End of Life Conversation Simulation Based Education

Initiative Type: Education and Training
Status: Deliver
Added: 14 May 2019
Last updated: 17 June 2019


Summary
Simulation Based Education (SBE) is an established method of teaching communication skills for clinicians. A local SBE course with a short face to face commitment provides accessible training to staff working in Townsville Hospital and Health Service.

Key dates
Implementation sites: April 2018
Clinical Simulation Centre, The Townsville Hospital, Townsville Hospital and Health Service

Partnerships
Clinical Excellence Queensland James Cook University Clinical School
Simulated Patients

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**Aim**

Deliver a simulation-based communication skills training course to enhance the capacity of clinicians to conduct end-of-life conversations.

**Benefits**

The project has the potential to:

- Improve staff confidence and self-evaluated competence
- Improve patient and family satisfaction
- Enhance capability to deliver appropriate care using a shared decision making model

**Background**

The Care at the End of Life project team has been established to support a coordinated approach to implementing the Statewide Strategy for End of Life Care across Queensland. Queensland Health's Clinical Excellence Queensland coordinates the implementation of the project, in collaboration with each Hospital and Health Service.

The use of simulation-based education to teach communication skills for end-of-life situations aligns with the Statewide Strategy for End of Life Care by providing educational opportunities and training resources in end-of-life care decision making and establishing a resource hub of experienced clinical leads who can teach and mentor health care professionals.

Accruing clinical experience alone is not reliably shown to improve communication skills but training can result in a change in behaviour. 1 Learning skills in a simulated clinical environment is more likely to result in a translation of skills into practice. 2 It has been demonstrated that short face-to-face courses supported by reading materials can be effective in improving communication skills & self-confidence. 1,3 This multimodal delivery, called blended learning, offers flexibility and feasibility for educating busy healthcare professionals.
Solutions Implemented

• Discovery of local experienced facilitators who have demonstrated excellence in this area and are committed to teaching colleagues.
• Two courses were developed to meet the differing needs of THHS staff (as determined by an organisation wide self-assessment on end-of-life care).
  - Nursing and allied health: focus on responding to patients concerns and empowering staff to engage with family and doctors on behalf of patients.
  - Medical officers: focus on introducing a shared decision-making framework for end-of-life discussions with patients or their next-of-kin.
• Existing end-of-life care tools and resources were incorporated into the course content.
• To ensure relevance to participants, the case scenarios written for the courses were based on the experience of the facilitators, drawing on challenges that are commonly faced by clinicians.

Evaluation and Results

• The inaugural course commenced on 21st November 2018.
• A total of 5 courses for medical officers and 5 courses for nursing and allied health are scheduled for the pilot with completion in May.
• Evaluation is ongoing, including six month follow up post-attendance for evidence of ongoing behavioural change to assess the long-term impact of training.

References


**Further Reading**

[Improving care at the end of life in Queensland](#)

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