Developing the workforce – creative approaches and overcoming challenges.

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Objectives

- Keeping it simple.
- Telling the story
- Good communication
- Innovative education
- Provoke discussion

Value system

- Art & Science
- Familiar with specialism, with passion and conviction for it.
- Ensure the theories chime with the reality of practice.
- Communicate in a way that resonates deeply.
- Illustrate the frantic undercarriage of the serene swan

The impact of health care dynamics

- Ch ch ch ch ……changes- some good, some? Perhaps not so good.
- More patient choice, more targets
- Increased public expectation.
- Media.
- Shift from the ward to Universities

Changes 2

- Limits of education – Universities & Social care
- Bonding/communication limited by changes
- Fear of litigation – Nursing homes
- Prison population
- Homeless

Palliative Care

- Higher profile in a competitive world
- Tools – GSF, LCP, ACP
- Audits – proving ourselves.
- Paperwork ++++
- Variety of reactions and policies to the same thing!
- Meeting about education to avoid duplication about education

The ‘in words’

- Dignity – Advocacy.
- Blue Horizon thinking, Scoping, benchmarking. Stratifying
- Agile workers.
- Service users
- Nouns into verbs – Incentivise
- Creative destruction

Enthusiasm

- Change is a good thing
- Challenge is communicating why
- Passion for end of Life Care
- Senior professionals undaunted
- Current initiatives keep the baby in the bathwater.

How do we take this forward???

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- Keep is simple. Safety. *Caring*
- .Uniform paperwork across the county.
- DNACPR. Handover form. Anticipatory medicines.
- Engage doctors out of hours service and ambulance services.
- Challenges of ACP, social care.

Innovative Education

- Useful education with meaning
- Across all disciplines and sectors
- Engage the workforce
- Provide an old fashioned environment to communicate
- Telling the story

Teach the crucial issues

- Love and Laughter.
- I told you I was Ill
- Treading in Thin Ice
- Where the Heart Really is.
- Advanced Communication Skills.
- Essential elements of palliative care

Humour And Palliative Care –

"It Only Hurts If I Don't Laugh" –

Dr Mary Kiely, Consultant in Palliative Medicine, Calderdale & Huddersfield NHS Trust

Being A Mortician: Is It Really - A Dead End Job? –

Coping Strategies: Bopping Is Better Than Bawling –

The Charlie Chaplin Side Of Chaplains –

Love In Palliative Care: A Psychotherapist's Tale

I told you I was ill!

Physiology of Dying

Dying with Cancer

Post Mortems

Role of a Mortician

Role of an Undertaker

Role of a Coroner

The importance of wills

Funerals

Where the heart really is

Spirituality, what really matters –

Translating strategy into practice & staying enthusiastic

Principles of care in heart failure

Resuscitation at the end of life -

Keeping your finger on the pulse – up to date research in Specialist Palliative Care –

De-fib for the soul

Treading on thin Ice

SCENE SETTING

STOPPING TREATMENT

GP PERSPECTIVE

OPIOID SWITCH

RESUSCITATION IN SPECIALIST

ADVANCE CARE PLANNING

LIVERPOOL CARE PATHWAY/

DIAGNOSING DYING

DEBATE – ASSISTED DYING

Life long learning

- It’s about skill not time.
- Kindness and curiosity will take us a long way.
- Being a professional takes knowledge , skill, confidence and courtesy.
- We’ve been there before. The value of making a patient feel safe with you.
- Gentleness is the greatest of all strengths.
- No such thing as cancer of the spirit

How many MDT members does it take to change a light bulb?

Pathologist: Without me you wouldn't know it was a light bulb (and I was here till 10pm proving it)

GP: I was the one who first wondered about illumination failure

Physician: I was the one who realised it was illumination failure

- Radiologist: I was the one who found which light bulb needed changing (but attending all these meetings means I can't test many light bulbs)
- Surgeon: I'm the only one who gets his hands dirty changing light bulbs
- Clinical Oncologist: I'm the specialist in sophisticated electrical apparatus, but don't expect me to be there – I'm pursuing light bulbs all around the country

Medical Oncologist: If I’m not there, you’ll replace the light bulb with something obsolete and cheap

Nurse Specialist: I’m here to make sure the light bulb understands exactly what it means to be changed,it all happens in a dignified way.And painlessly

Social Worker: I have to consider the effect of changing the light bulb on the other light fittings

Dietician: I have to ensure that the light bulb is receiving the correct energy supply.

Patient:

- It’s very dark in here, could someone change the light-bulb!!