

Opioids in Children with Palliative Care needs: Report May 2024

Key points

- Higher than typical course completion rates
- Active and engaged learners, enjoying the variety of ways content was presented
- All responders would engage in future similar blended learning modules, and many suggested areas are already in scoping/planned for the future

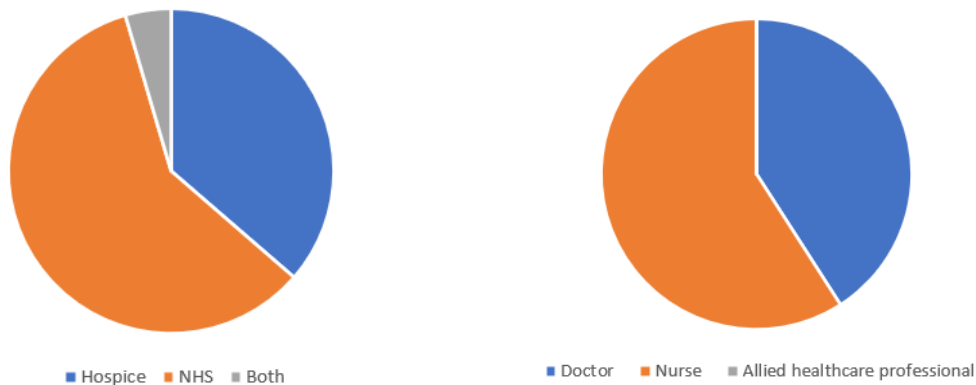
Remit

A blended learning module, aimed at nursing or medical background learners managing pain in children with palliative care needs, run over 3 months.

Reach

Cohort 1 ran 1 Jan – 31 March 2024, with 22 learners enrolled, (6 of whom were formal 'module testers').

There was a multidisciplinary mix of both nurses and doctors, and professionals from both NHS and hospice backgrounds.



Engagement

One learner did not engage at all after enrolment, and two module testers dropped out of the project early on (other work pressures). A further two learners fed back that they had started the course but had been unable to complete due to work pressures or personal reasons and would like to re-enrol in the future, leaving a total of 17 active learners after the first week.

As expected, there was some drop-off in engagement as learners progressed through sections – *figures 1 & 2*. Completion of feedback and certification and therefore final 'course completion' was 47% of active learners (higher than typical e-learning course completion rates of 5-15%¹).

67% of learners accessed the course in the month after their final live session ('course completion date'), suggesting willingness to catch up on missed content or reflection, or perhaps that accessing resources was useful at a later stage.

Average of user numbers across all activities in each section and this number as percentage of 'active learner' cohort of 17:

Section 1	Section 2	Section 3	Section 4
19.75	14.83	10.2	11
100%	87%	59%	65%

Figure 1

¹ <https://www.linkedin.com/pulse/why-completion-rate-online-courses-so-low-matthew-mason/>

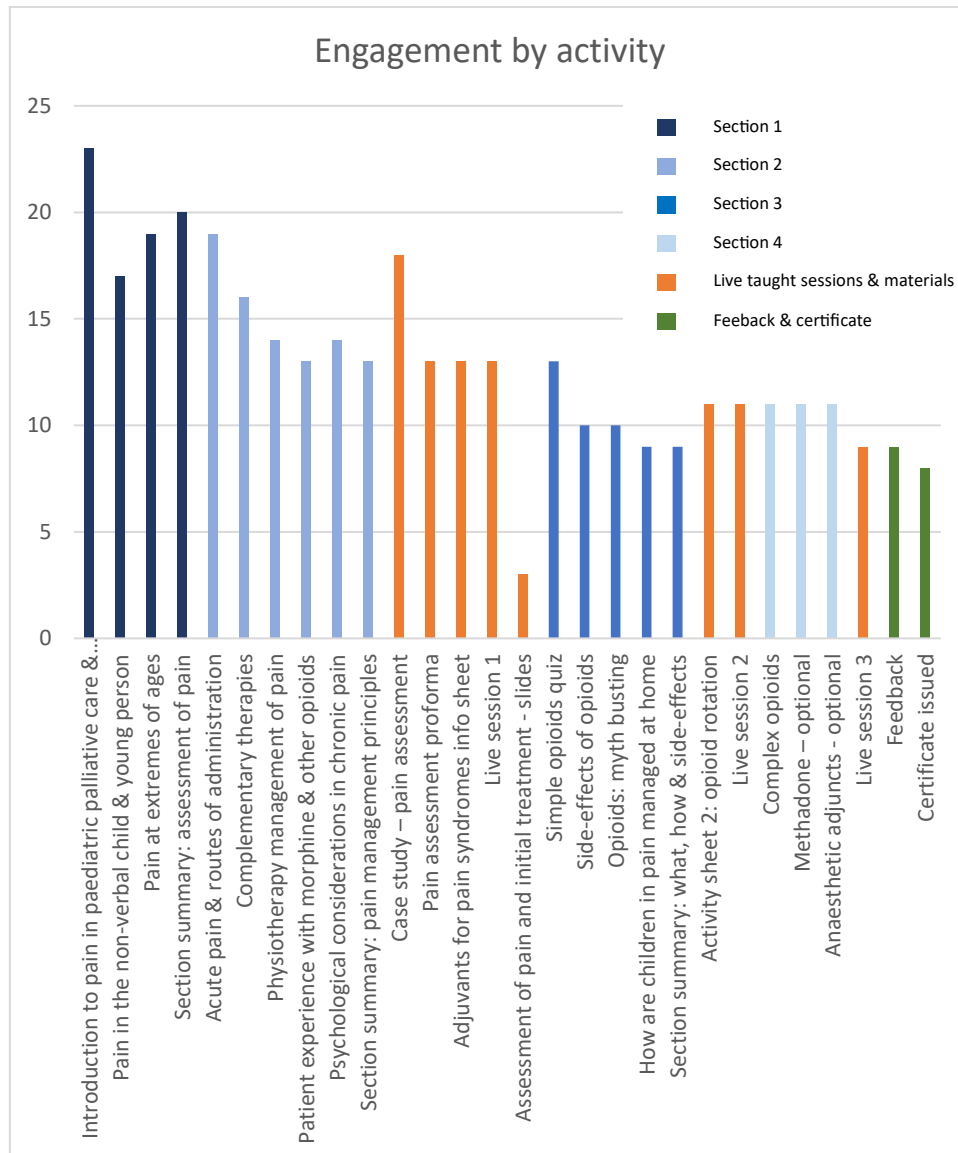
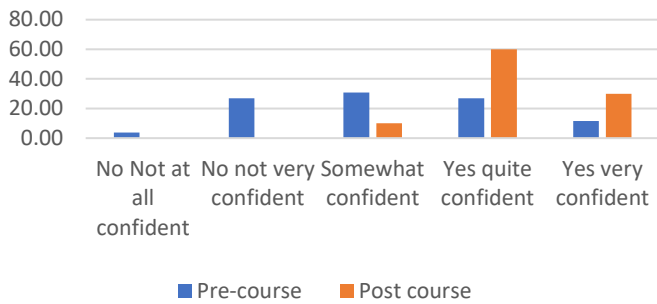


Figure 2

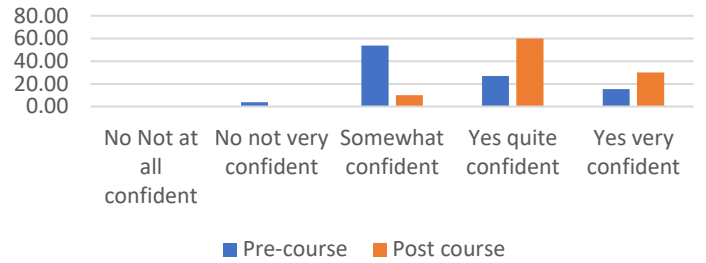
Impact

Learners were asked to self-rate their understanding and confidence for a number of areas of pain assessment and management in palliative children – *figure 3*. Aggregated improvement was seen across all questions, positively relating to course content. As expected, learners still reported ‘somewhat confident’ post-course for some questions, particularly those relating to opioid conversion and complex pain management but still with higher aggregate scores compared to pre-course for the same questions.

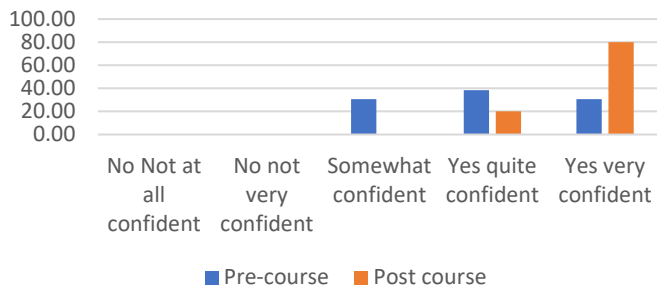
I have a good understanding of history and assessment of pain in children with palliative care needs



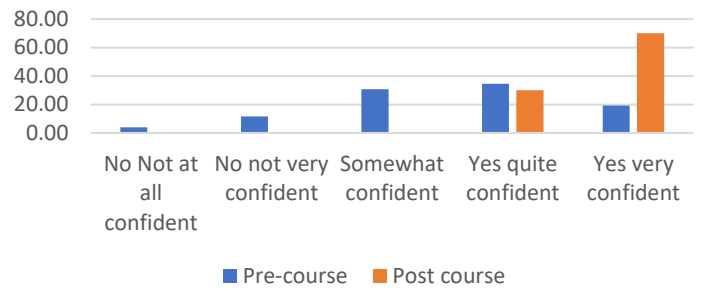
I appreciate there are differences in how babies, children and young people across the spectrum of ages and level of neurodisability may present with pain



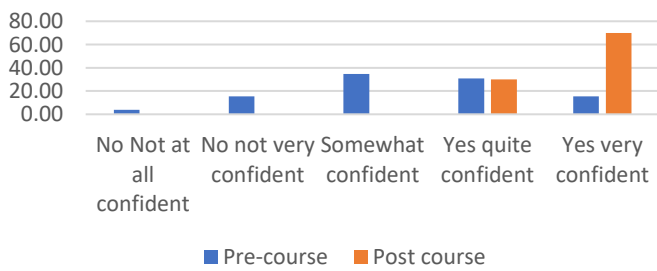
I feel confident in supporting a palliative child to take simple analgesia (paracetamol and non-steroidals) for pain relief



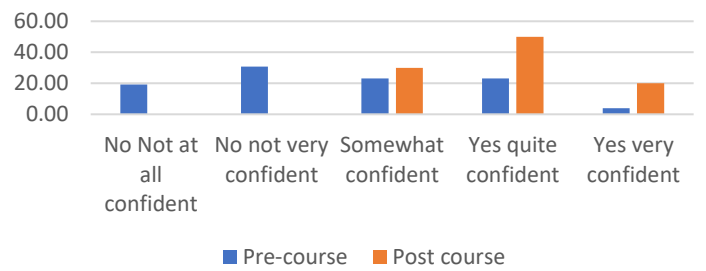
I feel confident in supporting the use of as required oral morphine for pain relief in palliative children



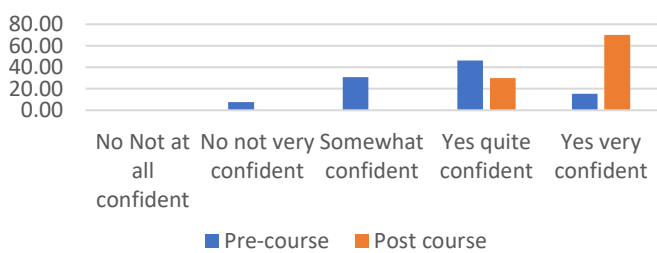
I understand the differences between incident pain, breakthrough pain and background analgesic requirements



I feel confident in converting oral morphine to different longer-acting preparations, choosing the most appropriate opioid for the child



I appreciate the need for holistic care of the child and family and consideration of non-pharmacological and complimentary therapy for pain management



I understand there are complex pain management strategies such as methadone and anaesthetics adjuncts and know where to seek advice/support to consider these for my patients

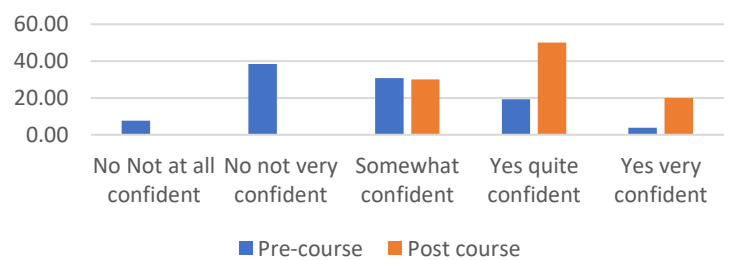


Figure 3

Feedback

Initial specific feedback from module testers on technical and content aspects of each activity/section of the course was acted on to improve and streamline user experience.

Accessing, finding the course and the introduction were all felt to be straightforward and useful, and guided time allocations accurate.

Pre-recorded presented content was described as engaging, relevant and usefully multi-disciplinary, exploring both pharmacological and non-pharmacological aspects. They found parent stories highly valuable.

"Thank you! Really appreciate having the opportunity to learn in such a way, I was able to access from home and complete learning modules in my own time. I enjoyed the variety of learning options too (i.e. quiz, podcasts, videos etc) and the interactive nature."

"Thanks to organisers and speakers for a fulfilling session and I have left with more knowledge than I had when I started."

"Great module and have recommended it to others."

Figure 4

Feedback given both formally through the module (43% learners completed) and informally was really positive, with all learners stating they enjoyed the module, both independent and live taught components – *figure 4*. Areas they found less useful were either due to a high self-reported confidence in that area already (such as history and assessment of pain) or that material was less useful practically as part of their role (for example starting continuous infusions and anaesthetic management).

Suggestions for further content within this course included more about the practicalities of managing children in the community, alternative routes and patches. These have been enacted on with extra content.

Future

All feedback responders would be interested in further blended learning modules. Suggestions given are in line with other scoping exercises on training gaps and needs, and can be loosely grouped as:

Practicalities in PPC	Symptom management	People, culture, MDT
<ul style="list-style-type: none"> • Post-death care – <i>in progress</i> • Advance care planning - <i>in progress</i> • Support with challenging behavioural needs • Palliative care in the community 	<ul style="list-style-type: none"> • Dystonia management & neurodisability • Seizures in PPC • Nausea and vomiting management • Basic principles of pain assessment (more junior level) 	<ul style="list-style-type: none"> • Antenatal palliative care – <i>in scoping</i> • Medicolegal cases & ethics EOL care communication • Difficult decision-making

Two further cohorts are planned for this year, and three further for 2025.

Areas for improvement for the opioids course include:

- Advertising to increase reach
- Better understanding of the learner on expected time requirements on initial acceptance onto course
- Automating reminders/communications with cohorts
- Improved teacher confidence and independence for live taught sessions
- Identifying and resolving barriers to attrition rate for course completion
- Automation of reporting