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Editorial Comment

Enhancing patient care by the professional development of clinical staff: A self-directed educational manual for staff working with parents with advanced cancer

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The paper by Turner and her colleagues published in this issue[1] is a welcome example of the way in which an educational programme for staff can not only increase their knowledge but also develop skills and professional confidence in a challenging clinical situation. The manual they have produced is based on their earlier work assessing the educational needs of nursing staff supporting parents with advanced cancer.[2] This self-directed educational programme is designed to enable oncology nurses to receive additional training but the model has wider relevance both for other healthcare professions and for other serious illnesses such as degenerative neurological disease.

There can be few clinicians who have not been asked for guidance by parents on supporting their children understand that their illness is progressing to its final phase. Some parents will state their children are unaware of the severity of their illness but observation of the children at home or on the ward may suggest the opposite. It is understandable that parents in a distressing situation will wish to protect their children from unnecessary worries but often the children have realised something is amiss. The children are concerned even if they are not informed. Children find out about their parent's cancer from overheard phone-calls, leaflets left in the home or by noticing posters during ward visits.[3] Their awareness and knowledge of the potential implications can be a surprise to parents who had assumed they were ignorant.

Staff may wish to help but lack knowledge or confidence in their skills. If they have the knowledge but are lacking in confidence to work with the emotional impact on the family or manage their own reactions then they will avoid engaging with the family.[4] If they attempt to engage the emotional distress without training or support then they are likely to perform inadequately or at a cost to their own emotional wellbeing.[5] How can these dilemmas be addressed?

Turner and her associates have prepared a self-directed manual consisting of three modules which provides information on the emotional impact of advanced cancer and also information about children's needs related to their age and developmental stage. Importantly, the programme also enables the development of skills to facilitate communication with family members both by practical strategies and a day-long communication skills workshop. Clinical scenarios within the text provide problem-solving exercises and there are additional opportunities to reflect on the impact of the distress on the health professional and how this personal distress can be managed more effectively. The concept of reflective practice is not new but it is only in relatively recent years that its value has been recognised in training health professionals.

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In 1994, the UK Open University launched an academic distance-learning course on death and dying (K260) for which the students were predominantly nurses, an early indication of need for further education. The course highlighted potentially sensitive material by boxing selected text with an exclamation mark so that the student could anticipate the text switching between academic material and personal accounts which were emotionally charged.[6] Reading theory is less emotive than a clinical scenario and this Australian manual aims to support the reader studying alone move from hesitant uncertainty towards developing competent clinical skills.

Patients select the staff member with whom they wish to express their concerns and for this reason all health professionals should have a level of awareness and skill commensurate with their role and know when to refer for specialist help if needed.[7] The stress of communicating with dying people and their relatives is experienced by other professions and is not confined to junior staff.[8] The discomfort felt by nurses who undertake many practical tasks but feel listening to patients is less valued will be recognised by medical staff with large workloads. Yet this is an issue of confidence as well as opportunity. Wilkinson reported one strategy used by some nursing staff is to offer unwanted information to patients as a way of maintaining control in an interaction in which they feel helpless.[9] Doctors have been observed to steer patients to report the type of pain they can treat.[10] These strategies may help staff feel effective which is important but it then leaves the patient with the problem.[11] Doyle, an early pioneer of palliative medicine, advised medical students that some relatives will express gratitude for care when the doctor can recall only sitting by the bedside feeling helpless. He cites a dying woman in the minutes before her death asking her doctor to stay for a few minutes longer not for discussion but because she felt so alone. She was not asking for actions or wise words but found the presence in itself a comfort.[12]

The training is relevant for primary care staff. In Britain, the family would be known to the general practitioner who would be able to provide continuity of care during progression of the illness and subsequent bereavement. Mothers with breast cancer wanted guidance on communicating with their children about their illness and some wanted this discussion at home.[13] Adolescents can be reluctant to discuss their concerns with any adult in the clinic or at home but often use the internet. Some organisations provide internet sites so teenagers can access reputable information and support.[14,15]

The authors state the manual remains with the learner and is a private document so there are subsequent opportunities to reconsider what has been learned and reflect on current practice. One study in palliative care which compared nurses who received training in cognitive behaviour therapy found that only those who received ongoing supervision retained the confidence to practise their new skills.[16] It is likely that the staff using this manual will need access to access planned supervision also if their learning is to remain effective. Continuing professional development implies continuing professional support.

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