



Australian Healthcare and Hospitals Association

Palliative Care Online Training Longitudinal Study

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Executive Summary

This report discusses findings from the Palliative Care Online Training Portal longitudinal survey. The survey was conducted for people who completed the four COMPAC Guidelines training modules in the second six month period of 2015. There were three points at which people who had completed the online training were surveyed. These were immediately following completion of the training, three months after this and then a final survey a further three months later (six months after completing the training). Participants also completed a standard survey prior to commencement of training which all trainees undertake, regardless of involvement in this study.

In the initial survey prior to undertaking the training, the majority of participants stated that they were not familiar with the COMPAC Guidelines and were unsure as to whether or not the Guidelines were being implemented in their workplace. Participant confidence in both the content and implementation of the Guidelines in their place of employment was very low.

Following the training, feedback gained was mainly positive, with the majority of participants indicating that their familiarity with the content of the Guidelines was much more sound than prior to undertaking the training. 63.6% responded that they considered themselves as expert or familiar with the guidelines following completion of the training.

In keeping with this sentiment, those who completed the first follow-up survey stated that ongoing confidence in implementing the Guidelines in their place of employment has markedly increased following the completion of the training. 52.3% of participants responded that they were very confident or confident implementing the Guidelines and a further 19.3% that they were moderately confident.

Additionally, in the follow-up surveys more than half of all participants responded that following completion of the online training modules, they were more confident in using a holistic and supportive approach to palliative care, they were better able to communicate with clients in a culturally specific context as well as indicating they possessed a better understanding of working in a multidisciplinary team to deliver quality palliative care to patients and support to carers.

The response rate for the longitudinal survey was low at around 11.4% of those who initially agreed to participate in the survey. The mobile nature of the Aged Care workforce has likely contributed to this outcome as maintaining contact with people who completed the training was difficult if they changed employment. It is also possible that the nature of the workplace activities and the workforce cohort for which the Palliative Care Online Training was developed may not have been conducive to allocating the time necessary to complete all three waves of the survey in a timely manner. Levels of technical literacy were likely also a contributing factor.

Where the surveys were completed, useful insights were gained on the impact of the Palliative Care Online Training. The comments provided were almost always positive about both the training content and the online delivery of the material.

Overall the Palliative Care Online Training has demonstrated benefits for participants' understanding of the COMPAC Guidelines and their ability to apply them in the workplace. However, the low number of people participating in the longitudinal survey also points to the need to develop alternative approaches to evaluating the impact of the training on participants.

Background

In 2013 the Australian Healthcare and Hospitals Association (AHHA) was engaged to develop and deliver a comprehensive suite of online training modules, centred on the use of the Guidelines for a Palliative Approach for Aged Care in the Community Setting (COMPAC). Over a two year period more than 20,000 users from across the palliative care sector registered to complete the training.

Following a further six-month consultation and development process, AHHA then developed a revised palliative care online training portal which was launched on 1 July 2015. The aim of the enhanced portal was to extend the skills and capabilities of the Australian palliative care workforce, with the portal designed to respond to their learning needs. This primarily drew upon a survey and stakeholder consultation process among the 20,000 registered users. Two new modules were developed based on this feedback.

As part of the portal evaluation, a longitudinal mixed methods study was developed to identify the factors that help and hinder evidence-based palliative care. The purpose of this study was to evaluate the effectiveness of the online training portal in improving service delivery by further exploring the impact the training made on the learnings and practice of trainees. The survey focused on the original four modules built around the COMPAC Guidelines and aimed to determine the impact of COMPAC modules through the examination of:

- Care worker awareness and understanding of the Guidelines
- Care worker attitudes towards palliative care
- Factors that impact evidence-based palliative care

To evaluate the effectiveness of the palliative care training provided through the portal, a set of survey questions were asked of each participant following completion of the training along with a longitudinal follow-up to assess the impact of this training over time. When initially registering for palliative training through the online portal, participants were asked for consent to receive follow-up surveys three months and six months after the date on which they completed their online training.

831 participants consented to be involved in the longitudinal study. This represents around one fifth of all people eligible to participate. However, only 95 people (11.4%) of this group commenced at least one wave of the survey. While discussed in more detail later in this report, the high workforce turnover within the Aged Care sector increased the likelihood that ongoing contact with participants could be compromised. For example, a high workforce turnover means that it may not be possible for a survey participant to access the email account they were using at the time of doing the online training. While this has affected the number of people participating in survey and subsequent longitudinal follow-ups, the responses from those that did complete follow-up surveys remained mainly positive.

In addition to the three surveys which formed the basis of the study, participants undertook a standard pre-training survey. In this initial survey prior to undertaking the training, the majority of participants stated that they were not familiar with the COMPAC Guidelines and were unsure as to whether or not the Guidelines were being implemented in their workplace. Participant confidence in both the content and implementation of the Guidelines in their place of employment was very low. The results presented here show how the COMPAC Guidelines knowledge was retained and the impact it has had on participants' delivery of palliative care.

Structure and Conduct of the Longitudinal Survey

The survey was structured with a mix of single choice, multiple choice and open ended (free text) questions. The survey was completed online through Survey Monkey. A baseline survey was initially completed following completion of the Palliative Care Online Training. The longitudinal study was then undertaken in the form of three waves of follow-up surveys spaced at three month intervals over a moving six month window. A list of the questions in the follow-up surveys is at Attachment A.

The baseline survey, completed immediately after completing the training, opened on 1 July 2015 and was closed on 31 December 2015. The first request to complete a post-training follow-up survey was made three months after the individual completed the baseline survey. This occurred between 1 October 2015 and 31 March 2016. A request to complete the second post-training survey was made six months after the individual completed the baseline survey. This occurred between 1 January 2016 and 30 June 2016. Requests to complete the post-training were sent to the email address recorded by the individual in the baseline survey.

Data files containing all raw survey responses were downloaded from the survey platform and kept on a secure server by the Project Manager. The project team then anonymised the survey records and attached an identification code to all surveys commenced by the same person. These de-identified records were then provided to the Research Team for analysis.

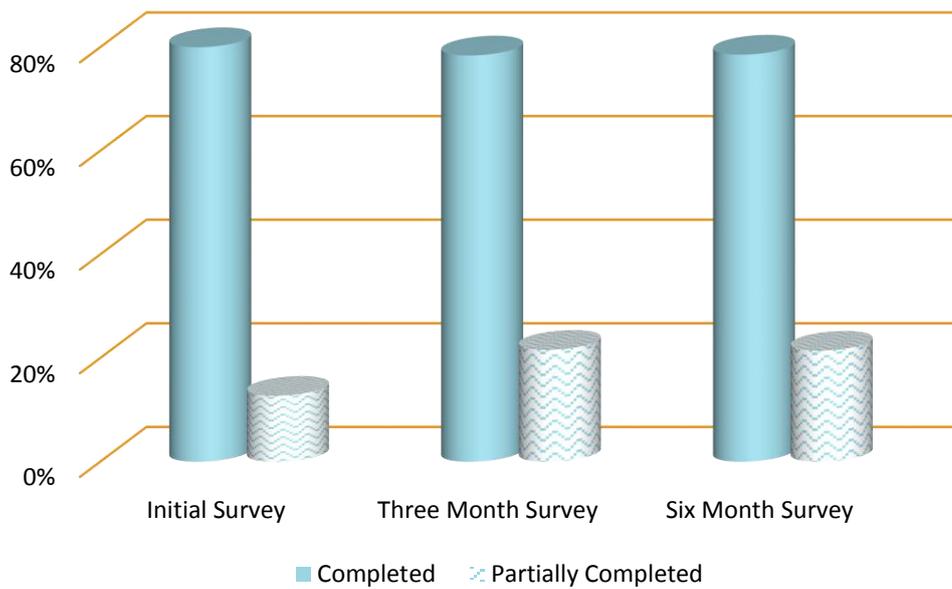
Descriptive Analysis of the Survey Responses

The three waves of the longitudinal survey are analysed in a variety of ways. First, an overview of the responses across the three waves is considered and some of the characteristics of the responses provided. Second the survey responses to each question are examined. Third, a longitudinal analysis of the survey is presented.

Overview of the Survey

Across the three waves of the longitudinal survey a total of 213 responses were commenced by 95 respondents. The nature of individual engagement with all three waves of the follow-up survey is considered in the Discussion section. Figure 1 shows the proportion of fully completed and partially completed responses for each three month wave of the survey.

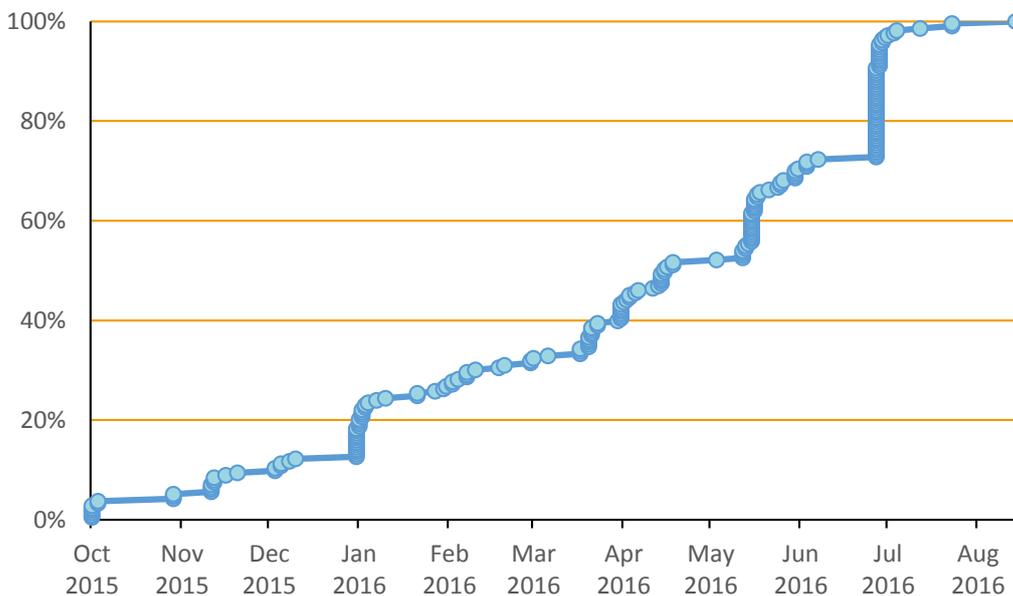
Figure 1 Proportion of Responses in Each Survey Wave



The first survey immediately following completion of the Palliative Care Online Training had 55 individual surveys commenced with 48 (87.3%) fully completed and 7 (12.7%) partially completed. The second survey at three months following completion of the Palliative Care Online Training had 88 individual surveys commenced with 69 (78.4%) fully completed and 19 (21.6%) partially completed. The third survey at six months following completion of the Palliative Care Online Training had 70 individual surveys commenced with 55 (78.6%) fully completed and 15 (21.4%) partially completed. Across the three sample points, 80.8% of surveys that were started were also completed.

Figure 2 shows the cumulative surveys commenced combining all three survey waves. After an initial slow uptake to complete the survey, completion numbers were reasonably steady with three notable periods of survey activity in January, May and July.

Figure 2 Cumulative Surveys Commenced



Examining the timing of survey completions by wave, Figure 3 shows when each of the surveys was commenced controlling for the wave of the survey. The distribution for commencing the initial survey suggests that either the reminder sent to people to complete the three month follow-up survey created interest among colleagues who had not yet completed the Palliative Care Online training (a publicity effect) or was instead a prompt to people that had completed the Palliative Care Online training but had not yet completed the initial survey (a reminder effect). A similar pattern is seen in the three and six month surveys. However, interpreting these completion patterns is confounded by the six month window that the baseline survey was open for completion.

Figure 3 Cumulative Surveys Commenced

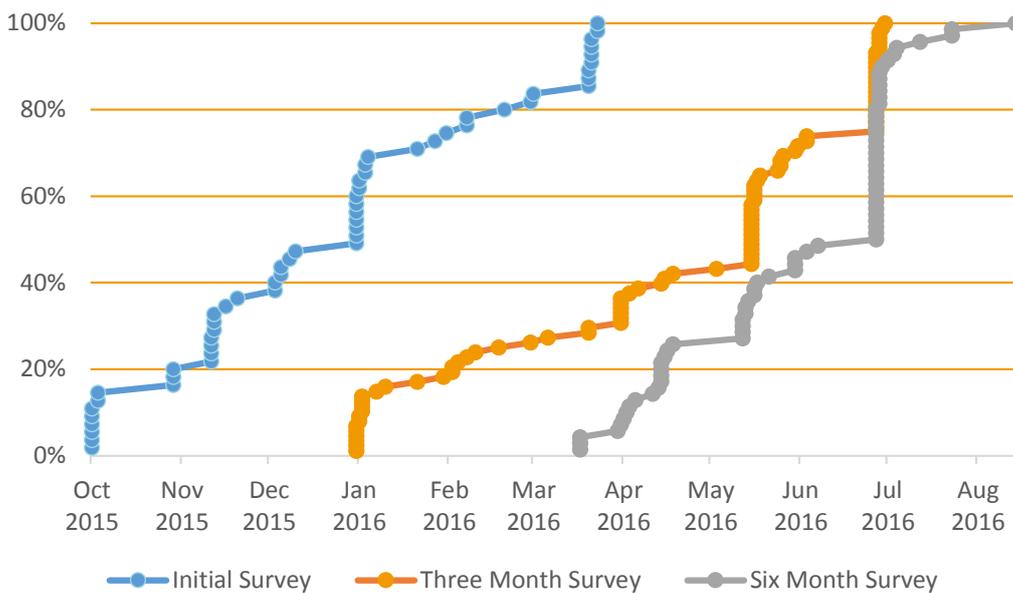
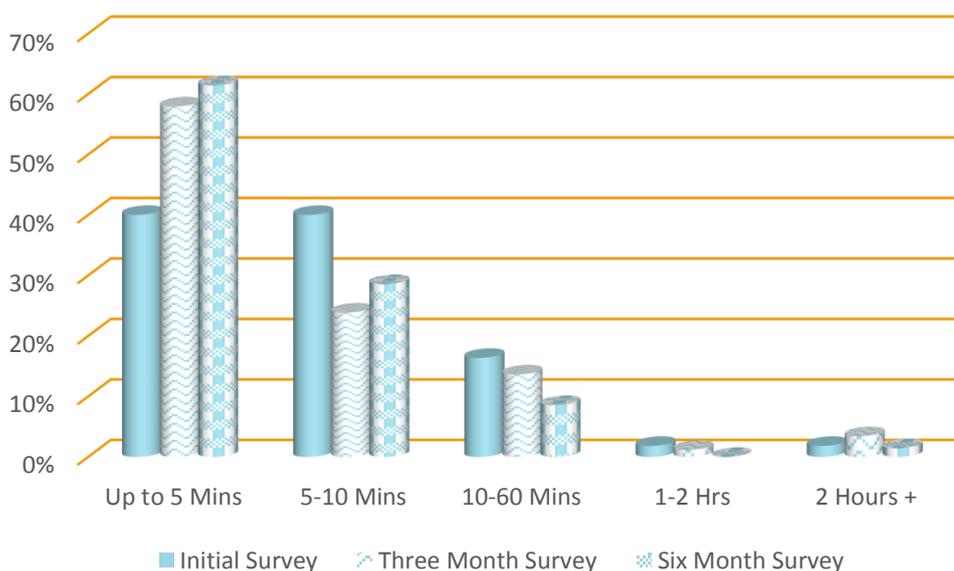


Figure 4 shows the length of time respondents took to complete the survey, with completion times getting progressively faster for each wave. It is thought that the longer completion times are likely due to interruptions in completing the survey rather than respondents having difficulty completing the survey.

Figure 4 Time To Complete the Survey

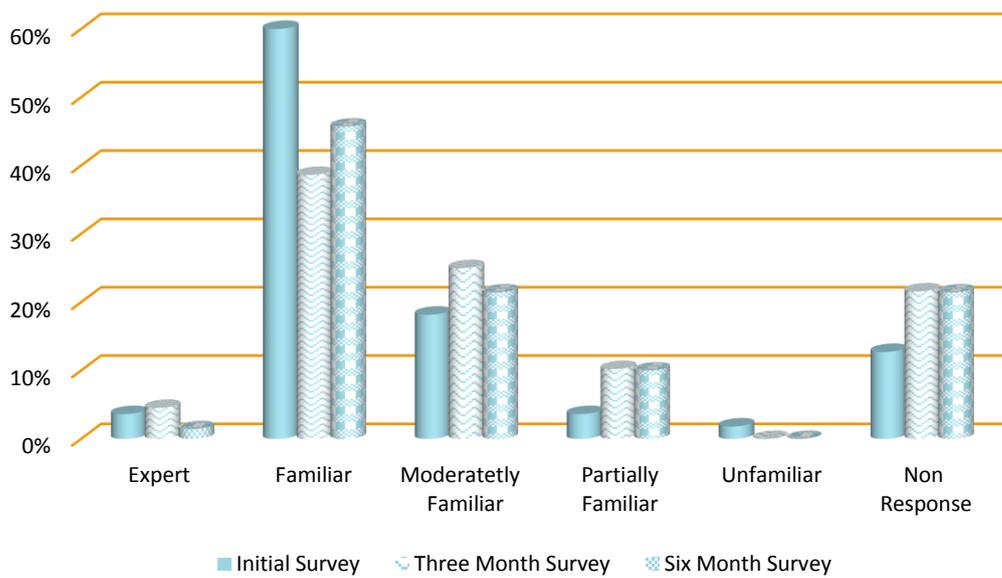


Analysis of the Survey Questions

Familiarity with the COMPAC Guidelines for Community Based Palliative Aged Care

The first question in the survey identified the familiarity the respondent had with the COMPAC Guidelines. The responses to this question across the three survey points are summarised in Figure 5 and show that nearly two-thirds of participants (63.6%) considered themselves either expert or familiar with the Guidelines on completion of the training. This group fell to 43.2% of all three-month respondents and then increased to 47.1% among those responding to the six-month survey.

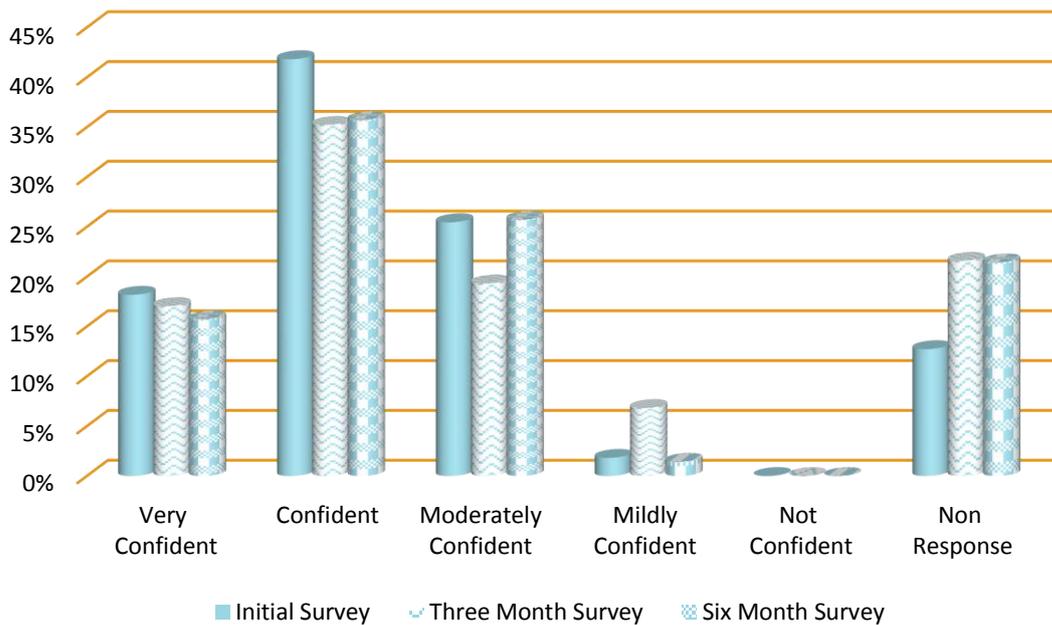
Figure 5 How Familiar With the COMPAC Guidelines



Confidence in Delivering Palliative Care Based on the COMPAC Guidelines

The second survey question assessed the respondent’s confidence in being able to deliver palliative care based on the COMPAC Guidelines. These responses are summarised in Figure 6 and show that the majority of respondents were either confident or very confident that they could deliver palliative care based on the COMPAC Guidelines having completed the training. This group was 60.0% of all responses immediately following completion of the training, decreasing to 52.3% in the three month follow-up survey and 51.4% in the six month follow-up survey. There was also a relatively high non-response rate to this question with an initial rate of 12.7% then increasing to 21.6% and 21.4% in the subsequent surveys.

Figure 6 Confidence in Delivering Palliative Care Based on the COMPAC Guidelines

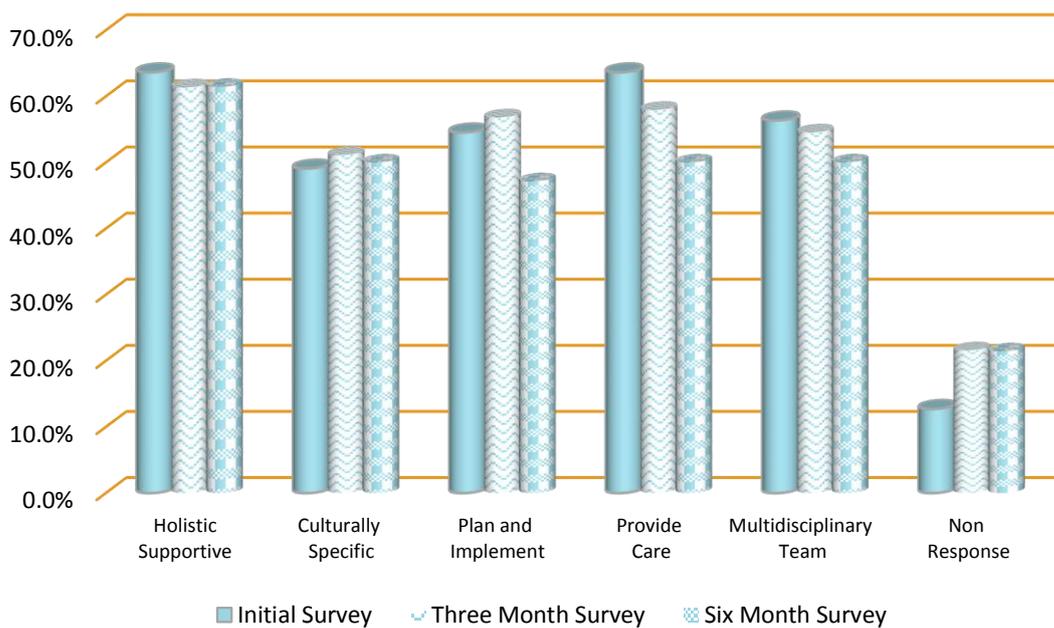


Delivery of Palliative Care Influenced by Palliative Care Online Training

The third survey question related to how the Palliative Care Online Training influenced the person’s delivery of palliative care. Figure 7 and shows that following completion of the training, respondents were:

- ◆ More confident in using a holistic and supportive approach to palliative care
- ◆ Better able to communicate with clients in a culturally specific context
- ◆ Had an improved understanding of how to plan and implement a palliative approach to care
- ◆ Had a better understanding of how to provide care and support that palliative care clients and their carers require
- ◆ Had a better understanding of how a multidisciplinary team of health professionals and care providers can deliver a palliative approach to care in the community.

Figure 7 Influence of Palliative Care Online Training on Delivery the of Palliative Care



Some of the free text comments included:

- ◆ “Having this knowledge helps you to feel empowered to help others in a good way”
- ◆ “It is more of a confirmation that approach is sound, and based on some concrete principle: evidence based”

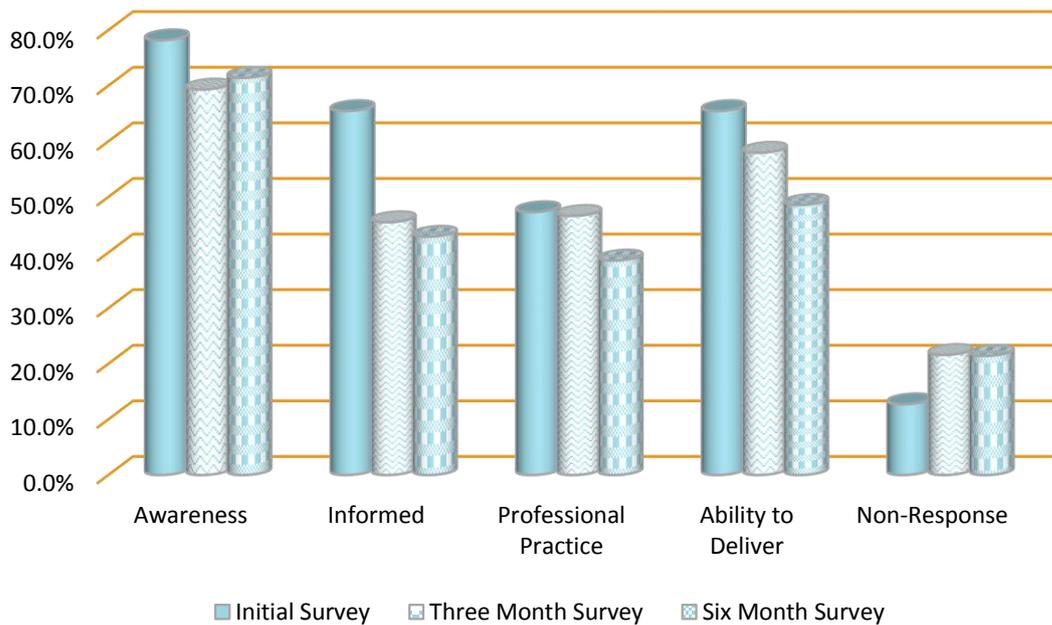
Impact of Palliative Care Online Training

The fourth survey question relates to the impact the Palliative Care Online Training had on participants with regard to their practices and use of the COMPAC Guidelines within their professional setting against four impact goals. Figure 8 shows that participants’ awareness of the guidelines was highest immediately following the training and then gradually decreasing. Following completion of the training, participants felt they had:

- ◆ Increased their awareness of new skills and knowledge about palliative care
- ◆ Informed their decision-making and planning
- ◆ Changed or enhanced their professional practice
- ◆ Positively affected their ability to deliver care

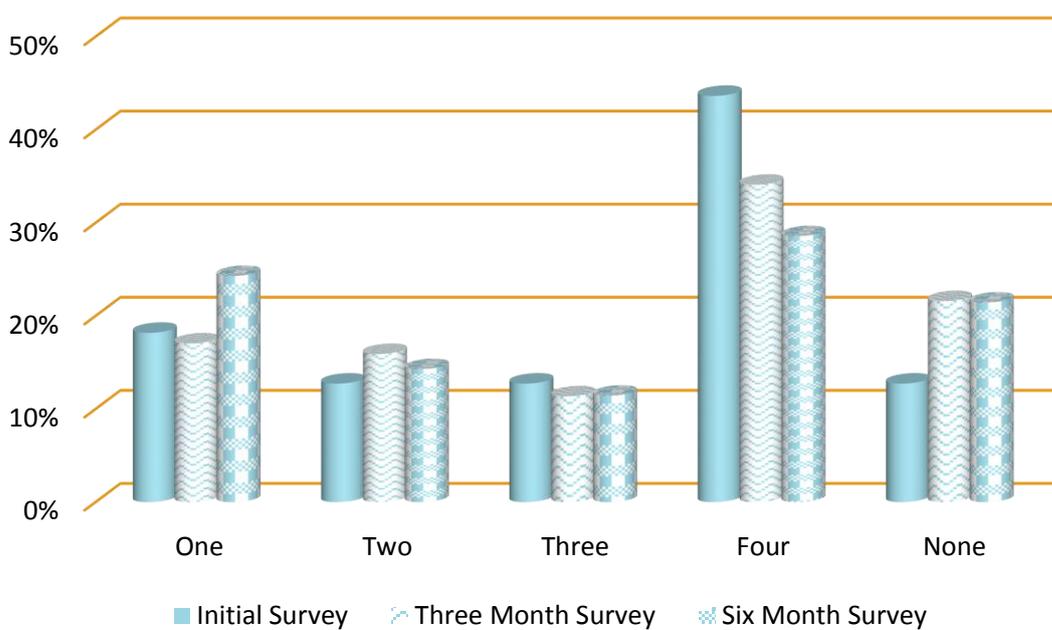
The largest fall in levels of agreement related to informed decision-making and planning. This may indicate the degree of control people completing the Palliative Care Online Training have in the workplace over these matters. This is also consistent with the decrease in self-assessed ability to effectively deliver care. Levels of awareness about palliative care remained high.

Figure 8 Impact of Palliative Care Online Training



To provide another insight into the impact of the Palliative Care Online Training, Figure 9 shows the proportion of people that attained one or more of the impact goals. While it was most common for participants to have attained all the training goals, this level of response fell in each follow-up surveys. This question is also associated with higher levels of non-completion than in other questions.

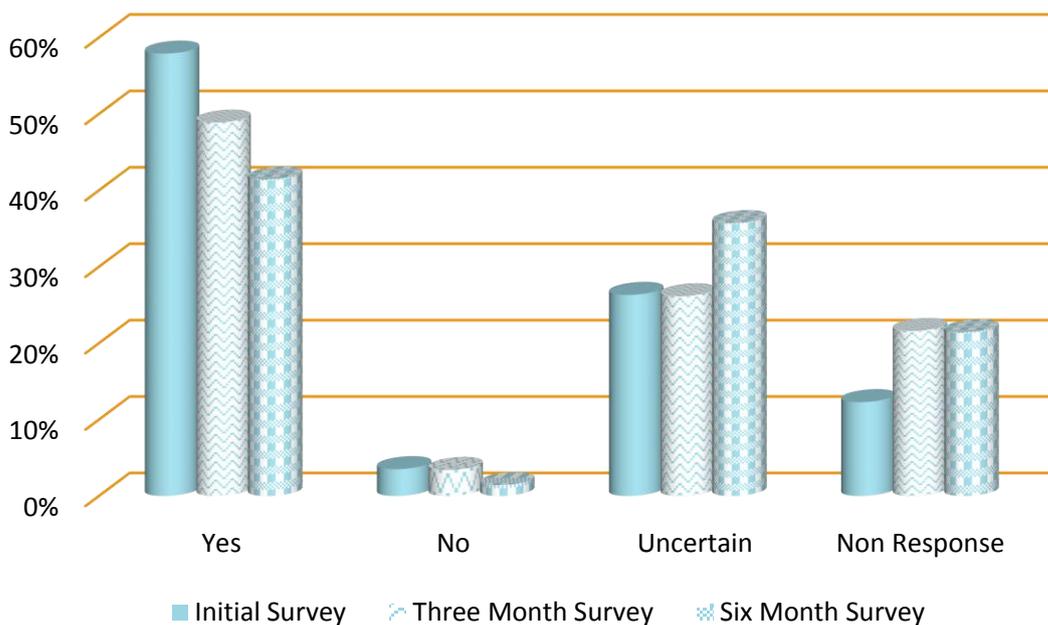
Figure 9 Attainment of Palliative Care Online Training Goals



Changes to the Way Think About or Deliver Palliative Care

The fifth survey question relates to the sustainability of changes made in the way palliative care is delivered following the completion of the Palliative Care Online Training. Figure 10 shows that a high proportion of participants agreed that changes in the delivery of palliative care was sustainable, but this support fell steadily in each follow-up survey. However, it is interesting to note that the number of participants who considered that changes to palliative care would not be sustainable remained very low and that there was a large proportion of participants that were unsure about the sustainability of the changes made to palliative care.

Figure 10 Sustainability of Changes in Palliative Care Delivery



Respondents were given the option to provide free-text responses with regard to the impact on sustainability of changes in palliative care service delivery. A selection of these responses follows with more provided in Attachment B:

- ◆ “Before doing the course wasn't sure what the guidelines were and how to help the palliative clients. Now I have learnt through the course what to do in managing the different cultures in regards to the family and the palliative client”
- ◆ “I now look more at the carers than I used to. They are in deep stress as well. Yes I can use these long term.”
- ◆ “Working in a rural and remote community I have to enjoy a holistic approach to caring for palliative patients, and the course allowed this knowledge to be distilled and flow into every day work. I am certainly not scared of talking about the issues with families and patients.”

Impediments to Changing Palliative Care Practices

The sixth survey question concerns the perceived impediments to participants' ability to enact changes to service delivery within their workplace. Figure 11 shows the proportion of participants in each survey that identified given impediments to change. While 41% of

participants who commenced the initial survey thought there were no impediments to change, this fell to 27% in the next two surveys. Across the possible reasons, there is a general trend to increasing prevalence of the impediment to change, with a lack of autonomy identified as the main reason. These results are contrary to the mainly positive responses to survey question 5 on the sustainability of changes in the delivery of palliative care. Coupled with the findings of lack of support and managers willingness to change, this suggests that the participants may have been less senior within the organisation and therefore had less capacity to effect change in practices within their organisation.

Figure 11 Impediments to Changes to Palliative Care Practices

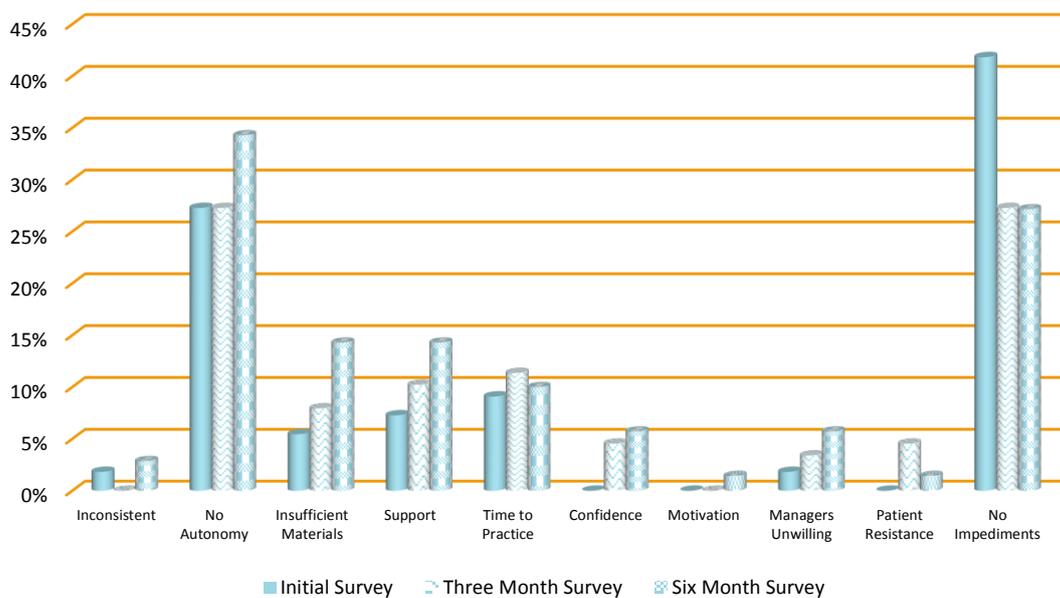
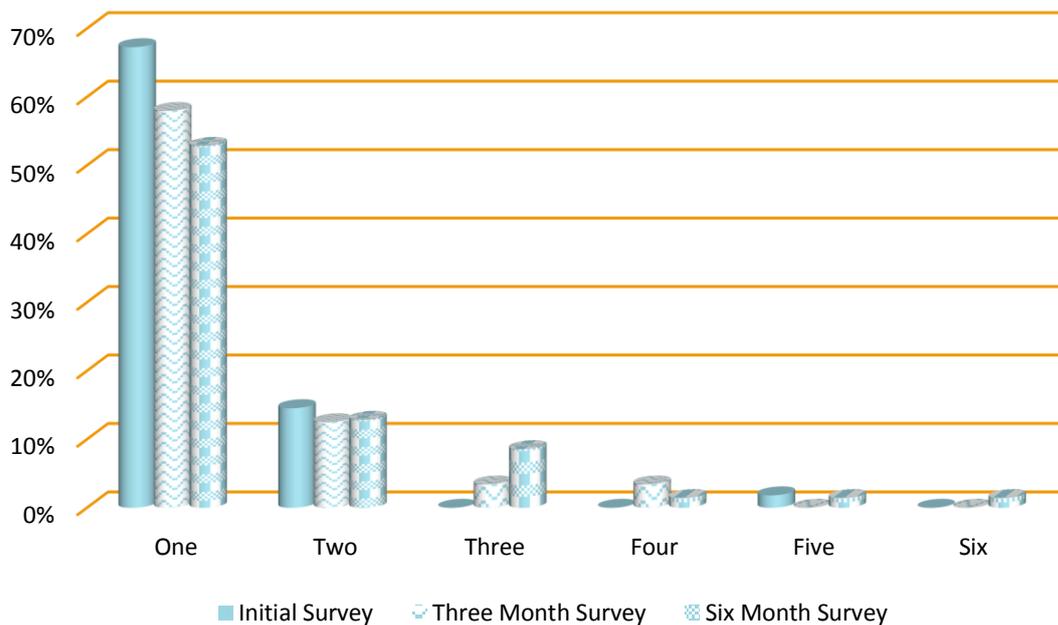


Figure 12 shows the distribution of the number of impediments identified by each participant by survey wave. Most participants that did identify impediments to change only identified one reason and this group declined across subsequent waves of the survey. A negligible number of people identified more than two impediments to change.

Figure 12 Impediments to Changes to Palliative Care Practices, Number of Responses Per Person



Respondents were provided the opportunity to provide free text responses supporting their answers. A selection of these responses follows with more provided in Attachment B:

- ◆ “Lack of cooperation between health professions”
- ◆ “Have had one placement in palliative care, so the training really helped”

Have Families’ and Carers’ Experiences Improved

The seventh survey question addressed whether participants felt they were better able to support families and carers in four situations through knowledge of the COMPAC Guidelines. Figure 13 shows that immediately following the training was when participants had the greatest confidence to be able to support families and carers, with these rates then decreasing in each subsequent survey. These results suggest that the training may not have been as effective for some participants and the importance of continuous training to retain knowledge.

Figure 13 Experiences of Families and Carers Improved

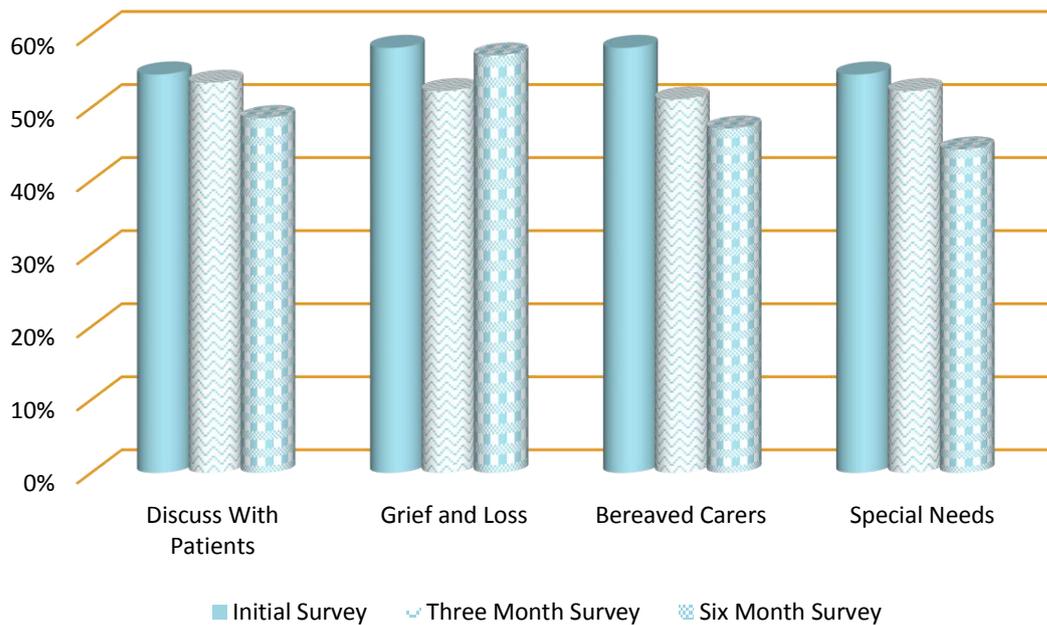
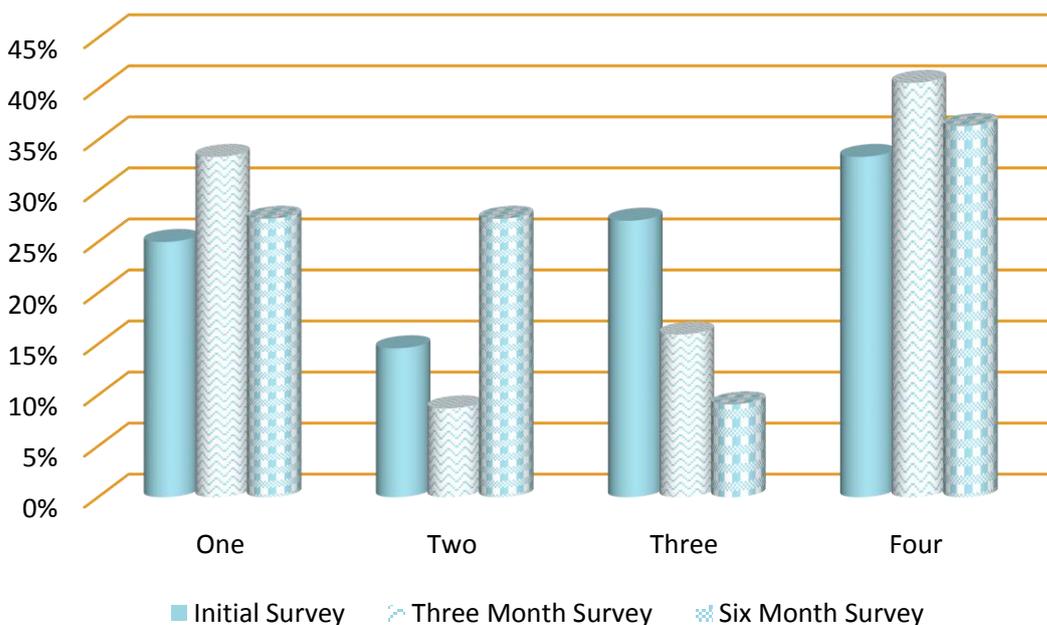


Figure 14 shows the distribution of the number of areas attained with respect to supporting families and carers following completion of the Palliative Care Online Training. Over a third of participants in each wave of the survey were able to support families and carers in all four identified ways. For those participants that did not attain all four, the pattern was mixed across the surveys.

Figure 14 Experiences of Families and Carers Improved Number of Areas Attained By Participants



Respondents were provided the opportunity to provide free text responses supporting their answers. A selection of these responses follows with more provided in Attachment B:

- ◆ “It has extended my knowledge about who to include in families and carers it has also taught me how to deal with conflicting wishes of the client and family”
- ◆ “The training (as a nursing student) has given me an excellent introduction and insight into the cause and effect, holistic care of a palliative patient and those surrounding them, the carers.”

Extent Palliative Care Online Training Has Influenced Attitudes and Beliefs

The eighth survey question was an open ended opportunity for participants to describe how the palliative care training has influenced their attitudes and beliefs towards palliative care. The following is a representative sample of some of these comments made with additional comments provided in Attachment B:

- ◆ “It has enhanced my confidence when working with palliative care clients their carers and other professionals involved in the care plan.”
- ◆ “Updated my knowledge especially about palliative care to people with conditions other than cancers”
- ◆ “I originally thought it was only about pain relief, now I know it is the complete gamut of all aspects of life and death and the process of getting to the end with grace, dignity, respect and pain control”
- ◆ “It has changed my thinking and actions to such a degree that I am considering a career change to allow me to work in this area more consistently and provide a better and personalised service to clients and carers”

Other Comments on the Palliative Care Online Training Survey

The final survey question provided participants the opportunity to make any other comments of the survey. The following is a representative sample of some of the comments made with additional comments provided in Attachment B:

- ◆ “I highly recommend the course to everyone, it is up lifting and wants you to want to learn more and be a better Palliative Care giver.”
- ◆ “The extra 2 units of study were invaluable for my knowledge. So much to know but it all has helped me to deliver care more holistically in a well-rounded way. Thanks for this resource.”
- ◆ “Just keep it available online and easily accessible – it’s a wonderful resource that has helped me immensely.”
- ◆ “Enjoyed the course and should be more education to other team members and especially Doctors”

Analysis of Longitudinally Completed Surveys

While 95 people commenced at least one of the survey waves, only 22 people started and completed all three of the post-training surveys. A further four people commenced all three waves of the survey but did not complete one or more of them. The following analysis is based on those people who completed all three waves of the survey.

Familiarity with the COMPAC Guidelines for Community Based Palliative Aged Care

The first question of the survey related to familiarity with the COMPAC Guidelines following completion of the online training. From the first survey to the second survey, four people (18.2%) responded that their familiarity with the guidelines had improved while four (18.2%) responded that it had fallen. Fourteen (63.6%) reported maintaining their knowledge of the COMPAC Guidelines. Most changes were associated with familiarity levels around the moderate level with higher level of initial familiarity generally being retained. For responses from the first to the third wave (an interval of around six months), five people (22.7%) responded that their familiarity with the guidelines had improved and only three (13.6%) that it had fallen.

The high level of retention of COMPAC Guidelines content suggests that the online training has been effective in increasing the knowledge base of these participants. These people may also be more computer literate and understanding of the value of completing post-training surveys. No additional comments were provided by any respondents on this question.

Confidence in Delivering Palliative Care Based on the COMPAC Guidelines

The second question related to how confident the respondents felt in delivering the COMPAC Guidelines following completion of the online training. From the first to the second wave, six people (27.3%) felt that their confidence had improved while four (18.2%) felt it had fallen. Twelve people (54.5%) reported the same level of confidence in delivering the COMPAC Guidelines. Among those whose confidence fell, this was mainly from initially high levels of confidence in delivering the guidelines. In contrast, among respondents whose confidence improved, most of these increased their self-rated confidence as going from confident to very confident.

The high levels of confidence to be able to apply the COMPAC Guidelines coupled with the strong retention and improvement in this confidence suggests that the online training has been an effective mechanism for delivering this knowledge in a way that can be sustainably maintained by palliative care workers.

There were no additional comments made on this question.

Delivery of Palliative Care Influenced by Palliative Care Online Training

The third question in the survey related to how individual respondents delivery of palliative care has been influenced by the Palliative Care Online Training. For this question there were up to five answers to that could be selected in addition to an optional free text answer. From the first wave to the second wave, five respondents (22.7%) reported more areas in which their delivery of palliative care services had been influenced by the Palliative Care Online Training while three

(13.6%) reported less. Among those reporting an increase, this was mostly related to confidence in:

- ◆ How to plan and implement a palliative approach to care;
- ◆ Having a better understanding of how to provide the care and support that palliative care clients and their carers require; and
- ◆ Having a better understanding of how a multidisciplinary team of health professionals and care providers can deliver a palliative approach to care in the community setting.

From the first wave to the third wave, six respondents (27.3%) reported more areas in which their delivery of palliative care services had been influenced by the Palliative Care Online Training while five (22.7%) reported less. The areas where confidence had improved over the six months were generally the same as over the first three months. The pattern of areas for those who felt less confidence from both the first to the second and third wave of the survey was more mixed.

Among the free text answers provided, the following comments were made:

- ◆ “Having this knowledge helps you to feel empowered to help others in a good way”
- ◆ “I feel better as I have some reassurance that my approach has been validated”
- ◆ “It is more of a confirmation that (this) approach is sound, and based on some concrete principle: evidence based”.

Impact of Palliative Care Online Training

The fourth question in the survey related to other dimensions of how the training impacted on the individual in the areas of new skills and knowledge, decision making and planning, changes in professional practice and ability to deliver palliative care. From the first wave to the second wave, six respondents (27.3%) reported improvement in these areas while four (18.2%) reported less. The areas where the Palliative Care Online Training positively influenced were spread among the four areas identified and while most who reported a decrease in their skills in these areas felt it related to decision making and planning.

The impact of the Palliative Care Online Training from the first to the third wave was more varied. Over this six month period, nine people (40.9%) reported an improvement in their skills, five (22.7%) a decrease and eight (36.4%) were unchanged. This suggests that for some participants having the opportunity to reinforce the knowledge gained and skills developed from the Palliative Care Online Training leads to improved their confidence in the delivery of palliative care.

Changes to the Way Think About or Deliver Palliative Care

The fifth question in the survey related to how the Palliative Care Online Training changed the way the participant delivers palliative care and the sustainability of these changes. The possible responses were yes, no and uncertain. From the first wave to the second wave four people (18.2%) reported an improvement while three people (13.6%) reported a deterioration. Only one participant (4.5%) reported that there was no change associated with the training and any changes would not be sustainable. Responses from this participant subsequently changed to uncertain indicating perhaps some improvement. Eleven participants (50.0%) in both waves

reported that they did think the Palliative Care Online Training had changed the way palliative care was being delivered and was sustainable. From the first wave to the third wave, only two participants (9.1%) reported an improvement whereas four participants (18.2%) reported a deterioration.

Some of the reasons given for belief in sustainable change are as follows:

- ◆ “COMPAC gave me the basis to understand more about Palliative Care. My workplace supports these practises.”
- ◆ “I did the modules before starting work in Palliative Care. Now I am putting them to use in my everyday work.”
- ◆ “The ability to revisit the site as needed to refresh ensures the learning is sustainable long term”

Impediments to Changing Palliative Care Practices

The sixth survey question related to impediments that had been encountered in implementing palliative care in line with the COMPAC Guidelines. From the first wave to the second wave two participants (9.1%) encountered less impediments to implementing the COMPAC Guidelines while nine participants (40.9%) encountered more. The most common reason given for facing additional impediments was not having autonomy in the workplace to implement change, followed by the patient, family or carer resistant to a changed approach.

From the first wave to the third wave four participants (18.2%) reported less impediments to implementing the COMPAC Guidelines while ten (45.5%) reported more. The overwhelming reason for this deterioration was a lack of autonomy in the workplace to implement change.

While many participants did not report a difference in the impediments they faced in implementing the COMPAC Guidelines, many of these participants also reported a lack of autonomy to bring about change in their palliative care practices. Together with the follow-up results at three and six months, this suggests that training at the individual level may not be enough to ensure a change in palliative care practices. Measures to facilitate organisational understanding of the value of the COMPAC Guidelines may also be required to bring about meaningful change in practice.

Have Families' and Carers' Experiences Improved

The seventh survey question related to the experiences of families and carers being improved through knowledge of the COMPAC Guidelines. From the initial survey to the first follow-up at three months, five participants (22.7%) reported an increase in the improved experience they were able to deliver, while eight participants (36.4%) reported less. Among those that reported both improved and reduced capacity three months after the training, this was predominately associated with being able to have better discussions with palliative care clients and their carers on the pathway their illness may take. Five participants (22.7%) reported positively against all four of the options at both points in time.

From the initial survey to the second follow-up survey six months later, six participants (27.3%) reported an increase in the experience they were able to provide, while five participants (22.7%) reported a decrease.

Some additional reasons given for belief providing families and carers with an improved experience included:

- ◆ “I believe I have a greater awareness of the palliative approach to care for the client and their families. This training has enabled me to feel more confident in practising.”
- ◆ “Confirmed I was on the right track, what I was and continue to do is supported by 'best practice' guidelines and current knowledge.”
- ◆ “I am a better informed board member and community representative”
- ◆ “Working in a hospice was a wonderful experience but I also have experience working with carers in NGO's in the community. This has enabled me to understand the process of grief in a really profound way and also assisted when on placement at the hospice.”

Extent Palliative Care Online Training Has Influenced Attitudes and Beliefs

The eighth survey question was an open-ended opportunity for participants to comment on how the Palliative Care Online Training had influenced their attitudes and beliefs about palliative care. Participants tended to either relate the training to their own experience of family members requiring palliative care, the challenges that arise in discussing palliative care with patients and their family, and how the training had made them more confident in the delivery of appropriate palliative care services. A selection of some of the comments made are as follows:

- ◆ “I am much more aware of the holistic approach to care. Basically almost everything was important and educational to me.”
- ◆ “The training is amazing and has been inspiring. It has given me confidence in my approach to carers and families and allowed me to understand more fully the stresses and concerns of patients and their families. Having that background knowledge has demystified palliative care and enabled me to provide the care that is so beneficial to families and friends of palliative care clients.”
- ◆ “Have gained better understanding of care pathways and therefore given me confidence to engage in conversation with patient and carers. Also given me a better understanding of the community services required to meet a patients care needs in the community.”

Other Comments on the Palliative Care Online Training

The final survey question was an open-ended opportunity for participants to comment any other aspect relating to the COMPAC Guidelines and online training. A selection of some of the comments made are as follows:

- ◆ “I found this training a fantastic start to supporting people in Palliative care and I would recommend this to anyone who is caring or supporting people.”
- ◆ “I hope Medical staff also have the opportunity to receive training in palliative care too”

- ◆ “It was easy to navigate. I also encourage cert 3/4 students to do the free training to further their knowledge in Pall Care.”
- ◆ “There needs to be more awareness of palliative care within dementia. I have hit many stop point when dealing with doctors and nurses to get palliative care for people with dementia near the end of their lives.”

Discussion

There were two main issues that are apparent in conducting this longitudinal survey of online training for the COMPAC Guidelines. The first relates to the low response rates and the erratic engagement patterns of the respondents who did commence the surveys. The second is the generally favourable responses provided by those who did complete the surveys providing useful feedback on the success of this training channel.

Of the 831 people who consented to take part in the survey, there were in total 213 surveys commenced across the three waves, with 41 of these being only partially completed. In total 95 people commenced at least one survey, with only 83 of these completing the survey. However, there were only 22 people who completed all three waves of the survey, 61 who completed one or two of the waves and 12 respondents started at least one survey but did not complete it.

Among the total set of responses to the three waves of the survey, 7 people completed more than three surveys. 33 respondents only completed one wave with the second wave being the most commonly completed wave in this category. Of the remaining 28 respondents who completed two waves, 13 completed the first and second wave, 12 completed the second and third wave, 1 completed the first and third wave and two did the second wave twice.

Other unusual completion patterns by some respondents were observed such as multiple commencements of the same survey wave, not completing the first wave but doing subsequent waves and the length of time for some surveys to be completed being excessively long (this is presumed to be due to being interrupted while completing the survey or forgetting to submit the survey response once completed).

Where the surveys were completed, useful insights were gained on the impact of the Palliative Care Online Training. The comments provided were almost always positive about both the training content and the online delivery of the material. It is also notable that the majority of surveys were completed in less than ten minutes. Yet a significant proportion of people that took the training and elected to participate in the longitudinal survey did not even commence the survey.

The mobile nature of the Aged Care workforce compromised ongoing contact with those who had taken the online training for the follow-up surveys. A high workforce turnover means that it may not be possible to access the email account that was active at the time of doing the initial online training. While this has affected the number of people participating in the survey and subsequent longitudinal follow-up surveys, the responses from those that did complete subsequent surveys remained consistently mostly positive.

It is possible that the nature of the workplace activities and the workforce cohort for which the Palliative Care Online Training was developed may also not have been conducive to allocating the time necessary to complete all three waves of the survey in a timely manner. This could be due to such impediments as attention being diverted from the survey due to a higher priority being placed on immediate client needs or an inability to access appropriate computer resources during work hours.

Anecdotal evidence from the Project Team's provision of customer support also suggests that low levels of technical literacy may also be an issue for perhaps many in the aged and community care workforce that was the target of this online training. It is also possible that this group may not perceive personal value or recognise the importance of assessing post-training learning retention and assessing the associated impact of this training on how palliative care is being delivered.

It is notable that while 831 people elected to participate in the longitudinal survey, only 11.4% of these people did. Furthermore, while 831 elected to be part of the longitudinal survey, only 55 people (6.6%) commenced the initial survey that was to be completed at the same time as the election to be part of the longitudinal study was made. These findings suggest a strong interest in the online training, but a weak interest or understanding of activity associated with the training that is not of immediate relevance to participants.

Balanced against this, the people that only completed one or two waves of the survey were clearly engaged with assessing the training outcomes from the Palliative Care Online Training at those points.

A review of the structure of the survey confirmed that participants were presented with a short and well-structured set of questions that required an investment of time to complete that was proportional in length to the time invested in completing the online training.

What can be clearly inferred from the number and quality of survey responses, in addition to the erratic completion patterns for those that did commence a wave of the survey, is the difficulty in engaging with this workforce cohort on more technical matters, particularly with an activity that is perhaps not closely associated with their ordinary daily work activities.

An important finding from the surveys successfully completed for all three waves was that a lack of autonomy in the workplace was a key impediment to changing palliative care practices. This points to the need for a multi-faceted approach to changing the way palliative care is delivered. While improving the knowledge and skills of staff is a necessary component of achieving this goal, an understanding of and willingness for organisational change is also required.

Findings For Future Work

The longitudinal survey conducted as part of the Palliative Care Online Training project has demonstrated some learnings with respect to the benefits of online palliative care training and engaging with the aged and community care workforce.

While the online format proved to be effective among those that participated in the longitudinal survey, the effectiveness of this training channel among those that did not participate in the

survey is unknown. However, the large number of enrolments and completions of the training modules indicates a there is a strong demand for training in this format.

The large number of participants that agreed to participate in the longitudinal survey but who did not even complete the concurrent initial post-completion survey may also indicate a lack of understanding about the survey process. This suggests that clearer information may need to be provided to this segment of the workforce to clarify the expectations, time impost, purpose and utility of completing post-training surveys.

Given the time participants spent on completing the online training, it would appear that they were engaged with the process at that stage. The challenge then becomes to keep this cohort engaged during the post-training assessment stages.

While online training has demonstrated benefits for participants, it also requires a level of computer literacy which may not be commonly available among the aged and community care workforce. This in turn impacts on the capacity to evaluate the program and the evaluation of future similar programs may need to include mixed methods such as phone interviews or site visits.

Attachment A - COMPAC Training Survey Questions

For those people who completed the COMPAC online training and consented to be followed-up with a survey at three, six and nine month intervals after completing their training, a link was emailed to the following set of survey questions. Note that questions three, four, six and seven could have multiple responses.

1. How familiar are you with the content of the COMPAC Guidelines for Community Based Palliative Aged Care now that you have completed the online training?
 - Completely familiar
 - Mostly familiar
 - Familiar
 - Partially familiar
 - Not familiar
 - Other (please specify)
2. How do you rate your confidence in delivering palliative care based on the COMPAC Guidelines now that you have completed the online training?
 - Very confident
 - Confident
 - Moderately confident
 - Mildly confident
 - Not confident
3. How has your delivery of palliative care been influenced by this COMPAC training?
 - I feel more confident in using a holistic and supportive approach to palliative care
 - I am better able to communicate with clients in a culturally specific context
 - I have an improved understanding of how to plan and implement a palliative approach to care
 - I have a better understanding of how to provide the care and support that palliative care clients and their carers require
 - I have a better understanding of how a multidisciplinary team of health professionals and care providers can deliver a palliative approach to care in the community setting
 - Other (please specify)
4. The COMPAC training has:
 - Increased my awareness of new skills and knowledge about palliative care
 - Informed my decision-making and planning
 - Changed or enhanced my professional practice
 - Positively affected my ability to deliver care
5. If you have made changes in the way you think about or deliver palliative care after completing the COMPAC online training, do you feel that these changes are sustainable over the long term?
 - Yes – if yes, please state how these changes will be sustained
 - No – if not, please state why the changes may not be sustained
 - Uncertain

6. What, if any, impediments did you encounter in implementing changed palliative care practices in line with the COMPAC Guidelines?

COMPAC Guidelines not consistent with own approach
I do not have autonomy in the workplace to implement change
Insufficient materials or staff to put knowledge into practice
Insufficient support from the organisation
Insufficient time to put knowledge into practice
Lack of confidence
Lack of motivation
My managers are unwilling to implement change
My patient and/or family/carers were resistant to a changed approach
Other (please specify)
I did not encounter any impediments to implementing change

7. In what ways have the experiences of families and carers been improved through your knowledge of the COMPAC Guidelines?

I am better able to discuss with palliative care clients and their carers the pathway that their illness may take
I am better able to support palliative care clients and their carers who are experiencing grief and loss
I have an increased understanding of strategies to assist bereaved carers
I have a more detailed understanding of the lifestyle, cultural, spiritual and special care needs of different populations of palliative care clients and their carers
Other (please specify)

8. Please describe the extent to which the palliative care training has influenced your attitudes towards and/or beliefs about palliative care.

Text box.

9. Are there any other comments you would like to make in relation to the COMPAC Guidelines or the online training you participated in?

Text box.

Attachment B - Additional Comments Made by Survey Participants

Some other comments provided by survey participants included the following:

Influence of Palliative Care Online Training on Delivery of Palliative Care

- ◆ “As a trainer in aged care, feel very confident delivering knowledge”
- ◆ “It has reinforced what I have learnt before”

Changes to the Way Think About or Deliver Palliative Care

- ◆ “It has enhanced my ability to identify and meet the needs of future clients and their carers and helped me to understand the importance of all other aspects of care and holistic vision.”
- ◆ “Nothing is completely sustainable, time, knowledge awareness are always changing and moving forward and is present in this time only. We are always learning”
- ◆ “Methods may evolve, but the COMPAC Guidelines for Community Based Palliative Aged Care seem to encompass all foreseeable aspects of palliative care.”
- ◆ “Continual on line training would reinforce &/or keep carers up to date with best practice & government requirements.”
- ◆ “One needs to be in a positive and receptive environment to affect change. The COMPAC has given me the strength and willingness to stay within and try and maintain and do my best.”
- ◆ “I feel more able to explain the different symptoms of a palliative patient through the dying process and symptom management as a result of the education”
- ◆ “Easy to follow and implement”
- ◆ “Very comprehensive training that has resonated strongly with how I approach palliative and patient centered care.”
- ◆ “Very sustainable with Management support”

Impediments to Changing Palliative Care Practices

- ◆ “As a student my scope of practice is currently limited but this will change if when I become registered and feel more confident regarding this area of practice”
- ◆ “My work place is already quite familiar with COMPAC Guidelines. I did not need to implement change.”

Have Families’ and Carers’ Experiences Improved

- ◆ “I am more proactive and see palliative care as an energising aspect not only of my work but as an ongoing pathway for the client.”
- ◆ “The training has assisted me to care for both my aunty and uncle who have both been in palliative care this year, I have been able to assist them with their wishes and ensure that a holistic approach was provided”

- ◆ “Increased my knowledge in the area and also how my profession can assist with providing care.”

Extent Palliative Care Online Training Has Influenced Attitudes and Beliefs

- ◆ “I found the COMPAC training more in depth and complete, more challenging but rewarding in that I felt my knowledge increased exponentially.”
- ◆ “Increased my knowledge and I try to improve the quality of care delivered to clients in my work place by sharing my knowledge with co-workers”
- ◆ “Never thought of everything that it involves caring for a palliative person never felt like I knew what to say I was so nervous just bed bathing them. Never thought they understood what was going on with their daily care plan. Now I do”
- ◆ “Changed my way of interacting with clients and carers”
- ◆ “COMPAC gave me a good introduction to entering the workplace of a Palliative care hospital.”
- ◆ “Being in a remote area, it can be difficult to get a multidisciplinary team involved, this training has given me the ability to take on some of the roles not normally performed by a SRN and to do the task with confidence”
- ◆ “The training has given me more confidence to discuss symptoms with family as the family have similar questions to what I have had as to the palliative patients dying process”
- ◆ “It begins much earlier than many professionals still believe. This has been hardest to change.”
- ◆ “I felt it gave me a better understanding of pathways. I hadn't been aware of the guidelines or pathways that were available. It offers concrete support when caring for a grieving patient or family member.”
- ◆ “It Has reinforced beliefs I have unfortunately not all services are available in a timely manner for clients. This course stands as best practice.”
- ◆ “Not really changed my attitude but provided me with better knowledge”
- ◆ “Symptoms that were previously expected or considered with the attitude of that's 'just how it is when someone is dying', can be challenged because of the knowledge gained in the course. Especially nausea, pain, terminal restlessness and excess of secretions can all be managed with medication and education of those medications portrayed to family/carers and patient”
- ◆ “Palliative care previously was an area I felt uneasy with due to lack of knowledge, but now I plan on furthering my learning on how to best care for people with palliative care”
- ◆ “The training modules have made me more open to working in a palliative care setting.”
- ◆ “Palliative care is not just for cancer patients but also for patients with chronic illness”
- ◆ “Given me a different wider perspective. I have gained knowledge from other Palliative Care personnel which has included their own view. The course allowed information unbiased and I was able to make my own personalized direction in keeping with my personally, knowledge, and my own life skills.”

- ◆ “It gave me a grounding to begin working in a new sector.”
- ◆ “I understand palliative care needs more. I have changed my language with patients and don't feel so frightened to discuss palliative care.”
- ◆ “I feel confident that I can use this training to influence others”
- ◆ “It has assisted me to gain an understanding of the client's perspectives of palliative care and how best to communicate with them.”
- ◆ “It made me aware of the different factors in giving care for different types of people.”
- ◆ “My beliefs remain the same, what it has achieved is giving me more confidence in promoting my positive attitude towards all aspects of palliative care”
- ◆ “I now feel I can be more supportive the clients, carers and colleague at what can be a difficult time”
- ◆ “I am more confident with my approach to palliative care and getting my view across to my peers. I am now confident in providing the best care I can to my palliative patients”
- ◆ “I feel now there is a better way although the subject is often considered taboo and people wish not to speak about it. But the training has allowed me to be able to approach families and clients.”
- ◆ “It positively enables me to engage in providing care and support to colleagues, patients and families.”
- ◆ “I feel I have better assessment tool for those of other cultural backgrounds”

Other Comments on the Palliative Care Online Training Survey

- ◆ “I found it very helpful and wish to continue with many more training guidelines that are available thank you I have enjoyed the course immensely”
- ◆ “It is a very good training program and will in the future revisit the site.”
- ◆ “The guidelines are sound, practical and offer robust methodology around a particularly sensitive and emotionally charged area.”
- ◆ “COMPAC Guidelines were easy to follow and 'just make sense'. I felt I was thrown into palliative care and wasn't confident. I feel much better now.”
- ◆ “It was fun to do, at times I was challenged, and overall I garnered a new perspective on an area I thought I had a lot of knowledge in.”
- ◆ “Great tool to facilitate student learning”
- ◆ “I think it is a great course and worthwhile for everybody not just palliative care nurses”
- ◆ “Very well organised and easy to access. Guidelines were easy to follow.”
- ◆ “Thank you for a rewarding educational experience.”
- ◆ “I encourage all my learners to do them (aged care)”
- ◆ “Keep up the good work!”

- ◆ “More education is needed for palliative care in dementia, as I was informed by an RN that nobody dies of dementia so why would they need palliative care.”
- ◆ “Enjoyed the training, easy to use, informative. Have recommended it to others.”