

e-ELCA: e-learning for practitioners in end-of-life care

Christina Faull and Victoria Winlow describe the End of Life Care for All e-learning (e-ELCA) resource and how it can be used to support the development of end-of-life care skills in the health- and social care workforce

One of the aims of the end-of-life care strategies set up in England, Wales, Scotland and Northern Ireland in the past decade was to develop the skills of the health- and social care workforce. Core competences were defined so that staff and volunteers felt confident and competent to deliver high-quality care to people at the end of their lives, wherever they happen to be.

Created in 2010, e-ELCA is an e-learning programme aimed at enhancing the training and education of all those involved in providing end-of-life care. It is managed by Health Education England (HEE) in partnership with the Association for Palliative Medicine of Great Britain and Ireland (APM).

What does e-ELCA offer?

e-ELCA comprises over 150 sessions of interactive learning in bite-sized chunks of 20–30 minutes that are mapped to the competences required by staff. The sessions are grouped into eight modules (see Figure 1):

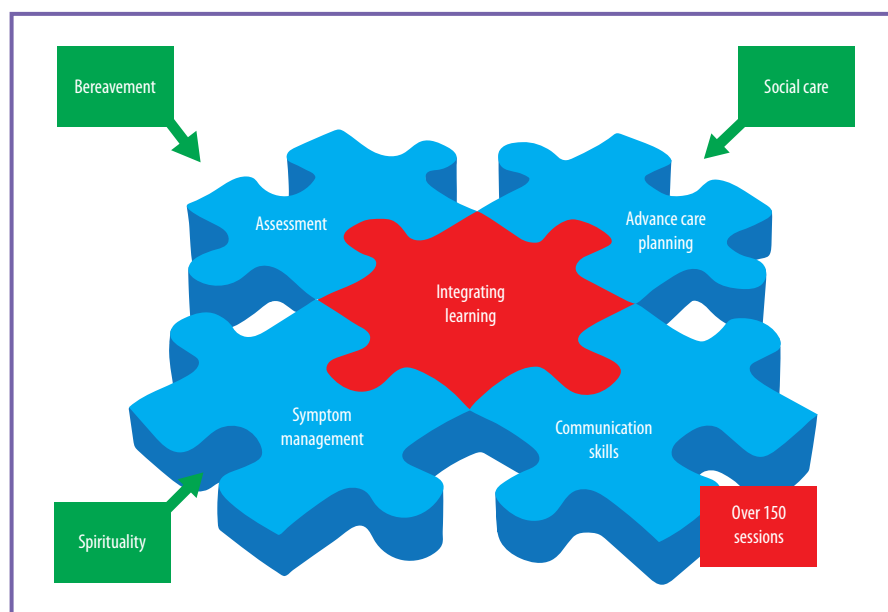
- four core modules – assessment, advance care planning, symptom management, and communication skills
- three modules with cross-cutting themes – bereavement, spirituality, and social care
- an 'integrating learning' module which helps to consolidate learning and apply it in clinical situations.

e-ELCA sessions are written and reviewed by experts in palliative care, and delivered through the HEE e-Learning for Healthcare (eLfh) programme – which has won many awards for best practice in e-learning. All sessions focus on the practical application of knowledge in order to address the needs of patients and families, and many feature case scenarios providing material for reflection and discussion. Learning is facilitated by the use of key pedagogic strategies, including various methods of formative assessment and feedback. A complete programme review has taken place since e-ELCA was launched and all sessions have been updated in the past 18 months.

e-ELCA can help organisations deliver the 'priorities for care of the dying person' established in 2014 by the Leadership Alliance for the Care of Dying People.¹

Alongside a self-completed training needs analysis tool (which directs users to sessions that will help with their knowledge gaps), a small number of sessions have been identified as 'core' and 'additional' for a range of staff groups, and have been compiled into learning paths that focus on care in the last days and hours of life. Currently there are learning paths for:

- primary care
- social care
- secondary care
- priorities for care of the dying person (with distinct paths for doctors, nurses, allied health professionals, social care managers, social care workers, healthcare managers and healthcare administrators)
- doctors training in hospital acute medicine (as part of the ACUMEN e-learning programme; see Box 1).



■ Figure 1. The eight e-ELCA modules

- e-ELCA:
www.e-lfh.org.uk/
programmes/
end-of-life-care/

Box 1. Useful links

- e-ELCA open access:
www.endoflifecareforall.com/
- eIntegrity: www.eintegrity.org/e-learning-
healthcare-course/end-of-life-care.html
- Skills for Care:
www.skillsforcare.org.uk/Topics/
End-of-Life-Care/End-of-life-care.aspx
- Acute medicine training (ACUMEN):
www.e-lfh.org.uk/
programmes/acute-medicine/

To give you an example, Box 2 shows the core and additional e-ELCA sessions that make up the 'priorities for care of the dying person' learning path for doctors.

e-ELCA also has a range of sessions that can help implement the recent guidance issued by the UK National Institute for Health and Care Excellence (NICE) on the care of dying adults in the last days of life (see Box 3).²

What does e-ELCA look like?

Describing e-learning in an article is abstract. To give you a better idea of what e-ELCA looks like, Figures 2–4 show pages from the e-ELCA session entitled 'Spirituality and the Philosophy of End of Life Care'. Each e-ELCA session is designed around learning outcomes (see Figure 2) and uses formative assessments as a learning tool (see Figure 3). The content is varied and can include videos (for example, a video of a real patient's testimony in Figure 4).

How does one access e-ELCA?

The e-learning programme can be accessed from anywhere (work, home, and so on) via a PC, smartphone or tablet connected to the internet.

In the UK, all NHS, care home and hospice staff have free access to it. NHS staff can register using their NHS email account, and care home and hospice staff can register by acquiring a code that verifies their place of work. In addition, thirteen basic-level sessions – suitable for social care workers, administrative and clerical staff, and volunteers – can be accessed for free via the open access website (see link in Box 1).

HEE eLfh is currently working with NICE so that anyone entitled to an OpenAthens account has free access to the complete eLfh catalogue, including e-ELCA; this is scheduled for July 2016.

Box 2. Core and additional e-ELCA sessions in the 'priorities for care of the dying person'¹ learning path for doctors

Core sessions

- Mental Capacity Act in practice (session 01_08)
- What will it be like? Talking about the dying process (session 03_26)
- Discussing 'do not attempt cardiopulmonary resuscitation' decisions (session 03_30)
- Discussing food and fluids (session 03_31)
- Recognising the last months and days of life and verifying death (session 04_23)
- Dying in acute hospitals (session 05_12)
- Treatment and care towards the end of life – Good practice in decision making (session 05_18)

Additional sessions

- Assessment of spiritual wellbeing (session 02_07)
- Assessing those with fluctuating mental capacity (session 02_12)
- Am I dying? How long have I got? Handling challenging questions (session 03_22)
- Dealing with challenging relatives (session 03_34)
- Challenging communication with colleagues (session 03_35)
- Agitation and restlessness in the dying phase (session 04_25)
- Managing distress during the dying phase (session 04_26)
- Care after death 1: introduction to care after death (session 05_19)
- Practical support after bereavement (session 07_03)

Box 3. e-ELCA sessions that support the implementation of the NICE guidance on the care of dying adults in the last days of life²

Recognising dying and communicating effectively

- Assessment of dying phase and after death care (session 02_14)
- What will it be like? Talking about the dying process (session 03_26)
- Discussing 'do not attempt cardiopulmonary resuscitation' decisions (session 03_30)

Maintaining hydration

- Discussing food and fluids (session 03_31)

Anticipatory prescribing

- Symptom management: last days of life (sessions 04_23 to 04_26)

NICE = National Institute for Health and Care Excellence

If you do not qualify for free access, you can access e-ELCA through eIntegrity (see link in Box 1), a community-interest company established for this purpose. The current cost is £100 for single-user access for 12 months.

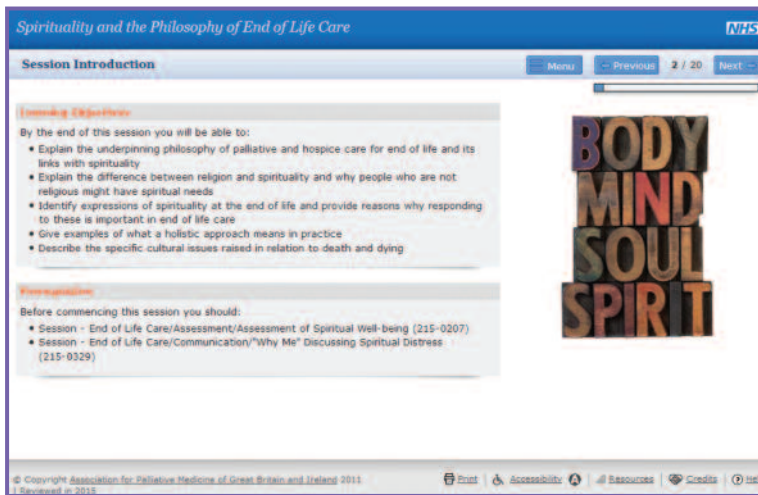


Figure 2. Introduction of the session on 'Spirituality and the Philosophy of End of Life Care'



Figure 3. Formative assessment questions on what is meant by the term 'spirituality' (in the 'Spirituality and the Philosophy of End of Life Care' session)

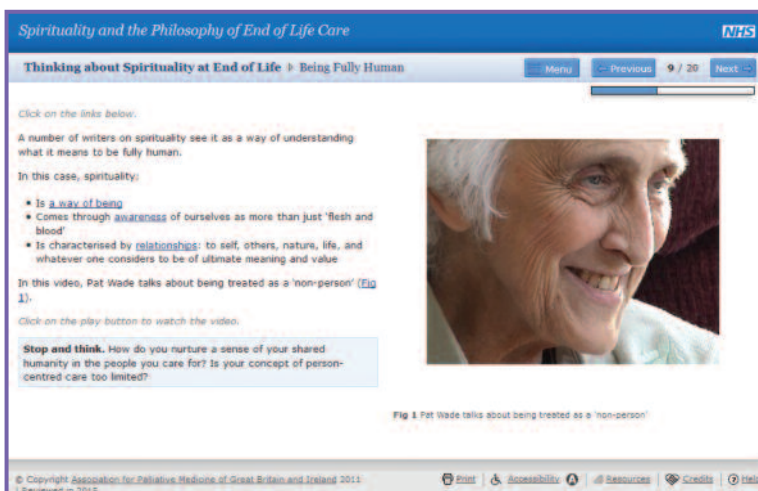


Figure 4. Example of content, including a video, from the 'Spirituality and the Philosophy of End of Life Care' session

Box 4. Top tips from educators and trainers

- Consider setting up learning hubs for people to access e-ELCA in a supported environment rather than on their own
- Use a facilitator/trainer when a group comes together to discuss any issues or concerns either before or after e-ELCA learning takes place
- Schedule protected time in the learner's diary to access e-ELCA, and ensure their workplace mentor also has protected time to provide appropriate support
- Use the case studies in e-ELCA sessions to generate discussion with learners, or adapt to local circumstances if these provide more meaningful examples for learners
- Encourage learners to make use of the resources mentioned at the end of e-ELCA sessions, as well as to bring any questions they may have to a group session or meeting with their mentor
- Set realistic deadlines for learners to complete their sessions
- Talk with the individual learner about the sessions they have completed and how they will apply the learning to their practice
- Try to link packages of sessions to mandatory training and revalidation requirements, as well as to 'essential-to-role' training

How is e-ELCA best used?

e-ELCA can be used by individuals as a stand-alone resource; however, it seems that greater benefits are achieved when e-ELCA is used as part of blended learning and when there are defined learning paths.³ Some organisations have developed bespoke learning paths for their staff which are hosted by e-ELCA. This is a convenient way for staff to access learning and report on their learning activity.

There are several ways one can use e-ELCA sessions as part of a blended learning approach.

- Participants can complete e-ELCA sessions before a group event (face-to-face or virtual) to ensure a common baseline level of knowledge and provide content for discussion; for example, e-ELCA can be used to give a theoretical grounding to learners taking part in interactive group practice in communication skills training.
- An e-ELCA session can be used instead of a PowerPoint resource within a face-to-face group teaching session; for example, the session on 'Discussing "do not attempt cardiopulmonary

resuscitation' decisions' has been used as a core part of a group teaching session at LOROS Hospice in Leicester.

- e-ELCA sessions can also be used following a group work activity to consolidate or extend the learning acquired.

e-ELCA is also an excellent resource to obtain UK end-of-life care qualifications, and sessions have been mapped to the 14 units of level 2, 3 and 5 of these qualifications (see the Skills for Care website listed in Box 1).

Educators and facilitators have shared their 'top tips' with us for making the best use of e-ELCA: they are listed in Box 4.

What's next?

e-ELCA is a work in progress. Several new sessions are currently being developed. Some will complement the existing offer regarding the care of patients in the last days of life; for example, there will be a session bringing together the management of common symptoms, and another on working with patients and families when recovery is uncertain. Other sessions will target those specialising in palliative care; these will include the management of patients with advanced heart disease, and non-invasive ventilation in motor neurone disease.

Additional learning paths are in development for:

- medical students (mapping e-ELCA sessions to the APM curriculum)
- care home workers
- ambulance workers
- nursing staff in care homes (linking to revalidation).

Declaration of interest

Christina Faull is paid by the Association for Palliative Medicine in her role as e-ELCA Lead. Victoria Winlow is paid by Health Education England.

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Book review

Compassionate Person-Centered Care for the Dying

An Evidence-Based Palliative Care Guide for Nurses

Freeman B; New York: Springer Publishing Company, 2015; 294 pages; £61.50; available as hardback, paperback and e-book; ISBN 13 9780826122476

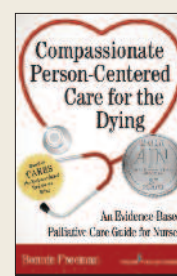
This is a wide-ranging reference work based on both the author's experience and an examination of programmes and studies done mainly in North America. Much of the book is designed to appeal to a North-American readership, so its applicability elsewhere is not evident. That said, the book is, overall, clearly written and informative. The evidence is illustrated by an abundance of case studies.

While I am unfamiliar with the present day curriculum taught in nurse training in North-American universities, I agree with Freeman that there appears to be little evidence, in practice, that non-specialist nurses are adequately prepared to interact with dying patients and their families. The author's aim is to offer a framework to help nurses use best practice in all aspects of the care of patients approaching the end of their life, and of their families.

The author details the five components of her own CARES paradigm (CARES stands for comfort, airway, restlessness, emotional and spiritual care, and self-care) and how to implement it in order to help patients experience a peaceful death. The book comes with an online resource about the CARES tool, accessible via desktop and mobile devices.

While there is much of value here, some chapters are overcomplicated; this is the case, for example, of the chapter dealing with emotional support. There are helpful end-of-chapter summaries, but less experienced readers may find the wealth of information hard to put into practice. The chapter on the importance of self-care is welcome, if perhaps a little distanced from the reality of nursing practice; some may find the advice to use mindfulness in order to explore the day's events over-prescriptive and impractical.

This is a book that aims high, the downside being that it perhaps demands too much of its audience, leaving the reader with the feeling that its content is difficult to put into practice ■



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