National Clinical Programme for Palliative Care Launch Day
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Royal College of Physicians of Ireland

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HSE ONMSD
Being competent

Focuses on positively managing uncertainty by blending technical competence with:

• Life experience
• Wisdom
• Intelligence
• Knowledge
Competence

Concerned with

Knowledge + Skill + Attitude

Affected by

Culture + Workplace + Leadership

Addressed using

Formal education + Workplace Learning
Knowledge

Physical, psychological, social, spiritual

Impact of stress, shock, grief, loss and bereavement etc.

Palliative care approach, palliative care principles and levels of palliative care provision

Meaning of quality of life, life limiting conditions, promoting wellbeing

CPD Workplace learning
Skills

- Open sensitive communication
- Anticipatory knowledge assessing and responding to symptoms and choices
- Care planning, evaluation, collaboration with multiple disciplines and agencies
- Technical knowledge and skills
Attitude questions

The impact of workplace culture on service users and staff. Are workplaces person-centred?

How a team works together, leaderships, how they deal with ethical issues, values, roles and relationships

Own and team values and beliefs about palliative care
Attitude = Culture +

1. **Organisational culture**: how an organisation operates and present itself and its unique entity e.g. mission, values, structures, processes etc.

2. **Workplace culture**: ‘how we do things around here’ shaped by patterns of:
   - How we engage and behave
   - Our values and beliefs, assumptions, espoused
   - What care environments feel like to service users
   - How person-centred the culture is?
What is person-centredness?

• Definitions and relevance to service users and staff.

• About helpful relationships and treating people as individuals.

• Applies to service users and to staff.

  – Do staff have a right to be treated as individuals too?

  – How do we promote the psychological wellbeing of staff?

www.youtube.com/watch?v=cDDWvj_q-o8
Possible challenges

• Effectiveness or not of team.
• Inconsistency of care.
• Quality of leadership.
• How we engage with each other.
• Knowledge and experience of staff.
• The system we work in unwieldy.
Workplaces

Psychologically unsafe:

- Unsafe to express opinion and views about practice.
- Unsafe to challenge poor practice.
- Hierarchal.
- Seen as ‘airy fairy’ and unimportant.
- Non flourishing.

“Without open contexts we can never create the environments that we want”.

(Schein, 1988)
Shared Values and Vision

Person Centred Culture

Facilitated Active Learning

Authentic Engagement

(transforming individuals and contexts of care)

(Adapted from McCormack & Garbett, 2002)
Infrastructure Support

Management Support

Engagement

Skilled Facilitation

Resources

HEI Collaboration
How do we get there?

• Start by creating a collective vision for palliative care.
• Create conditions where individuals can work together to create, use and share knowledge – psychologically safe workplaces.
• Look at transforming practice engaging the whole team – authentic engagement.
• Support facilitators, teams and individuals to keep going when it gets tougher.
• Need to think differently about one day in-service or change management days when focusing on attitudes.
“The only change that will make a difference is the transformation of the human heart”
(Jaworski, 2005)