GP Evening Meeting in Palliative Care

Evaluation: Do Not Attempt Cardiopulmonary Resuscitation
Specialist: Maire O'Riordan
Consultant in Palliative Care, Marie Curie Hospice Glasgow
Date: 14 January 2015
Venue: Marie Curie Hospice, Glasgow

Attendees = 12
Evaluations returned = 3

VENUE

Rooms	Satisfactory	100%
	Unsatisfactory	-
	No response	-

FORMAT

Time	Adequate	100%	**Interaction**	Successful	67%
	Ambivalent	-		Ambivalent	33%
	Inadequate	-		Unsatisfactory	-
	No response	-		No response	-

FACILITATION

Group	Helpful	100%	**Specialist**	Helpful	67%
	Ambivalent	-		Ambivalent	33%
	Unhelpful	-		Unhelpful	-
	No response	-			

ENABLEMENT

After this meeting, do you feel your knowledge of the new DNACPR form/policy is:

Much better	Better	Same	Less	No response
67%	33%	-	-	-

After this meeting, do you feel your skills in using the new DNACPR form/policy will be:

Much better	Better	Same	Less	No response
67%	33%	-	-	-

After this meeting, do you feel you use the DNACPR form/policy:

Much more	More	Same	Less	No response
33%	67%	-	-	-

SUMMARY

Did this meeting help to fill your learning needs?

Yes very informative and interesting tutorial on this difficult topic.

What was good about it?

No responses

What was bad about it?

No responses

How would you improve it?

No responses

GP Evening Meeting in Palliative Care

Evaluation: Spirituality
Specialist: Keith Saunders
Lead Chaplain West, NHSGGC
Date: 28 January 2015
Venue: Marie Curie Hospice, Glasgow

Attendees = 6
Evaluations returned = 3

VENUE

Rooms	Satisfactory	100%
	Unsatisfactory	-
	No response	-

FORMAT

Time	Adequate	100%	**Group work**	Successful	50%
	Ambivalent	-		Ambivalent	50%
	Inadequate	-		Unsatisfactory	-
	No response	-		No response	-

FACILITATION

Group	Helpful	100%	**Specialist**	Helpful	50%
	Ambivalent	-		Ambivalent	50%
	Unhelpful	-		Unhelpful	-
	No response	-			

ENABLEMENT

After this meeting, do you feel your understanding of the key elements of spirituality is:

Much better	Better	Same	Less	No response
-	100%	-	-	-

After this meeting, do you feel you are able to appropriately assess spiritual needs in patients who are dying:

Much better	Better	Same	Less	No response
-	100%	-	-	-

After this meeting, do you feel you will be able to encompass spiritual care in patients who are dying:

Much better	Better	Same	Less	No response
-	100%	-	-	-

SUMMARY

Did this meeting help to fill your learning needs?

Yes, I felt the meeting was beneficial in helping me as a clinician with strategies to establish a way of approaching or broaching this subject with patients who are dying, to whom spirituality is an important part of their lives.

What was good about it?

I felt that several examples given during the discussion helped demonstrate the importance of how patients accept dying and the course of forward planning with respect to engaging the chaplain and the need for respecting the patient's beliefs at this important time in their lives. I recognise the useful role of the chaplain and the need for continued support towards the patient and their families throughout the course of dying.

What was bad about it?

I did not feel any parts were bad about the discussion topic area.

How would you improve it?

I do think that the PP presentation was excellent and the examples discussed very good, but there was repetition in each part of the talk, where the same themes were continually revisited and I felt could perhaps have been said in the first hour.

GP Evening Meeting in Palliative Care

Evaluation: Crises
Specialist: Paul Keeley
Consultant in Palliative Care, Glasgow Royal Infirmary
Date: 4 March 2015
Venue: Marie Curie Hospice, Glasgow

Attendees = 15
Evaluations returned = 6

VENUE

Rooms	Satisfactory	100%
	Unsatisfactory	-
	No response	-

FORMAT

Time	Adequate	100%	**Group work**	Successful	83%
	Ambivalent	-		Ambivalent	17%
	Inadequate	-		Unsatisfactory	-
	No response	-		No response	-

FACILITATION

Group	Helpful	100%	**Specialist**	Helpful	100%
	Ambivalent	-		Ambivalent	-
	Unhelpful	-		Unhelpful	-
	No response	-			

ENABLEMENT

After this meeting, do you feel you will be able to anticipate crises in palliative care:

Much better	Better	Same	Less	No response
17%	83%	-	-	-

After this meeting, do you feel you are able to assess crises in palliative care:

Much better	Better	Same	Less	No response
33%	67%	-	-	-

After this meeting, do you feel you will be able to appropriately manage crises in palliative care:

Much better	Better	Same	Less	No response
33%	67%	-	-	-

SUMMARY

Did this meeting help to fill your learning needs?

Yes = 5 responses

What was good about it?

- Case discussion, open forum
- Good up to date information presented and then discussion within the group allowed specific areas to be addressed
- Structure of meeting and opportunities to ask questions
- It was relaxed/education/good value

What was bad about it?

No responses

How would you improve it?

No responses

GP Evening Meeting in Palliative Care

Evaluation: Nausea & Vomiting
Specialist: Alistair McKeown
Consultant in Palliative Care, Prince and Princess of Wales Hospice
Date: 11 March 2015
Venue: Marie Curie Hospice, Glasgow

Attendees = 5
Evaluations returned = 1

VENUE

Rooms	Satisfactory	100%
	Unsatisfactory	-
	No response	-

FORMAT

Time	Adequate	100%	**Group work**	Successful	100%
	Ambivalent	-		Ambivalent	-
	Inadequate	-		Unsatisfactory	-
	No response	-		No response	-

FACILITATION

Group	Helpful	100%	**Specialist**	Helpful	100%
	Ambivalent	-		Ambivalent	-
	Unhelpful	-		Unhelpful	-
	No response	-			

ENABLEMENT

After this meeting, do you feel you know what causes patients to suffer from nausea and vomiting:

Much better	Better	Same	Less	No response
100%	-	-	-	-

After this meeting, do you feel you will be able to assess patients with nausea and vomiting:

Much better	Better	Same	Less	No response
100%	-	-	-	-

After this meeting, do you feel you will be able to appropriately treat patients with nausea and vomiting:

Much better	Better	Same	Less	No response
100%	-	-	-	-

SUMMARY

Did this meeting help to fill your learning needs?

Yes

What was good about it?

- Excellent presentation interactive

What was bad about it?

Nil

How would you improve it?

Nil

GP Evening Meeting in Palliative Care

Evaluation: Palliative Care and Respiratory Disease
Specialist: Scott Davidson
Consultant Respiratory Physician, Southern General Hospital
Date: 25 March 2015
Venue: Marie Curie Hospice, Glasgow

Attendees = 5
Evaluations returned = 1

VENUE

Rooms	Satisfactory	100%
	Unsatisfactory	-
	No response	-

FORMAT

Time	Adequate	100%	**Group work**	Successful	80%
	Ambivalent	-		Ambivalent	20%
	Inadequate	-		Unsatisfactory	-
	No response	-		No response	-

FACILITATION

Group	Helpful	80%	**Specialist**	Helpful	100%
	Ambivalent	20%		Ambivalent	-
	Unhelpful	-		Unhelpful	-
	No response	-			

ENABLEMENT

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

Much better	Better	Same	Less	No response
60%	20%	20%	-	-

After this meeting, do you feel you will be able to assess the palliative care needs of patients with respiratory disease:

Much better	Better	Same	Less	No response
40%	40%	20%	-	-

After this meeting, do you feel you will be able to manage the palliative care needs of patients with respiratory disease:

Much better	Better	Same	Less	No response
40%	40%	20%	-	-

SUMMARY

Did this meeting help to fill your learning needs?

- Yes = 3 responses
- Interesting but no real take home learning points

What was good about it?

- Chance to ask about managing patients that I have not had much experience of managing such as MND patients and those with muscular dystrophy
- Well presented
- Discussion on ventilation

What was bad about it?

- Nil = 2 responses
- Too secondary-care based

How would you improve it?

- More practical key points for use in practice
- Nil