

Exploring the impact of weekly lunch and learn events within a hospital palliative care service

Evelyn Paterson¹ Sarah Miller^{1,2}

¹ NHS Forth Valley

²Strathcarron Hospice



2020 brought significant change to our HPCT both with staff changes and the pandemic. The role of HPCT in effectively supporting care, with the challenges of social distancing and shielding, required creative and innovative solutions.

Our weekly MDT, already recognized as ineffective, was replaced by lunch and learn sessions: a safe space for team members to reflect on interesting or difficult cases or topics with peers.

L&L has been a success in terms of learning, reflective practice and team resilience. Others can be invited for specific case discussions.

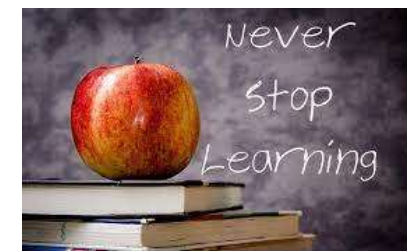
All Change



- Early 2020 saw lots of changes in our team
 - Change in medical cover; new CNSs without prior specialist palliative care experience
- Covid resulted in more changes
 - Consultant shielding so working from home
 - Increased use of virtual meetings
 - Pressure to use time together wisely
 - Changing models of care to support the pandemic response
- 50% of our patients are on caseload < 1 week
 - Discussing everyone on caseload at weekly MDT meant we missed opportunity to learn from interesting or complex situations which occurred between meetings
 - Need for peer support around these complex situations also identified

What is “Lunch and Learn”?

- 1.5 hours every week
 - MS Teams or face to face
 - Core HPCT +/- professional visitors
 - General “check-in” over lunch and identify what to discuss
 - Nominated chairperson to facilitate discussion
 - Everyone has a voice and can contribute their views or experiences
- Reflection on
 - complex cases
 - symptom management
 - communication issues
 - specific disease processes
 - prescribing medications
 - Multidisciplinary learning
 - All from different backgrounds
 - Everyone has something to learn
 - Everyone has something to teach
 - Acknowledge our vulnerability and ongoing learning needs



Finish with “takeaway” learning point

What do we takeaway?



- Safe space
 - Supportive environment
 - Encouraged to reflect, suggest what might have done differently, but not criticise
- Team cohesion
 - We prioritise this time together even when busy – team commitment increased as value of sessions was recognized
 - We have developed trust in colleagues and improved peer support within the team
- Going forwards
 - Vision to continue to meet face to face with larger groups when social distancing allows
 - Invite colleagues from the wider hospital team to participate for particular cases to increase learning for all
 - Possibly open up to colleagues who wish to develop palliative care knowledge providing regular access to education