

ORIGINAL ARTICLE

Teaching nurses to teach: A qualitative study of nurses' perceptions of the impact of education and skills training to prepare them to teach end-of-life care

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Abstract

Aims and objectives: To explore nurses' perceptions of the impact of a programme designed to train them to teach end-of-life care.

Background: Central to national and international policies are the need for generalist healthcare staff to have education in end-of-life care. Much end-of-life care education is provided by specialist nurses who often have no specific education development to prepare them to teach. To address this gap, an Education Development Programme (EDP) was developed and delivered to specialist nurses. We report on the evaluation of the programme.

Design: A qualitative programme evaluation methodology was adopted.

Methods: Data were collected through focus groups, at three hospice education centres in North West England, with a total of 20 participants. Nurses who had completed the EDP were purposively sampled. Data were digitally audio-recorded and subjected to thematic analysis to organise, reduce and refine the data. Ethical approval was obtained. COREQ guidelines have been adhered to in the reporting of this study.

Results: Two main themes were identified; learning to teach and building skills to change teaching practice. Participants felt more confident and better prepared to teach.

Conclusions: It cannot be assumed that specialist staff, with teaching in their role, have the skills to facilitate learning. This programme offers a potential method of improving facilitation skills for nurses who have an education element to their role.

Relevance to clinical practice: Quality end-of-life care is only possible with a skilled workforce, confident and able to apply the principles of compassionate end-of-life care to everyday practice. Appropriately trained, specialist staff are better able to teach others how to deliver good quality end-of-life care. Specialist staff with teaching responsibilities should be provided with, or engage in, continuous professional development to develop their skills and improve their efficacy when teaching.

KEYWORDS

end-of-life care, focus groups, nurse education, palliative care, qualitative research

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1 | INTRODUCTION

1.1 | Delivering high quality end-of-life care

Worldwide, over 20 million people are estimated to require palliative and end-of-life care (World Wide Palliative Care Alliance (WPCA), 2014). In 2014, World Health Assembly resolution WHA67.19, was adopted unanimously by 194 member states. This resolution called upon World Health Organisation (WHO) and Member States to improve access to palliative care as a core component of health systems. Good end-of-life care demonstrates that patients and their families are being treated with kindness, respect and empathy, and helps those approaching death to remain comfortable (Anstey, Powell, Coles, Hale, & Gould, 2016). When distressing symptoms are managed, patients are more likely to die with dignity and their families are more likely to be satisfied with the care received (Teno et al., 2004). The National Palliative and End-of-life Care Partnerships (NCP, 2016) published the national framework for action setting out six "ambitions," focused on how care for those nearing death should be delivered. The ambitions include the need for honest conversation and joined up care, supported by empathetic and competent health and care staff. Fundamental to ambition five, "staff are prepared to care for those nearing death," is the necessity that staff are "trained and supported" in being able to deliver this care (NCP, 2016).

Much emphasis has been given to the need for an appropriately trained workforce to deliver palliative care. Indeed, both the European Association of Palliative Care (EAPC) and the WPCA argue that all healthcare professionals should have education and training in the basic principles of palliative care (Gamondi, Larkin, & Payne, 2013; WPCA, 2014). Ireland's Palliative Care Competency Framework developed in response to a need to standardise palliative care competencies, also stressed the importance of education and training to ensure health professionals are prepared to "apply the principles of palliative care in practice, irrespective of setting" (Palliative Care Competency Framework Steering Group, 2014:13). Likewise, in the UK, the National Institute for Health and Care Excellence (NICE) quality standard for end-of-life care in adults specifies that health professionals should have the necessary knowledge, skills and attitude to be capable of providing high quality support for those nearing the end of their lives. (NICE, 2017).

Recent developments in UK policy, and reporting on end-of-life care, emphasise the need for education and training to create a workforce capable of providing compassionate and competent care (House of Commons End-of-life Care Fifth Report, 2015; Department of Health Leadership Alliance for Care of Dying People, 2014). Several reports on the provision of palliative care, including the House of Commons Report into End-of-life Care (2015), indicate that healthcare staff need support to develop their competency in providing end-of-life care to patients and their families. Indeed, they stated:

"We heard that too often staff lack confidence and training in raising end-of-life issues with their patients or delivering the right care. Training should be provided

What does this paper add to the wider global clinical community?

- Following training in how to teach specialist nurses and allied healthcare professionals with education as a component of their roles self-reported higher levels of confidence and willingness to deliver end-of-life teaching to others.
- Continuous professional development opportunities are needed for specialist staff with teaching responsibilities to enable them to maintain or improve their ability to teach others

for all health and social care staff who are likely to provide care for people at the end-of-life, including training on communication skills." (House of Commons Report into End-of-life Care, 2015 point 75, p 22)

Research undertaken for Health Education England, on training and education in end-of-life care, included the recommendation that staff should be able to deliver end-of-life care in accordance with their role, with a basic level of skill that crosses all workforces (Democratic Society, 2015). This finding endorses the international view, epitomised by both EAPC and WPCA, that all healthcare professionals should have at least rudimentary skills to deliver end-of-life care (Gamondi et al., 2013; WPCA, 2014). This message is also echoed by the NCP report "Staff prepared to care? Capacity and competence in the end-of-life workforce" (2016), which stressed the urgent need for high quality end-of-life care to be available across settings, including hospitals, the community and care homes.

This paper reports on nurses' perceptions of the impact of a programme designed to train them to teach end-of-life care.

2 | BACKGROUND

2.1 | End-of-life care education and training

Within the UK, studies have tried to map how much end-of-life care training is undertaken in both the preregistration nursing and undergraduate medical curricula. Although there is an emerging body of literature pertaining to undergraduate medical education, there are limited studies regarding pre- and postregistration nurses. One early study, a survey by Field and Kitson (1986), reported an average of 9-hr instruction on death and dying in the nursing curriculum. A later survey by Lloyd-Williams and Field (2002) found a wide variation in the number of reported hours in the nursing curriculum ranging from as low as 2-hr teaching in palliative care, with diploma students receiving a mean of 7.8 hr (range: 2–26 hr), and degree students receiving a mean of 12.2 hr (range: 3–42 hr). A study, undertaken in 2006, of UK universities providing preregistration nurse education identified a mean of

TABLE 1 Educator development programme, course outline (Jeynes et al., 2015)

	Module one	Module two	Module three
	Day 1&2	Day 3	Day 4
Knowledge	<ul style="list-style-type: none"> 1. Basic Adult Education Theory 2. Challenges and Barriers to Learning 3. Combining clinical and educational roles (recognising education opportunities) 4. Learning preferences and learning styles (what they are and how to meet/use them) 	<ul style="list-style-type: none"> 1. Facilitation (interactivity, questioning, scaffolding, innovative educational practices) 2. Group dynamics (handling a group) 	<ul style="list-style-type: none"> 1. Group dynamics (health and safety, catering for the less able, dealing with and using diversity)
Skills	<ul style="list-style-type: none"> One to one learning (how to make any interaction a learning opportunity) 	<ul style="list-style-type: none"> 1. Session planning (why/how to plan) 2. Presentation skills (delivery, content, format) 3. Interactive group work (interactivity scaffolding, moving the group) 	<ul style="list-style-type: none"> 1. Presentation skills (Power Points, handouts, congruence) 2. Audio-visual equipment (interactive whiteboards, computer, projector, flip chart, DVD, microphone use) 3. Learning technology (IT, YouTube, Twitter)
Support for development	<ul style="list-style-type: none"> 1. Reflections (how to reflect) 2. Portfolio (contents, how to create/maintain/use for CPD, PDP appraisal) 3. Educational mentor support (finding and using a mentor) 	<ul style="list-style-type: none"> 1. Peer support (teaching in pairs, team teaching, sharing experiences) 2. Reflection (how to facilitate others' reflection, reflective journal, action planning) 3. Peer review (how to use peer review, positive critique) 	<ul style="list-style-type: none"> Evaluations (what are evaluations, how to maximise them and how to use them for development)

Exit Day
Day 5
Individual presentations
Group feedback

44-hr end-of-life care teaching (Dickinson, Clark, & Sque, 2008), although the range is not reported. Internationally, a replicated survey in Portugal (Martins Pereira & Hernández-Marrero, 2016) showed a rise in the number of hours taught on end-of-life care. However, there are little recent UK data to draw upon (Cavaye & Watts, 2014), possibly due to the move away from dedicated modules on end-of-life care, towards integration across programmes. A survey of palliative care course organisers, at all 30 UK medical schools, revealed a lack of consistency in the organisation of palliative care education (Walker et al., 2017). Despite this being a core General Medical Council competency, this study indicated that not all schools were adequately preparing medical students to care for patients at the end of their lives. This apparent under-preparation of doctors and nurses to deliver care at the end-of-life was evident in a study, of two UK hospitals, which reported a lack of confidence in providing end-of-life care, and 63% ($n = 80$) of doctors and 69% ($n = 171$) of nurses expressed willingness to undertake extra training in palliative care if available (Ingleton, Gardiner, Seymour, Richards, & Gott, 2013). Similarly, a recent Australian study reports nurses not being fully prepared to provide end-of-life care (Henderson, Rowe, Watson, & Hitchen-Holmes, 2016).

Currently, the EAPC is revising the 2004 guidance for the development of palliative nursing practice, although how much this will apply to the preregistration curriculum is unclear. Interestingly, the revised Nursing and Midwifery Council (NMC) standards (2018) for registrants actually refer to end-of-life care. It is uncertain how these standards will be implemented within the preregistration curriculum but, regardless of them, it will take at least 3 years before the students qualify. Additionally, given the demands on the preregistration curriculum, it might be expected that any initial end-of-life education for students would have to be supplemented by continuous professional development (CPD) once qualified. Therefore, it can be inferred that there will be an ongoing need for education regarding end-of-life care, and consequently, an ongoing need for staff to undergo skills training to prepare them to deliver end-of-life care education.

The need to adequately prepare clinical nurse educators and clinical facilitators for their roles has been emphasised (Andrews & Ford, 2013; Nguyen, Forbes, Mohebbi, & Duke, 2018), and it is clear that a lack of preparation means that nurses may be underqualified for their roles as clinical facilitators (Lee, Cholowski, & Williams, 2002). However, previous research exploring this subject tends to focus on preparation of nurses and facilitators to teach preregistration or undergraduate students, rather than on the preparation of specialist nurses and facilitators who teach their colleagues. Although formal teaching courses exist, including postgraduate certificates in education and clinical instructor training (Hewitt & Lewallen, 2010), these generally focus on teaching in an academic, as opposed to a clinical, setting.

2.2 | Delivery of a programme of end-of-life education to front-line clinical staff

Delivery of teaching for front-line staff is central to the role of specialist palliative care practitioner and end-of-life facilitators. A

local survey, in 2014, by the Palliative & End-of-life Care Network Education Strategy Group in the North West England, was sent to 322 staff in specialist palliative care posts and obtained a 59% ($n = 189$) response rate. The majority of respondents indicated they had learned either by observation or a short Train the Trainers' course, with a small number undertaking formal teaching education (Jeynes, Philips, & Groves, 2015). Teaching was described as a challenge, especially teaching peers, other professional groups and senior colleagues (Jeynes et al., 2015). These issues are consistent with the literature which reported that staff highlight a lack of time and opportunity to gain the necessary confidence and competence to teach, even when integral to their role (Smeding, Wee, & Ellershaw, 2007).

This finding resulted in the development of a specific framework and Education Development Programme (EDP) by Cheshire and Merseyside Palliative & End-of-life Care Network. The EDP was designed for staff in post as specialist palliative care practitioners or end-of-life facilitators, with a minimum of a year in role, to consolidate their experiences. The course was run on three sites, across the North West England, covering rural and urban locations and comprised three modules over five face-to-face teaching days, run over 12 months. In addition to face-to-face teaching, learning was supported by a mentoring system, use of a personal development portfolio and reflective journal to plan and evaluate their educational practices, and peer to peer support through an online forum and structured peer evaluation. Mentors were expected to provide individual support to participants, giving feedback throughout their educational placement. Participants were expected to record and reflect on their experiences as educators in their portfolio and reflective journals. (See Table 1 for details of the composition of the course, Jeynes et al., 2015).

This paper reports on the views and experiences of the EDP of the first cohort to complete the programme, particularly the impact of the programme on their day to day roles.

3 | METHODS

As the overall aim was to investigate perceptions of the impact of the EDP on participants' roles, a qualitative programme evaluation approach was adopted to provide a judgement of the programme for the course team and funders (Patton, 2014). This approach is appropriate as it enables exploration of participants' experiences and facilitates the collection of in-depth accounts from the participants' perspectives of the impact of the EDP on them as educators (Green & Thorogood, 2014; Holloway & Wheeler, 2010; Polit & Beck, 2009). The COREQ guidelines (Tong, Sainsbury, & Craig, 2007) have been adhered to in the reporting of this study (Supporting information Appendix S1).

3.1 | Research ethics and governance

Participants were informed of the study verbally and in writing and gave informed consent. University Faculty research ethics

committee approval was obtained (SC25). Authorisation for the study was received from the hospice education centres. All standard university and research ethics approaches to recruitment, consent, data storage and research governance were adhered to. The programme delivery team was not involved in the evaluation which was conducted by an independent research team. Participant identifiers were used to ensure anonymity. Data were managed and stored in compliance with the Data Protection Act (DPA, 1998, 2018).

3.2 | Participants and data collection

All attendees were advised of the evaluation of the course in their precourse materials and were invited to take part in a voluntary focus group as part of the independent evaluation of the programme. Of the 30 attendees who commenced in cohort one, 20 completed the full course (with centre 1 $n = 8$; centre 2 $n = 5$; and centre 3 $n = 7$). Some withdrew from the course due to illness and job changes (some deferred to the next cohort) or were not available on the exit day when the focus group was planned. Recruitment to the focus groups was obtained by the completion of an expression of interest to participate, attached to the study flyer distributed to course attendees. Expressions of interest were returned directly to the research team. Participant information sheets explained the purpose of the study and informed consent was obtained, by the research team, immediately prior to the start of each focus group. Each focus group was facilitated by two of the three researchers. Education centres delivering the course were not informed which of the course attendees took part in the evaluation. The majority of the participants who took part in the focus groups were specialist nurses, with two allied health care professionals, who had key roles in end-of-life care. The previous teaching experience of the groups varied from those teaching in their role on a daily basis, to others having teaching as a more ad hoc element of their role. Focus groups were conducted at the end of the final day of the course and data were collected between February–April 2017.

Focus groups were employed for the study to encourage discussion and debate and are widely used in health and educational research (Goodman & Evans, 2015; Kitinger, 1996; Krueger & Casey,

2014). They also allow clarification of views and reflection on shared experiences. Each focus group was digitally audio-recorded and facilitated by two members of the research team, one who acted as moderator (Goodman & Evans, 2015) each focus group lasted approximately an hour. The discussions were guided by a semi-structured interview schedule (see Figure 1) with open-ended questions and prompt to probe further and draw upon examples of participants' teaching from clinical practice. Questions focused around programme content, organisation and delivery; impact on their teaching skills and impact on their roles. At the conclusion of the interview, key points from the focus group were summarised to help validate the data by gaining participants' confirmation of them (Jones, 2003).

3.3 | Setting

Data were collected at hospice education centres affiliated to clinical inpatient and day-care facilities in North West England.

3.4 | Data analysis

The focus groups were transcribed verbatim and a thematic approach adopted incorporating a number of stages to systematically organise, reduce, refine and ultimately analyse the data (Braun & Clarke, 2013). Thematic analysis provides a robust coding system for qualitative data and subsequently identifying patterns across the dataset in relation to the research question (Braun & Clarke, 2014). Analysis was inductive, with the identified themes strongly linked to the data without attempting to apply a pre-existing coding frame or theoretical perspective. All three researchers independently undertook an initial reading of transcripts to gain an understanding of the content and to identify initial codes (Green & Thorogood, 2014); this was regarded as important due to the fact that all three researchers had not been in attendance during each focus group. These codes were developed into descriptive themes and applied to the data. To promote rigour, initial application of themes to the data was undertaken independently by two researchers (KK, MO'B), before meeting with a third researcher (BJ) to confirm the final thematic frame and subsequent coding (Braun & Clarke, 2013).

Focus Group Topic Guide

- 1) Reflecting back on the EDP, what are your views and experiences of the programme
 - Probe for course organisation and delivery, structure, content
 - Probe for what they valued
 - Probe for anything that should be different
- 2) Do you feel the course has enhanced your teaching skills? if so how? if not why might this be?
- 3) Probe for how it has helped them in their roles and any examples
- 4) General comments

FIGURE 1 Focus group topic guide

4 | RESULTS

All participants valued the programme and felt it had been a positive experience. The organisation, delivery and support were greatly appreciated. Additionally, having the dedicated time in a small group to practice the teaching skills, with constructive feedback, was positively noted.

The following two main themes were identified from the data: (a) learning to teach included sub-themes of *applying theory to practice*, *gaining tools to teach* and *understanding learning styles*, and (b) building skills to change teaching practice included sub-themes of *ability to change* and *increased confidence*. Best exemplars of quotations are presented to illustrate the key points. Quotations are identified by a participant number from 1–8 and the focus group 1, 2 or 3, with focus group 1 = centre 1. (e.g. P1-FG1).

4.1 | Learning to teach

4.1.1 | Applying theory to practice

One aspect of the EDP which participants valued was the emphasis on applying theory to practice. Some participants highlighted that other courses appeared to focus on theory without illustrating how it could be applied to their role. The quotes below demonstrate how participants felt that in the EDP, compared with previous experiences of education, basic adult educational theory was combined effectively with practical advice on how to teach.

“One of the things I've noticed in a lot of courses about education is that they teach you a lot of theory but often there's a gap and they don't teach you how to actually teach, and I think in this course there's been a lot of skills and tips that you can transfer into different environments in terms of how to actually teach, which is important.” (P2 FG3)

“The course has helped my confidence and given me tools to actually be able to teach.” (P5 FG1)

4.1.2 | Gaining tools to teach

Several participants felt that the course equipped them with tools to take with them into their day to day teaching experiences and enabled them to apply what they had learned on the course in their practice. A key issue was gaining an understanding of the benefits of properly planned teaching sessions. In particular, formalised lesson planning, which could be revisited and reflected on, was highly valued by course participants. Lesson planning helped participants to have a logical structure for their teaching and prevent sessions overrunning or digressing from the subject.

“When you write your lesson plan you can actually see in black and white what you're hoping to deliver,

so it actually makes that delivery more concrete before you actually get out onto the delivery, so it's reinforcing what you're trying to get across and you can see any weaknesses really, yes I've found that really helpful.” (P2 FG3)

Planning was therefore seen as integral to helping educators feel prepared to teach, as seen in the example below;

“I've realised it's quite an important aspect [being prepared] and if you go in not prepared it's going to be a bit of a nightmare.” (P4 FG2)

Additionally, participants commented about being more confident in their ability to recognise when learners were not engaged and having the skills to be able to re-engage them in their learning.

“This course, I think, has given me the skills and tools to be able to recognise that person in the corner nodding off and what you can do to actually get them engaged and things like that, so I think that that's been quite good for me.” (P6 FG3)

4.1.3 | Understanding learning styles

Many participants found the course made them more aware of learning styles and the impact that this had on their teaching style. Participants now had an increased awareness of what different learners and groups may require of them as teachers. They gained skills to adapt their delivery accordingly to include different approaches to present information and engage learners including, for example, visual imagery, activities and reflection.

“So I definitely think through the course I've developed a bit more of an awareness of the different learning styles that other people have, and try and reach out to as many of them as possible.” (P3 FG1)

Participants felt that undertaking the course had given them a greater understanding of how group size may impact on how learners learn, and what they, as educators, could do to facilitate learning. Participants gained skills such as how to facilitate learning, regardless of group size.

“It gives you a bit of tips as to how to do that as in a one to one or a small group or a large group and I've never had that teaching before really.” (P4 FG2)

Furthermore, there was a sense that participants were now more inclined to consider what they might need to do to help learners to learn rather than focusing on being at ease with their own teaching style.

"It's not just thinking this is what I'm comfortable doing, it's thinking...how will the learners learn and incorporating all that into...so I feel that my practice has improved significantly because of the course." (P7 FG3)

4.2 | Building skills to change teaching practice

4.2.1 | Ability to change

As a result of undertaking the EDP, participants gained skills which increased their ability to change their teaching practice and to better engage with those they are teaching. Participants acquired enhanced presentation skills through having instruction on the use of audio-visual materials such as interactive whiteboards, computers, projectors and microphones. This encouraged them to think beyond simple slide show presentations and change how they delivered teaching. There was a sense of a renewed vigour for teaching and a willingness to make more of an effort.

"So I always went to do teaching with a PowerPoint and the aim was to deliver what was on that PowerPoint and then go, and never put any more thought into it really, and now I've put a lot more thought into how I can get them to tell me about the topic and the subject, and I'm comfortable in getting them to do group work and work together and then feed it back to me whereas I would previously have never ever wanted people to ask me questions." (P3 FG3)

Additionally, participants now felt able to be more flexible and not afraid of trying something new to engage with their audience.

"You could see people falling asleep, so I've twisted it in other ways to try and develop more and get more out of the participants and using different skills which doing the course has given me the confidence to do, to go off track." (P6 FG1)

4.2.2 | Increased confidence

Some participants noted how their increased skills made them more confident in their ability as educators, and they felt better able to cope with the unexpected.

"I think my big issue was confidence at the start and I think it's really helped me to develop confidence." (P2 FG2)

"I think it's really improved my confidence in my ability to teach." (P1 FG1)

This increased confidence resulted in some intending to seek out teaching opportunities in the future. One particular participant gained so much confidence from doing the course that they intended to offer to deliver sessions on future study days; something they would not have offered to do in the past.

"I feel that I'm going to in my work environment I'm now going to put myself forward to teach in more formal sessions because I feel more confident, so if I know there's a study day coming up I will say 'oh I'd really like to teach that session', so that's a big change for me." (P4 FG1)

Another participant now had the confidence to revise their current teaching and change the way their course was delivered through incorporating techniques learnt from the EDP.

"I think it's improved my confidence and looking at sort of the coursework we're currently teaching I can see where changes need to be made, and can take a lot from the course to change maybe some of the medium, and to get sort of more out of people from the course we actually deliver, and I think that's going to be very useful in the future." (P6 FG1)

It was clear the course participants eagerly anticipated using the skills they had acquired. As one participant stated:

"It has also increased my knowledge regarding learning and teaching styles. I am looking forward to continue to develop my knowledge and use these skills in my job role." (P3 FG1)

5 | DISCUSSION

The results have shown that all participants positively valued attending the EDP with no negative feedback given. Some suggestions for improvement were made regarding the portfolio structure and having a locally based mentor. These points have already been addressed for the ongoing cohorts. Participants strongly valued the programme providing an overview of educational pedagogy combined with the real-world application of basic adult educational theory to their teaching practice. Key skills were acquired, such as session planning with an appreciation of how individual learning styles or class size might affect students' engagement. Having the "tools to teach" resulted in a change of their teaching styles, for example, decreased likelihood of repetitive content delivery, and increased use of an interactive approach to better engage learners. All participants reported increased enthusiasm, feeling more energised and were more confident in their ability to teach. Several participants reported they had already made changes to their teaching,

which they felt improved their delivery, and indicated their belief that the EDP had begun to have a positive impact on their roles.

In training to deliver end-of-life care, Selman et al. (2015) found interactive delivery of the session was felt to have contributed to positive value of the course, a finding which resonates with the responses of participants in this study. Interestingly, Selman et al. (2015) support the opinion of Pulsford, Jackson, O'Brien, and Duxbury (2013) that participatory and interactive approaches may have an increased value in end-of-life care training and are therefore important for those providing end-of-life education.

Previous work in this area has reported on the preparation of nurses to be clinical educators and facilitators for undergraduate or preregistration students (Andrews & Ford, 2013; Hewitt & Lewallen, 2010; Lee et al., 2002; Nguyen et al., 2018) but there is little understanding of how specialist nurses and facilitators are prepared to facilitate learning during CPD. This study provides insight into the perceptions of specialist nurses and facilitators of an EDP designed to prepare them to teach about end-of-life care to generalist front-line staff. Additionally, this study highlights the need to ensure that nurses and healthcare professionals who have a teaching component to their role, have undertaken appropriate training. With key policy drivers to provide care based on compassion and competence through palliative and end-of-life care education, (Gamondi et al., 2013, House of Commons End-of-life Care Fifth Report, 2015; Department of Health Leadership Alliance for Care of Dying People, 2014; WPCA, 2014) it is essential that educators are adequately prepared to deliver good quality end-of-life teaching in a variety of clinical settings. The EDP model is suggested as one way of supporting the development of staff who are providing education to generalist staff, with differing levels of education and experience, to ensure front-line staff acquire the knowledge and skills to provide best possible end-of-life care.

5.1 | Limitations of the study and recommendations for further research

Due to the design of the study, data were collected at a single point at the end of the course. Therefore, it was not possible to include a longitudinal element to see how long the skills are found to be of value and, indeed, are being practiced. A longitudinal study which includes observation and feedback from staff who are educated by the course participants is recommended. Furthermore, it was a self-reported study with no objective measure which is noted as a weakness of the design. However, a particular strength of the study is the fact that it reports on delivery across three centres, and there was uniformity in the respondents' feedback from the centres. This provides confidence in the consistency of course content, structure and delivery.

6 | CONCLUSION

Due to the international policy and recommendations around equipping generalist staff in providing good end-of-life care, this

study has utility both nationally and internationally. With regard to other specialist nursing roles where education of generalist staff is a key component, it can be assumed that a course using this model would be valuable. With the proposed changes in nurse education (NMC, 2018), the emergence of associate nurses and apprenticeship models in the UK, plus the recruitment of overseas staff from countries where they may not have had much exposure to palliative care; it can be expected that more education will be delivered in the clinical setting by specialist nurses. Facilitators who are confident and equipped to deliver education effectively is vital to ensure a workforce skilled to provide the best end-of-life nursing care.

7 | RELEVANCE TO CLINICAL PRACTICE

The provision of consistently good end-of-life care is only possible if the workforce delivering such care is skilled, confident and able to apply the principles of compassionate care to everyday practice. However, specialist nurses and healthcare professionals who deliver end-of-life education have often received no formal training to teach. When appropriately trained, specialist staff are better equipped to teach others how to deliver good quality end-of-life care. Specialist staff with teaching responsibilities should be provided with, or engage in, CPD to develop their skills and improve their efficacy when teaching others. Furthermore, although this study has focused on end-of-life care, it can be suggested that other clinical staff who have to teach could benefit from this type of model.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

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