GP Evening Meeting in Palliative Care

Evaluation: Anticipatory Care Planning  
Facilitator: Euan Paterson, Macmillan GP Facilitator  
Date: 23 October 2013  
Venue: Marie Curie Hospice, Glasgow

Attendees = 18  
Evaluations returned = 7

VENUE

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<tr>
<td>Group work</td>
<td>43%</td>
<td>28.5%</td>
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FACILITATION

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<td>Group</td>
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ENABLEMENT

After this meeting, do you feel your understanding of anticipatory care planning in palliative care is:

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<th>Better</th>
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You will be able to plan the care of your dying patients:

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You will use anticipatory care planning in palliative care:

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SUMMARY

Did this meeting help to fill your learning needs?
- ACP – discuss with patients and relatives
- Yes – very helpful meeting
- Yes (4 responses)

What was good about it?
- Good content
- Good facilitator
- Group discussion
- Interactive / relaxed
- Very knowledgeable enthusiastic facilitator

What was bad about it?
- I would have liked to discuss DNACPR
- None

How would you improve it?
- Less slides
GP Evening Meeting in Palliative Care

Evaluation: Pain
Specialist: Elayne Harris, Macmillan Lead Pharmacist for Palliative Care
Date: 6 November 2013
Venue: Marie Curie Hospice, Glasgow

Attendees = 18
Evaluations returned = 16

VENUE

Rooms
Satisfactory 100%
Unsatisfactory -
No response -

FORMAT

Time Adequate 100% Interaction Successful 88%
Ambivalent - Ambivalent -
Inadequate - Unsatisfactory -
No response - No response 12%

Comments: Good, relevant, practical

FACILITATION

Process Helpful 100% Specialist Helpful 100%
Ambivalent - Ambivalent -
Unhelpful - Unhelpful -
No response - No response -

ENABLEMENT

After this meeting, do you feel you will be able to assess patients with pain?

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After this meeting, do you feel you will be able to appropriately treat patients with pain?

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After this meeting, do you feel you will be able to access resources for pain?

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### SUMMARY

**How did this meeting help to fill your learning needs?**

- Addressed learning needs and made sure they were covered
- Clarified dose adjustment
- Covered all appropriate pharmacological and practical points
- Good clarification of what to start/change and when
- Good information on pharmacology and different types of drugs to use
- Increased confidence
- Learning about palliative pain control
- Specifics of just in case prescribing
- Useful, helpful practical tips
- Very practical
- Wide range of topics covered

**What was good about it?**

- Discussion of cases
- Excellent useful discussion, very fact rich. Helped provide a greater pharmacological basis for prescribing in a more rational way. Dispelled a few prescribing myths.
- Format
- Good interaction (4 responses)
- Good to have open discussion
- More information on toxicity
- Practical issues
- The way it was conducted
- Very interactive, good, though I don't usually like this type of format

**What was bad about it?**

- Nothing (4 responses)

**How would you improve it?**

- Covering non-drug management of pain
- Finished sharp by 9. We've all had long days and running late leaves a bad impression.
- More practical cases
GP Evening Meeting in Palliative Care
Evaluation: Confusion, Anxiety and Terminal Restlessness
Specialist: Val Oates, Consultant in Palliative Care,
The Prince and Princess of Wales Hospice
Date: 13 November 2013
Venue: Marie Curie Hospice, Glasgow

Attendees = 15
Evaluations returned = 14

VENUE
Rooms
Satisfactory 100%
Unsatisfactory -
No response -

FORMAT
Time Adequate 93% Interaction Successful 65%
Ambivalent - Ambivalent 14%
Inadequate 7% Unsatisfactory 14%
No response - No response 7%

Comments: Too much waffle – nothing useful to take away
Comments: Failed to maintain attention of audience

FACILITATION
Group Helpful 93% Specialist Helpful 93%
Ambivalent - Ambivalent -
Unhelpful 7% Unhelpful -
No response - No response 7%

Comments: Good interaction, answering questions to audience

ENABLEMENT
After this meeting, do you feel you know what causes palliative care patients to suffer from confusion, anxiety and terminal restlessness?

Much better 50%
Better 36%
Same 7%
Less 7%
No response -

After this meeting, you will be able to assess palliative care patients with confusion, anxiety and terminal restlessness?

Much better 36%
Better 50%
Same 7%
Less 7%
No response -

After this meeting, do you feel you will be able to appropriately treat palliative care patients with confusion, anxiety and terminal restlessness?

Much better 36%
Better 50%
Same 7%
Less 7%
No response -
SUMMARY

How did this meeting help to fill your learning needs?
- Clarified reasons for confusion/anxiety
- No
- Yes = 6 responses

What was good about it?
Better understanding of causes/issues
- Comprehensive
- Good discussion regarding issues about when to investigate and differentiating causes. Good grounding of discussion in consultant’s experience
- Good speaker
- Interchange of ideas
- Recognising anxiety/terminal restlessness
- Simple break down of reasons with simple treatment/management
- Specialist input
- Thoughtful information – well delivered
- Venue, coffee, tea, biscuits

What was bad about it?
- I feel no more able to manage confused people, no practical advice to take away. Discussion was not relevant to GP in community.
- Nil
- Not as interactive as previous meetings
- Not long enough. Finished before 9.00 pm 😃 ha ha!!
- Poor group involvement
- Very little

How would you improve it?
- Make it a case based/problem based session + include ethical scenarios.
- Nil
- With difficulty
GP Evening Meeting in Palliative Care

Evaluation: Shortness of Breath
Specialist: Libby Ferguson, Consultant in Palliative Care, Marie Curie Hospice, Glasgow
Date: 27 November 2013
Venue: Marie Curie Hospice, Glasgow

Attendees = 15
Evaluations returned = 13

VENUE

Rooms
- Satisfactory 100%
- Unsatisfactory -
- No response -

FORMAT

Time
- Adequate 100%
- Ambivalent -
- Inadequate -
- No response -

Group Work
- Successful 54%
- Ambivalent 8%
- Inadequate -
- No response 38%

Comments:

FACILITATION

Group
- Helpful 92%
- Ambivalent -
- Unhelpful -
- No response 8%

Specialist
- Helpful 85%
- Ambivalent -
- Unhelpful -
- No response 15%

Comments:

ENABLEMENT

After this meeting, do you feel you know what can cause shortness of breath in palliative care?

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<td>54%</td>
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After this meeting, you will be able to assess palliative care patients with shortness of breath?

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After this meeting, do you feel you will be able to appropriately treat palliative care patients with shortness of breath?

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SUMMARY

How did this meeting help to fill your learning needs?
- Yes = 9 responses
- Very helpful

What was good about it?
- Case studies, treatment options
- Clarity in pharmacological measures
- Concise overview
- Facilitator – Case studies
- Good balance of theory/practice/examples
- Good info on drug and non drug options
- Good interaction – lots of useful tips
- Help to treat patients as individuals and assess particular needs. Learned to use low dose oramorph.
- Overview of assessment drug and non drug treatment
- Relaxed and informative

What was bad about it?
- It was a very interesting and useful lecture but unfortunately I was unable to hear significant parts of it.
- Nil
- Not sure how to access domiciliary oxygen
- Too soft spoken – couldn’t hear everything!
- Very soft tone speaker

How would you improve it?
- I’d like a break in the middle!
- Maybe suggest to bring a case?
- More case studies = most useful and interesting.
- No slides
GP Evening Meeting in Palliative Care

Evaluation: Palliative Care in Renal Disease
Specialist: Tara Collidge, Consultant Nephrologist, Western Infirmary, Glasgow
Date: 4 December 2013
Venue: Marie Curie Hospice, Glasgow

Attendees = 9
Evaluations returned = 4

VENUE

Rooms
Satisfactory 100%
Unsatisfactory -
No response -

FORMAT

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<tbody>
<tr>
<td>Group Work</td>
<td>Successful</td>
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<td>Ambivalent</td>
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<td>Unsatisfactory</td>
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<td>No response</td>
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Comments: Group Work
SUCCESSFUL 50%
AMBIVALENT -
UNSATISFACTORY -
NO RESPONSE 50%

FACILITATION

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<tr>
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<th>Ambivalent</th>
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<th>Unhelpful</th>
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<th>No response</th>
<th>25%</th>
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<tr>
<td>Specialist</td>
<td>Helpful</td>
<td>75%</td>
<td>Ambivalent</td>
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<td>Unhelpful</td>
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<td>No response</td>
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Comments: Group
HELPFUL 75%
AMBIVALENT -
UNHELPFUL -
NO RESPONSE 25%

ENABLEMENT

After this meeting, do you feel your awareness of the key issues in renal palliative care is?

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After this meeting, you will be able to assess the palliative care needs of patients with renal disease?

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After this meeting, do you feel you will be able to manage the palliative care needs of patients with renal diseases?

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SUMMARY

How did this meeting help to fill your learning needs?
• This has been a very interesting lecture. Many thanks.
• Yes = 2

What was good about it?
• Excellent speaker. Fascinating talk – stimulating.
• Excellent speaker

What was bad about it?
N/A

How would you improve it?
No need