to community settings, clinics and other departments. In addition, the mentors' availability and openness to discussion facilitated positive learning experiences.

> 'I did like going out with the mentor where he welcomed my input, he encouraged it, he made me think, he asked me questions, and he asked me what I thought. That was good…He