Building Workforce Capacity through Inter-Specialty Ward Exchange

An innovative ward-based method to meet the nursing care needs of palliative and supportive care patients

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Introduction

Healthcare is continually shaped by ongoing research and advances in patient care. Nursing staff have a professional obligation to stay abreast of these changes and implement advances into nursing practice to reach optimal patient outcomes (Gould, Drey, & Berridge, 2007). The National Palliative Care Standards require nurses to be appropriately qualified to meet the needs of their patients relevant to their area of practice (Palliative Care Australia, 2005). This includes nurses working in 'Specialist Palliative Care Settings' – as evidenced by their specialist expertise in palliative nursing; and those nurses working in 'General Palliative Care settings' – areas regularly involved in palliative care where the primary modality is a specialist field with a large number of patients with an actual or potential life-limiting-illness. Examples include oncology, respiratory and renal medicine (Gamondi, Larkin & Payne, 2013).

In this setting, palliative care nursing staff had infrequent exposure to patients receiving curative and complex palliative chemotherapy and the associated sequelae. Conversely, oncology/haematology nursing staff had infrequent opportunities to consolidate skills in end-of-life (EOL) care and complex pain and symptom management, as most patients were transferred to the specialist palliative care unit. A ward-exchange opportunity was developed to improve nursing expertise to meet these patient needs.

An Innovative Approach to Professional Development

Professional development is defined as one's ongoing commitment to skill acquisition and expansion to broaden and maintain knowledge within one's chosen career (Lannon, 2007). Professional development can be obtained through, but is not limited to, specific skills training; online learning; clinical supervision; and clinical placement opportunities (Gould, Drey, & Berridge, 2007). Aside from the benefits of enhancing workforce capacity and actively supporting the importance of ongoing professional education, meaningful professional development opportunities have been demonstrated to positively influence patient outcomes and workforce retention, decrease staff turn-over rates and ensure upward mobility in the nursing profession (Pine & Tart, 2007; Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005).

Creating a short-term, exchange program between the Oncology/Haematology and Palliative Care Inpatient wards, facilitated a meaningful professional development opportunity designed to advance skills in caring for patients across their illness trajectories and across these two settings.

Aims Of Pilot Program

The primary aims of the pilot were to:

1. Increase nursing expertise in the care of supportive and palliative care patients present in these two settings
2. Identify methods to carry out this pilot without interruption to usual ward functioning
3. Establish a framework that can facilitate the development of an organised, ongoing education and exchange program between these two specialty areas (and potentially others)

Preparation and Participants

Following conceptualisation , this idea was put forward to the Nurse Unit Managers (NUM) of each ward and the Clinical Nurse Educators (CNE) of the Oncology/Haematology ward. Senior management in education and hospital administration were alerted to the exchange and gave permission for this pilot to take place.

The NUM's supported and navigated the movement of staff. The CNE staff were required to facilitate orientation, mentorship and competency assessment (where applicable).Guidelines, goal-setting frameworks and pre and post surveys were created by the Palliative Care CNE and distributed to the Oncology/Haematology CNE's.

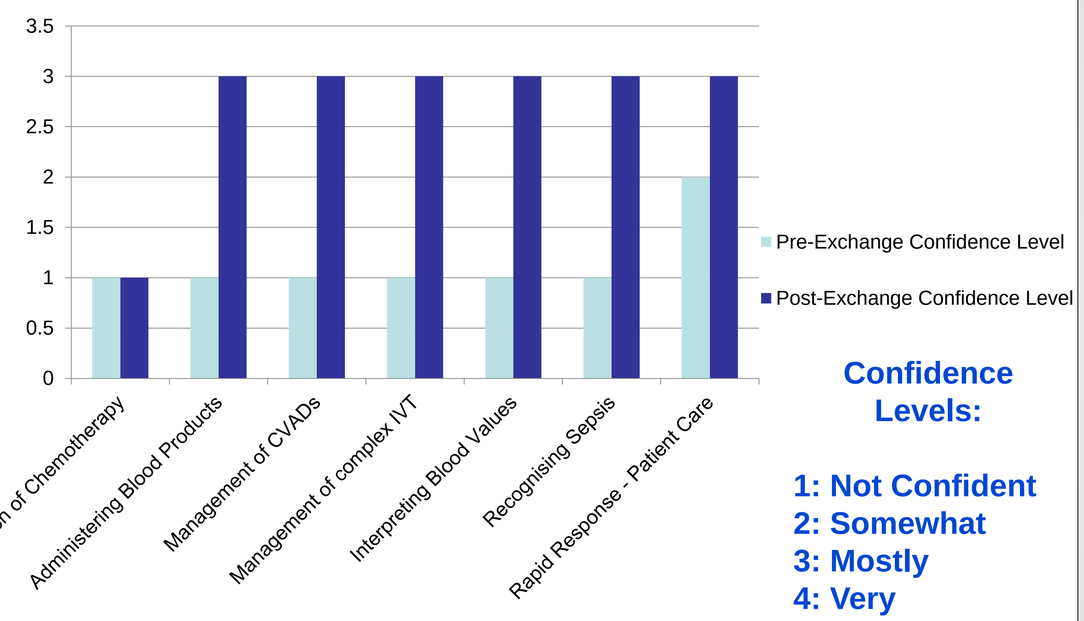
As no universal model of competency assessment exists and participants worked across disciplines, pre and post confidence levels were chosen to demonstrate the impact of this pilot program. In addition, participants completed hospital-based competencies where possible (Examples: Central Venous Catheter Dressing; Syringe Driver Accreditation).

Professional Development Expectations and Considerations

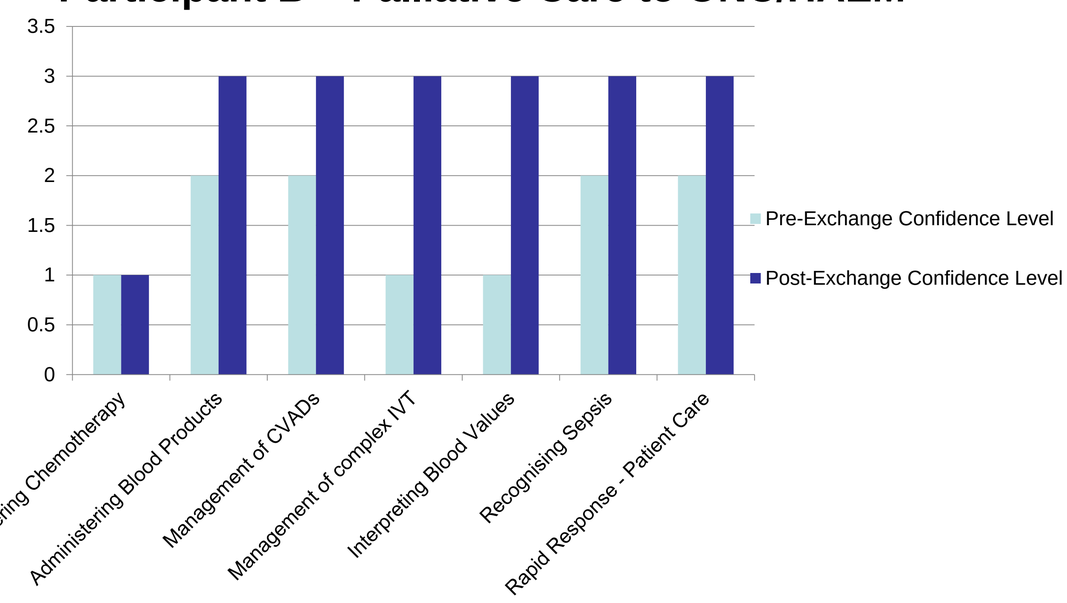
1. This pilot program was reserved for Registered Nurses only. One nurse was exchanged from each ward at a time to maintain skill mix across each setting.
2. Each nurse was exchanged for seven weeks. This time frame worked within the schedule of new graduate nurse rotations to ensure adequate ward skill mix and to ensure CNE staff could remain dedicated to the needs of rotational graduate nursing staff.
3. One full week of supernumerary time was provided, with the potential to extend for those nurses that may require additional support.
4. Each nurse devised strict learning objectives of which each unit worked hard to fulfil. Exchange nurses were supported to attend in-service opportunities to optimise learning potential.
5. Exchange nurses met with the CNE and/or preceptor on a weekly/fortnightly basis to ensure objectives were being met and the candidate was progressing within the expectations of their receiving ward, and the expectations of the individual nurse.

Results

Participant A – Palliative Care to ONC/HAEM



Participant B – Palliative Care to ONC/HAEM



Conclusions

All three nurses returned to their primary ward with an improved skill set and improved confidence. Both palliative care nurses demonstrated improved confidence across all objectives except administering and discussing chemotherapy. This competency is a long accreditation process beyond the timeframe of this pilot. Both participants completed competencies regarding management of Central Venous Access Devices (CVADs). As only one person rotated to palliative care, we cannot disclose their survey results due to privacy, however; they did report an improvement in skill and confidence in the administration of subcutaneous medications; identifying patients who require palliative care intervention; taking part in difficult EOL conversations; and caring for patients and families during the terminal phase.

This exchange was cost neutral. Methods to transfer nurses, maintain skill mix and preserve the needs of graduate nurses had nil disruption to usual ward functioning.

This pilot represents an effective approach to ward-based professional development; however, identifying methods to further improve and measure confidence and competence is required and frameworks for measuring and teaching palliative care expertise is required.

This pilot program could not have occurred without the dedication and hard work of our willing participants and the Nurse Unit Mangers and Clinical Nurse Educators of the Palliative Care Inpatient Unit and the Oncology/Haematology Unit. Thank you for your individual contributions!!

References available on handouts