

Does completion of an online end-of-life communication module lead to intended or actual practice change in health professionals?

A/Prof Kim Devery, Dr Huahua Yin and Deborah Rawlings

End-of-Life Essentials (EOLE) is funded by the Department of Health and Aged Care and offers free peer-reviewed online education modules, toolkits, and resources for HCPs working in hospitals.¹ The education has been developed based on the Australian Commission on Safety and Quality in Health Care (ACSQHC) National End-of-Life Consensus Statement with input and review by industry stakeholders.²

Purpose: This longitudinal study aimed to evaluate the changes of learners' self-perceived knowledge, skills, confidence, and clinical practice change over time, and explore the impact of learnings taken from the 'Patient-Centred Communication and Shared Decision-Making' module (Communication module).

Methods

Convenience sampling was used to recruit HCPs from Nov 2021 to August 2022. Surveys were administered online. Participants completed both pre- and post-evaluation surveys and were asked to complete a follow-up survey three months later.

For more detailed information on the methods, please contact the study authors: eolessentials@flinders.edu.au

Results

N=24 HCPs participated in the study (n=16 nurses, n=6 allied health professionals, and n=2 doctors).

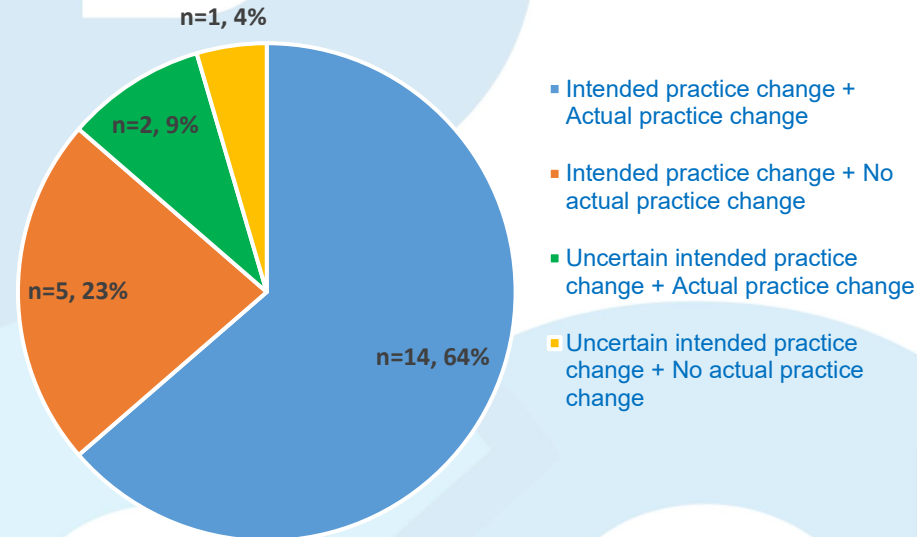
The median length of time they had worked with patients at the end of life was five years.

Mean scores of knowledge/skills and confidence increased significantly after completion of the Communication module and remained at a high level three months later.

Immediately after module completion, most participants indicated they **intended to change their practice** (n=20), and most (n=16) participants reported that they **had changed their practice** after three months, as a result of module learning.



Self-reported intended practice change and actual practice change



Oceanic Palliative Care
Conference 13–15 Sept 2023

Examples of practice change/s were:

"Particularly not shying away from the conversation with patients + families. Also the use of the words, dying/death etc";

"I am more confident and capable when guiding discussions to ensure our care is not only patient-centred and family centred, but also incorporates shared decision-making principles, so it is less paternalistic."



Conclusions/Impact

- ❖ Online module learning increased knowledge, skills and confidence in end-of-life care communication and decision-making.
- ❖ Participants were motivated to change their clinical practice, and practice change occurred within three months after module learning.
- ❖ Participants' relevant knowledge, skills and confidence remained at a high level three months after the module completion, which reflects the long-term positive impact of EOLE module learning.
- ❖ The EOLE Communication module is a useful online education resource to facilitate health professionals with their end-of-life care communication practice, which may contribute to the improvement of quality end-of-life care in health settings.
- ❖ Further work based on this pilot will look at embedding EOLE education in hospital training programs.

References

1. End-of-Life Essentials: Education for acute hospitals. 2023. Available from: <https://www.endoflifeessentials.com.au/>
2. Australian Commission on Safety and Quality in Health Care. National Consensus Statement: essential elements for safe and high-quality end-of-life care. Sydney: ACSQHC; 2015.