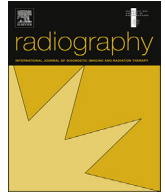




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Positioning end-of-life care education within the pre-registration therapeutic radiography curriculum: A survey of current practices amongst UK higher education institutions

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ABSTRACT

Aim: It is essential that all health professionals who come into contact with patients with terminal diagnoses are equipped to effectively and competently provide end of life care. This study aims to investigate the manner in which Higher Education Institutions address this requirement with their programmes of pre-registration therapeutic radiography education.

Method: A structured survey was administered electronically to all UK universities with responsibility for therapeutic radiography education. The scope of the survey addressed mode and duration of end of life care education, its location, curricular assessment, identifiable barriers and best practice.

Results: All respondents confirmed the presence of dedicated end of life care education within their curriculum. Variation in the duration and location of this education is reported as are approaches to assessment of associated skills and knowledge. Analysis of respondent commentary has identified three themes—preparedness for the clinical role, dissonance between technology and care, and holistic approaches to course design.

Conclusion: Respondents have highlighted the importance of end of life care instruction with their programmes of study and identified aspects of the mode and duration of its delivery. Inclusion of this aspect of study may be problematic in the face of competing demands arising from the volume and complexity of the curriculum. Practical experience of end of life care predominantly occurs within the radiotherapy department, although there is scope to explore opportunities within the hospice and community care setting.

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Introduction

Radiotherapy has a definitive role within the management of terminally ill cancer patients. Evidence supports its use for the effective management of a number of cancer symptoms including bone pain, cerebral metastases, bleeding, and in the alleviation of obstructive symptoms involving the airway and gastrointestinal tract.¹ Radiotherapy therefore provides an invaluable weapon for the palliation of advanced cancers, and may form the basis of efforts to maintain or increase the overall quality of life in these patients.² Evidence suggests that as many as 50% of patients attending for radiotherapy treatment are being managed with palliative intent.³ Therapeutic radiographers therefore have direct responsibility for the provision of effective care to patients who are living with

terminal diagnoses, and for whom death may not necessarily be imminent. As such, end of life care (EoLC) may be defined as care provided to any patient for whom cure is not achievable, including those who may survive with progressive disease for many months or even years.

The Leadership Alliance for the Care of Dying People (LACDP) within their 'one chance to get it right' recommendations have provided a clear vision that all staff who have contact with terminally ill people must have the skills to do this effectively and compassionately.⁴ As a corollary of this, professions who's members deal with such patients must have robust educational approaches to the preparation of practitioners for their role. This should ideally include instruction on underlying theory together with practice-based learning opportunities that provide a suitable environment for experiential learning. Responding to these LACDP recommendations, Health Education England (HEE) similarly

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support the embedding of teaching of EoLC as a core requirement within all health curricula,⁵ not least due to increasing demands for the provision of effective EoLC associated with the aging population profile within the United Kingdom.

Within the UK there are currently no discrete educational outcomes within professional or statutory body requirements that explicitly require extended instruction in EoLC within pre-registration therapeutic radiography programmes,^{6,7} although the need to provide information, care and support is evident in both. This is a concern as the increasingly technical nature of such programmes may inadvertently overshadow EoLC instruction as a priority within the curriculum, and whilst it is necessary for students to show effective patient care skills as core attributes, this may not feature as discrete elements of study dealing with death, dying and bereavement. Consequently, there is a concern that technological complexity of practice has diminished the incidence and effectiveness of provision of EoLC teaching, as course designers are seeking to meet the competing need to address increasingly complex technological aspects of the curriculum. A similar trend has been reported within graduate nurse education programmes,⁸ with limitations on the scope of teaching of EoLC resulting in professionals being unprepared to provide effective care. It has been argued that as a minimum core requirement, teaching of a basic knowledge of the practice of palliative medicine for all health care professionals is the only way of ensuring staff are properly equipped to deliver it.⁹

Methodology

An online survey was sent to all UK Higher Education Institutions (HEIs) that deliver validated pre-registration therapeutic radiography programmes. The location of these programmes was determined from online records of programme approvals from the Health and Care Professions Council (HCPC) and College of Radiographers (CoR). For institutions which provide pre-registration programmes at both undergraduate and postgraduate level respondents were invited to provide survey returns for each programme. This was undertaken as an aim of the study was to capture the full range of approaches to EoLC teaching amongst the varying programme designs within the UK.

Ethical approval for the project was received from the Birmingham City University Faculty Academic Ethics Committee. Permission to participate was sought from the relevant Heads of School or Professional Leads at each of the HEIs that were eligible for inclusion. The survey was designed and distributed via the use of the Bristol Online Survey Tool (© University of Bristol), and participants' data was gathered via a coded confidential file return. At the point of investigation 19 programmes of study were providing pre-registration therapeutic radiography education (undergraduate $n = 14$, postgraduate $n = 5$). Email reminders were sent 6 weeks into the project to facilitate a suitable number of responses. A response was sought from the author's own institution from a member of staff unconnected to the research project.

The survey itself required participants to provide information regarding the specific content of the EoLC component of their course(s) and the mode of its delivery (e.g. face to face contact). Participants also indicated the total time their students spent undertaking studies in EoLC and provided information relating to the nature of placement-situated learning and whether clinical competencies include aspects of EoLC theory. Information relating to whether HEIs routinely discharged formal assessment of students' knowledge of EoLC within both the clinical and academic settings was also sought. Free text responses were invited to gain information pertaining to the perceived importance of EoLC teaching and learning, and to scope for an assessment of any reports of

apparent difficulty in its delivery. Analysis of textual responses was undertaken using Dahlgren and Fahlsberg's seven-step model of thematic analysis.¹⁰ Commentary from respondents was analysed according to frequency and patterns of occurrence so that emergent descriptive categories were drawn from the textual returns. Finally, the survey sought summary evidence of any identifiable barriers, and conversely any perceived good practice with respect to EoLC teaching.

Findings

The survey yielded an 84.2% response rate ($n = 16/19$). All responses were complete with representative statistical and qualitative information provided from each participating university.

Quantitative analysis

All participating HEIs reported that their programmes of study contain elements of EoLC teaching and learning. Amongst the programmes surveyed students received a mean of 13.1 h of EoLC instruction within their education excepting clinical practice learning (range 2–30 h). These taught components sit across a range of modules within programmes in over half (56.3%) of the courses surveyed, with the remainder of programmes locating their EoLC instruction within a single module of study.

Within their programmes of study the majority (93.8%) of HEIs include EoLC teaching via face to face contact teaching hours that incorporate a focus on the topic of supportive care and palliative medicine, whilst only 50% of respondents reported that they also included delivery of the theory of the biological basis of death and dying (Fig. 1). Other curriculum content reported by respondents included bereavement, pain management and ethics.

HEIs widely report the use of a variety of teaching and learning strategies in addition to face to face contact with their students. This includes use of bespoke in-house e-Learning packages and dedicated workbooks to support independent learning by their students. Such strategies are employed most frequently with respect to the delivery of aspects of the role of hospices within care pathways, and respondents reported the articulation of such strategies with provision of hospice-based placement experiences for their students.

Respondents were asked to identify all locations of EoLC instruction including that outside of their usual (or recurrent) training sites. 43.8% of respondents reported that their students EoLC learning experiences were confined to their recurrent placements site and that learning only takes places within this radiotherapy or oncology unit setting, with students being placed on hospital wards and information support services by 43.8% and 75% of programmes respectively. No university programme respondents reported that they currently utilise placement opportunities within the primary care sector such as with community-based palliative care or EoLC support services (Fig. 2).

Only one programme of study reported that elements of EoLC formed a discreet item of assessment for their students within their defined clinical learning outcomes or ascribed clinical competencies. The majority (68.8%) of respondents report that EoLC is not a separately defined element of practice contained within clinical assessment schemes. Despite this, responses indicated that clinical assessments more generally feature inclusion of clinical practice skills associated with EoLC as students are necessarily interacting with palliative patients particularly across extended periods of practice. This however is reported as being unpredictable given the varying case-mix of patients within a typical placement area. With respect to assessment of students' theoretical knowledge of aspects of EoLC, 62.5% of respondents reported that this is formally assessed in a summative manner-i.e. in a way which may contribute to a

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