



AIIHPC

All Ireland Institute of
Hospice and Palliative Care

An Evaluation of the All Ireland Institute of Hospice and Palliative Care Education Fellowship Programme 2012 - 2014

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Chapter 1

An Evaluation of the All Ireland Institute of Hospice and Palliative Care Education Fellowship Programme

1.1 Background

The All Ireland Institute of Hospice and Palliative Care (AIHPC) is an all island organisation comprised of a Consortium of partner organisations, including hospices, health care agencies and universities, all working to improve the experience of supportive, palliative and end-of-life care on the island of Ireland, by enhancing the capacity to develop knowledge, promote learning, influence policy and shape practice. As part of its commitment to education and practice the Institute initiated Education Fellowships in 2012, providing financial assistance to support cross-sector and cross-border learning and knowledge transfer, to facilitate the development of skills, capacity and leadership. Fellowships focused on exploring innovative developments in palliative care education including: visits to specialist palliative care services and education centres for knowledge exchange and transfer.

The purpose of the Education Fellowship Programme was to:

- provide opportunities for individuals to engage, learn and enhance their knowledge about innovative palliative care education
- provide opportunities for individuals to translate knowledge into practice which will benefit their own organisation and the wider palliative care community in line with the AIHPC strategic vision for palliative care education
- provide opportunities to develop collaboration and networks with palliative care educators and clinical services.

Three calls for Fellowships were made in 2012, 2013 and 2014 and each year had a specific focus (Figure 1.1). Applications were invited from individuals working in either clinical practice or education settings in the Republic of Ireland or Northern Ireland with an interest in palliative care education.



Figure 1.1 Focus of Fellowships 2012-2014

In each year it was anticipated that potential participants would:

- gain valuable knowledge and understanding of innovative palliative care education and practice operating in other organisations and/or jurisdictions
- develop links with other organisation(s) which may lead to continued and/or future collaboration
- participate in networking and learning activities with peers during and after the event
- engage in wider learning opportunities offered through AIHPC (seminars, master classes, or round-table discussions).

1.2 Application and Selection Process

Each year the application process for the Fellowship Programme was widely communicated through email and social media, with an on-line video and written information to guide the application process. Applicants were required to provide the following: details of the proposed site visits; information on the specific purpose of the proposed visit; detail of outcomes anticipated during and following the Fellowship; the proposed cost of the visit; and a statement of merit from their manager demonstrating their organisation's support for the application. There were 15 applications in 2012, 14 in 2013 and 13 in 2014.

The applications were reviewed by a selection panel using a pre-defined scoring sheet which graded submissions according to the previous professional track record of the applicant, site selection and purpose of visit, capacity to undertake the Fellowship, and the strength of support from their organisation. The award of a Fellowship was subsequently made pending a letter of acceptance from the recipient and a signed statement from their employer indicating their intention to release the recipient to undertake the Fellowship. In total 14 Fellowships were awarded, four in 2012, five in 2013 and five (one joint) in 2014. On completion of the Fellowships each recipient was invited to present on their learning and experience at a symposium organised by the AIIHPC.

1.3 Methods

All Fellowship recipients and their managers were invited to participate in an online survey designed by the AIIHPC. Fellowship participants were asked a series of questions pertaining to: their expectations of the Fellowship; the application process and support from the AIIHPC; positive and negative aspects of the Fellowships; and the impact of the Fellowship. The participants' managers were asked their views on a number of issues including: their expectations of supporting their staff member; the expectations of their organisation of the Fellowship programme; the impact of the Fellowship; and their opinion on supporting further applications.

Chapter 2

Recipients' Perspectives of the Education Fellowship Programme

2.1 Introduction

Thirteen Fellowship recipients completed the online survey. This chapter reports on their expectations of the Fellowship; their experience of the management of the Fellowship; their experience of participating in the Fellowship; and the impact of the Fellowship on their work and organisation.

2.2 Expectations of the Fellowship

All of the recipients were awarded the Fellowships to support their pursuit of knowledge and expertise pertaining to their respective areas. Each of the recipients had diverse and distinct areas of interest, therefore their individual expectations of the Fellowship Programme were quite specific. This included care of children with complex healthcare needs, managing death anxiety, non-specialist nurses providing end-of-life care and fact-based e-learning. Collectively recipients had an expectation that the Fellowship would afford them the opportunity to explore best practice and education in their chosen area. They chose sites that were internationally recognised as cutting-edge in their chosen field, with experts leading innovative clinical or educational practices. All of the participants agreed that their Fellowship met their expectations.

It was beyond my expectations on every level. There was exceptional support and guidance at every step from the team in the AIIHPC, the breadth of exposure to various settings and expertise was more than I could have wished for and the links I have made have been extremely valuable in my ongoing work in this area.

It did meet my expectations of broadening my knowledge of palliative care. I discovered that meaningful and deliverable services can make a measurable difference to the lives of isolated, frail and vulnerable individuals.

2.3 Management and Support

All respondents found the application process very clear. They all reported high levels of satisfaction with the management of the application process (Figure 2.1). They acknowledged and highly valued the level of guidance and support they received from the AIIHPC.

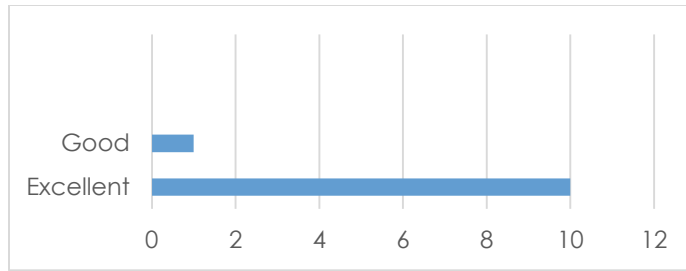


Figure 2.1 Management of the application process

Recipients of the Fellowships were asked about their experience of the management of the selection process by the AIIHPC. All respondents were satisfied with the management of this process with the majority finding it excellent (Figure 2.2).

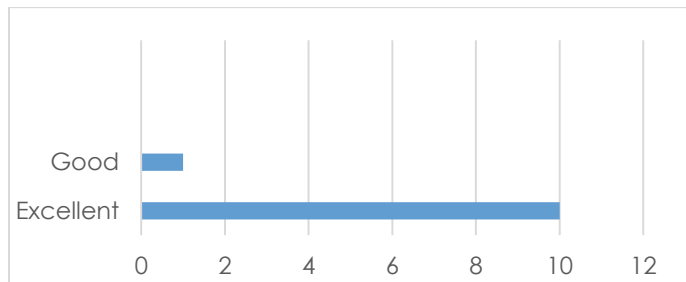


Figure 2.2 Management of the selection process

Respondents also expressed high levels of satisfaction with the support and assistance they received during the site planning for their Fellowship visit (Figure 2.3). This included support in accessing sites, following up with key personnel to confirm dates of visits, and advice and support with finance for travel.

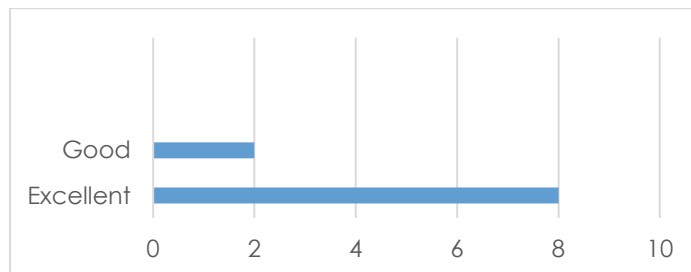


Figure 2.3 AIIHPC support and assistance in site planning

On completion of the Fellowship recipients were invited to present on their learning and experience at a symposium organised by the AIIHPC. All of the recipients rated the support they received in preparing for this as good or excellent (Figure 2.4).

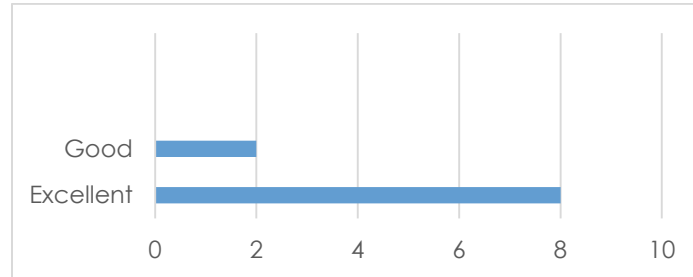


Figure 2.4 AIIHPC support in organising symposium to disseminate experience and learning from Fellowship

2.4 'A unique and privileged experience'

Collectively respondents viewed the Fellowship as a privilege, a unique opportunity in their careers that afforded them the opportunity to spend an uninterrupted and consolidated time to explore an issue in-depth with experts in their specific chosen areas. They appreciated the opportunity to formally and exclusively focus on a specific area of best practice for the betterment of their practice, their students and for developing links for further collaboration. They stated that they highly valued the expertise that they could access through their Fellowships, in visiting facilities and meeting professionals that were at the cutting-edge of innovation and excellence.

The opportunity to spend a consolidated period of time, with no interruptions, exploring the education, practice and research developments in an emerging area of care was simply wonderful. This level of engagement would not have been possible without this Fellowship.

Getting the unique and privileged experience of exploring an area of interest in depth....not usually something we get to do in our daily work.

2.4.1 Networking and developing confidence

Respondents identified networking opportunities as a very positive aspect of their Fellowship. This included networking with experts who are pioneering innovative practices in care delivery and education. Many stated that the Fellowship gave them confidence. This sense of confidence was portrayed in a variety of ways. For some the experience of the Fellowship gave them increased confidence to make presentations about their area of interest to wider audiences and the confidence to be a greater advocate for change and improvement in practices. Others stated that they felt that it validated their role within a wider multi-disciplinary team:

The ability to meet face-to-face with those who are pioneering fact-based learning and develop networks and understanding for future course development.

I felt validated having been awarded the Fellowship ...it gave me the confidence to make contact with experienced individuals (across professions, medical and nursing) working in palliative care.

2.5 Impact on Current Role and Organisation

Respondents gave many examples of the positive outcomes of the Fellowship for them personally, professionally in their own role and for their organisation.

I have brought back personal raised awareness of these sites and the innovative projects now recognised as examples of good practice for provision of end of life care to a marginalised population. This combined with the created video podcasts will be embedded within an open access, on line resource which will be available for professional learning and competency acquisition across the world.

It has resulted in the development of collaborative links and has informed programme development. I have more realistic expectations of what can be achieved and about making small changes initially.

They identified specific impacts of the Fellowships on clinical care delivery, policy and decision making, education and research across the life-span, in a very wide and varied manner, reflecting the focus of each of the three years (Table 2.1).

Table 2.1 Impact of Fellowship on current role and organisation

- Enhanced provision of care to marginalised populations.
- Clarified roles within the multi-disciplinary team.
- Informed teaching on the care of a child with complex care needs at undergraduate and graduate level.
- Input into policy and practice change at local, national and international level.
- Further development of international links leading to attainment of significant research funding nationally and at EU level.
- Pilot projects on compassionate care.
- Pilot projects on enhanced end-of-life care in nursing homes.
- Information sharing within own organisation and with external stakeholders.
- Confidence in understanding end-of-life issues.
- Impetus to develop e-learning and training in own organisation and delivering it to the wider community.
- Development of guidelines on resuscitation orders and verifying death.

2.6 Challenges

Six of the thirteen respondents did not identify any negative aspect of the Fellowship. Of the remaining seven, two respondents identified a challenge in finding the time post-Fellowship to follow up on the links made and to progress collaborations.

I feel a little disappointed that I have not (yet) had the capacity to roll out ideas further.

The organisation of finance was also identified as a challenge by two respondents, while one respondent identified that a lead person they were linked to during the Fellowship was unable to spend as much time with them as they had planned.

2.7 Additional Comments

At the end of the on-line survey respondents had the opportunity to offer additional comments. The responses here focused on appreciation for having a funding source specifically aimed at progressing palliative care, the once-in-a-lifetime experiences of the recipients and acknowledgment of the support and guidance from the AIIHPC throughout the Fellowship.

Chapter 3

Managers' Perspectives of the Education Fellowship Programme

3.1 Introduction

Eleven managers of Fellowship recipients completed the online survey. This section reports on their perspectives of the Fellowship, their expectations of the Programme and the impact of the Fellowship on their organisation.

3.2 Expectations of the Fellowship

Managers were asked about their expectations with regard to supporting their staff to apply for the Fellowship, supporting their staff to undertake the Fellowship and if the Fellowship met their expectations once complete. Respondents all had positive expectations of what the Fellowship would offer their staff and their organisation and were willing to support their staff member to apply for a Fellowship.

I was very happy to support the application for the Fellowship....undertaking the Fellowship would enhance her knowledge and would assist in our understanding of best practice in these areas.

I assumed there would be no complications and it all went well.

Collectively they had expectations that the Fellowships would support staff development and career progression. In addition to the contribution of the Fellowship to professional development the managers also had an expectation that it would enhance their respective organisational links nationally and internationally leading to increased collaborations in education and research.

We expected that we would have an opportunity for increased international networking, exposure to other ways of working and opportunities for multidisciplinary collaboration.

All of the managers reported that the Fellowship met their expectations, for their staff member and also for their organisation.

It validated their role and gave them the confidence to make contact with experienced professionals working in palliative care.

This was a most productive visit benefiting not only the recipient but also the School as a whole.

3.3 Impact of the Fellowship

All respondents stated that there were many positive outcomes of the Fellowship for their employee and for their organisation. Collectively they found that the Fellowships afforded their employee protected time to focus their work in their specific area in practice, education or research. They reported that the Fellowship increased their employee's knowledge and confidence. This included enhanced ability to be an advocate for people across the life span with complex and palliative care needs.

Extremely positive, it helped her forge new networks and informed ongoing education and research programmes.

This staff member has gained a lot more confidence in themselves and their ability to present their project to different groups.

Increased knowledge, connections, confidence. Acknowledgement of specialised skill by colleagues.

They found that the Fellowships also had a very positive influence on their organisations (Table 3.1). This included enhanced profile of their organisation internationally, a greater focus for proposal writing for research funding, enhanced multi-disciplinary engagement in innovative practices and an enhanced reputation as a leader in innovations in palliative care education and practice. All of the respondents said they would support other staff members to apply for a Fellowship.

Table 3.1 Impact of Fellowship on organisation

<ul style="list-style-type: none">• Enhanced profile internationally.• More focused proposal writing for research funding.• Enhanced multi-disciplinary engagement.• Establishment and roll-out of innovative care practices.• Development and utilisation of innovative teaching methods.• Enhanced reputation as a leader and innovator in education in the community.

3.4 Additional Comments

Respondents identified the value of having a Fellowship specific to palliative care, which actively contributed to the professional development of their staff and the enhancement of care in this area.

I feel that this Education Fellowship opportunity inspires professional development and acknowledges commitment from organisations to support their staff.

Chapter 4

Discussion and Conclusion

4.1 Introduction

This report provides an evaluation of the AIIHPC Education Fellowships. Data was gathered from the recipients of the Fellowships and their managers regarding expectations, management and support throughout the process and the impact of the Fellowships on the individual recipient and on their organisation. The Fellowships were widely welcomed and both recipients and their managers were satisfied with the processes and with the impact of the Fellowships. Key constituents of the success of the Fellowship programme included protected time for professional development, opportunities for networking and developing collaborations, and the continuous support for recipients throughout the process from the AIIHPC.

4.2 Social Capital

The purpose of the AIIHPC Education Fellowship Programme was to provide opportunities for enhancing knowledge, developing networks and supporting the translation of knowledge in to practice, for the benefit for the palliative care community. The findings from the recipients and managers in this evaluation affirm that the Fellowships are predominantly meeting their objectives. All of the respondents positively reported on the structures and processes of the Fellowship Programme and highly valued the support of the AIIHPC throughout the Fellowship.

Some of the recipients described the Fellowship as a 'unique' experience. The opportunity to network is particularly important during challenging financial times (Taylor 2013), which was a reality in this situation, as it can give sustenance to individuals and teams who are motivated to enhance their learning and progress their work (Sheingold & Sheingold 2013). The most frequently cited impact of the Fellowship Programme was the opportunity afforded for networking and developing collaborations with experts in complex and palliative care. This was repeatedly identified by both Fellowship recipients and their managers as a great strength of the Programme. The value placed on networking expressed by all respondents is supported in current discourse on workplace social capital (DiCicco-Bloom *et al.* 2008, Read 2014). The term 'social capital' was originally coined in the United States by Hanafin (1916 p.130) who described it as "goodwill, fellowship, mutual sympathy and social intercourse among a group of individuals....who make up a social unit". Increasingly social capital is associated with increased

productivity in the workplace, productivity that is focused and deliberate in nature (Sheingold & Sheingold 2013). It is identified as being as necessary as physical capital (infrastructure and equipment) and human capital (education and experience) in supporting the success of an organisation and its people (Taylor 2013, Read 2014).

While the term social capital is widely used across disciplines in the humanities it is only now gaining traction in social and healthcare (DiCicco-Bloom *et al.* 2007, Read 2014). However, the core concept remains the same, social capital is centred on the quality of the networks established that represent a critical resource for the person and organisation seeking support. In this case, the social unit is the complex and palliative care communities, and the social capital was the Fellowship experience. The attributes of the AIIHPC Fellowship Programme, identified by the respondents, widely reflect the key antecedents of social capital. These include positive communication practices, good leadership, opportunities for the exchange of information, and networking which includes access to resources and knowledge pursued in a proactive and systematic manner (DiCicco-Bloom *et al.* 2007, Hofmeyer & Marck 2008, Taylor 2013, Read 2014).

While recipients and managers welcomed the opportunity afforded to focus on a particular area for a period of time, a small number of recipients found it challenging, following completion of the Fellowship, to continue to pursue the relationships forged and the implementation of practices learned. This predominantly related to having limited time available to progress initiatives upon return to work following the Fellowship. This challenge is widely acknowledged in research on engaging in continuing professional development (Boudioni *et al.* 2007, Sturrock & Lennie 2009) and on the adaptation of evidence-based practices in both education and clinical care settings (Breimaier *et al.* 2011, Yoder *et al.* 2014). While the Fellowship Programme provides an opportunity for translating learning from the Fellowship into practice, the literature suggests that ongoing support within a recipient's organisation, is key to enabling this in a meaningful and sustainable manner. This support is instrumental in creating a culture where the ongoing development and implementation of evidence-based and innovative practices is truly valued (Melynk *et al.* 2012, Yoder *et al.* 2014).

4.3 Implications

Overall the findings indicate that the key objectives of the Fellowship are being met. A number of areas could be addressed to ensure that this continues and to encourage the long-term impact of the Fellowship Programme:

- Invite all future applicants to articulate their vision for the potential long-term impact of undertaking a Fellowship.
- Invite all managers who are supporting applicants to demonstrate how their organisation could support work commenced, and networks established, as a result of a Fellowship.
- Consider restructuring the feedback processes at the end of the Fellowship to include a written report on return focusing on the short-term impact and a presentation nine to twelve months later focusing on the medium- and potential long-term impact of the Fellowship.

4.4 Conclusion

The AllHPC Education Fellowship Programme was positively evaluated by all those who took part in the on-line survey, with numerous outputs identified. It is important that education and healthcare organisations consider the need for ongoing support post-Fellowship to maximise the long-term benefits of the Fellowship for the recipient and their organisation. The Fellowships, embedded in an appreciation of the value of social capital, were found to actively contribute to professional development and the enhancement of education and practice in complex and palliative care.

References

- Boudioni M, McLaren S, Woods L, Lemma F (2007) Lifelong learning, its facilitators and barriers in primary care settings: A qualitative study. *Primary Health Care Research and Development* **8**, 157–169.
- Breimaier HE, Halfen RJ & Lohrmann C (2011) Nurses' wishes, knowledge, attitudes and perceived barriers on implementing research findings into practice among graduate nurses in Austria. *Journal of Clinical Nursing* **20**(11-12), 1744-1756.
- DiCicco-Bloom B, Frederickson K, O'Malley D, Shaw E, Crossan JC & Looney JA (2007) Developing a model of social capital: relationships in primary care. *Advances in Nursing Science* **30**, E12–E24
- Hanifan LJ (1916) The rural community school center. *Annals of the American Academy of Political and Social Science* **67**, 130–138.
- Hofmeyer A & Marck PB (2008) Building social capital in healthcare organizations: thinking ecologically for safer care. *Nursing Outlook* **56**, 145–151.
- Melnyk BM, Fineout-Overholt E, Gallagher-Ford L & Kaplan L (2012) The state of evidence-based practice in US nurses: Critical implications for nurse leaders and educators. *The Journal of Nursing Administration* **42**(9), 410-417.
- Read EA (2014) Workplace social capital in nursing: an evolutionary concept analysis. *Journal of Advanced Nursing* **70**(5), 997–1007.
- Sheingold BH & Sheingold SH (2013) Using a social capital framework to enhance measurement of the nursing work environment. *Journal of Nursing Management* **21**, 790–801.
- Sturrock JBE & Lennie SC (2009) Compulsory continuing professional development: A questionnaire-based survey of the UK dietetic profession. *Journal of Human Nutrition and Dietetics* **22**, 12–20.
- Taylor R (2013) Networking in primary health care: how connections can increase social capital. *Primary Health Care* **23**, 10, 34-40.
- Yoder LH, Kirkley D, McFall DC, Kirksey KM, Stalbaum AL & Sellers D (2014) Staff nurses' use of research to facilitate evidence-based practice. *American Journal of Nursing* **114**(9), 26-37.