EPaCCs training – Learning outcomes

This set of learning outcomes has been developed to ensure measurability and standardisation across the EPaCCs training delivered by different organisations. The perceived benefits to this are:

* Ensuring that training is fit for purpose and covers all required areas.
* To improve the robustness of training to increase confidence in EPaCCs use and therefore increased use.
* To improve transferability between organisations: to allow training delivered in the employment of one organisation to be equivalent to that in a new organisation and prevent repetition.

Learning outcomes have been sub-divided into two levels with reference made to Tiers 1,2 and 3 of the End of Life Care Core Skills Education and Training Framework:

1. Accessing and understanding information (To map to some Tier 1 and the majority of Level 2 staff members – it is understood that most Tier 1 staff will not have access to EPaCCs)
2. Accessing, understanding, discussing and inputting information (Likely to map to a minority of Tier 2 and all Tier 3 staff members)

Inputting

Discussing

Understanding

Accessing

Level Two

Level One

Figure One: Key aspects and levels of learning

At present it is only professionals who have access to EPaCCs records, therefore there is no reference made to patient or public learning.

ACCESSING: Learning outcomes

1. To be able to access the EPaCCs template using the SystmOne interface(or alternative interface where required)
2. Aware of the EPaCCs (house) icon to flag that a patient is registered to EPaCCs
3. Able to move between the different sections of EPaCCs and aware of where different information is recorded.
4. Able to access the CCG specific links for further information.
5. Aware of who to contact in the event of inability to access the EPaCCs template or problems with the template.

UNDERSTANDING: Learning outcomes

1. To understand the purpose of EPaCCs and its benefit to patients.
2. To understand the importance of the information recorded in the EPaCCs template and how it may be useful to their individual role
3. To understand key phrases used in the EPaCCs template, and where this information would be recorded, which may include:
	* Palliative care
	* Gold Standards Framework
	* Fast track
	* Advance care planning
	* Preferred place of care
	* Preferred place of death (and difference with PPoC)
	* GP out of hours handover form
	* CPR status/DNACPR
	* Palliative care anticipatory medication
	* ‘Green pencil buttons’
4. Aware of which professionals to contact if they have a concern about the information documented on an individual’s EPaCCs template or if they elicit any additional information which needs to be documented.

DISCUSSING: Learning outcomes

1. Aware of the importance of discussions with patients in the final part of their life and the benefit of discussing and documenting advance care planning.
2. Understands that discussion of these things is the responsibility of a variety of healthcare professions and that by doing Level 2 we anticipate this is part of their role.
3. Know how to access and use the SPICT/GSF PIG 2016 tools to identify patients for the EPaCCs template.
4. Understand informed consent, able to discuss the EPaCCs tool with patients and know how to access the patient information leaflet.
5. Introduce the concept of advance care planning and how these discussions may take place.

INPUTTING: Learning outcomes

1. Able to register a patient to EPaCCs and aware of the important initial information to record, including the Palliative Care Register.
2. Able to move between sections, interact with drop down menus (including use of the ‘pencil’ boxes) and how to access hyperlinks.
3. Understands where information needs to be recorded and how to access previously recorded information.
4. Able to save changes when the record has been updated.
5. Understands the need for record sharing, with the patients consent.
6. Understands a wider range of key phrases, which may include:
	1. Australian Karnofsky Performance Score
	2. Advance Statement
	3. Advance Statement to refuse treatment
	4. Lasting Power of Attorney
	5. MDT meeting (as in what information might be stored here)
	6. Frailty