**8 Day VIRTUAL Palliative Care Development Programme (PCDP) 2024**

**Facilitated by**: The Hospice of St Francis and Rennie Grove Peace Hospice Care

**Applications welcomed!**

**Please complete p. 3-4 and return to** **education@stfrancis.org.uk**

**Target audience:**

Qualified Nurses, Allied Health Professionals, Associate Practitioners and GP’s from all settings who provide palliative care and want to develop a good foundation in palliative care

**Course Overview**

This virtual programme aims to provide attendees with knowledge to develop and sustain effective palliative care within the scope through their own experiences. After an initial self-assessment, the practitioner is able to plan what is felt to be the most significant areas of development. The learning is facilitated in 4 keys ways:

1. A selection of home learning resources including e learning, key reading and recorded webinars
2. Attendance at 8 reflective live afternoon webinars where we will discuss the core learning and apply it to practice
3. Peer learning through the sharing of best-practice with other course participants
4. Completion of a short self-determined project to advance palliative care practice in own workplace

**Course Structure**

The course involves a 2 hour interactive session on each afternoon of 8 days detailed below self-directed learning from a list of home learning resources. Home learning materials can be accessed in the morning before the reflective afternoon session or at participants own convenience but the relevant learning MUST be completed prior to each reflective session. It is expected that participants spend 3-4 hours per session on self-directed learning

**Course Content:**

The core content is based on HEE End of Life Care Learning Outcomes\*\* and includes a focus on

* Communication Skills
* Assessment and Care Planning - Holistic Person Centred Care
* Symptom Management – including Care in the Last Days of Life
* Advance Care Planning
* Underpinning Values of Palliative Care
* Knowledge about Palliative Care- including Loss and Bereavement
* Leadership and collaboration – Living well with Life Limiting Conditions
* Developing Self and others- looking at Resilience
* Improving Quality and Developing Practice - completing a worked-based action plan

\*\* Health Education England (2019)

**Dates and times of reflective webinars:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day 1** | Thursday, 1st February 2024 | 09:30-16:00 \* |  |  |
| **Day 2** | Thursday, 8th February 2024 | 14:00-16:00 |  |  |
| **Day 3** | Thursday, 29th February 2024 | 14:00-16:00 |  |  |
| **Day 4** | Thursday, 7th March 2024 | 14:00-16:00 |  |  |
| **Day 5** | Thursday, 21st March 2024 | 14:00-16:00 |  |  |
| **Day 6** | Thursday, 28th March 2024 | 14:00-16:00 |  |  |
| **Day 7** | Thursday, 18th April 2024 | 14:00-16:00 |  |  |
| **Day 8** | Thursday, 25th April 2024 | 14:00-16:00 |  |  |

\*(ALL day- face to face at The Hospice of St Francis or via zoom if unable to attend in person)

***Participants are expected to attend all live webinars and complete all core learning.***

***Cost:***

£200 per delegate (please contact education@stfrancis.org.uk if cost is an issue)

**Note - It is expected that delegates will have:**

* Access to a laptop computer (to access the virtual training) and are willing to access e-Learning for health (e-Learning for health)

**Help will be given to access these as required**

**Although the afternoon webinars only last 2 hours, the home learning content makes this equivalent to 8 days of study time.**

**Closing date for Applications: 12th January 2024**

**Joining instructions will be sent out in the last week of January 2024**

**In case of query, please contact** **education@stfrancis.org.uk****. Thank you!**

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| --- |
| **Application form****West Hertfordshire 8 Day Virtual Palliative Care Development Programme 2024** |
| Surname: Forename:Job Title:Contact Email Address:Contact telephone number: | Place of Work:Address:Tel No: |
| **Dates and times of reflective webinars:**

|  |  |  |
| --- | --- | --- |
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|  |  |  |

 |
| * What are your learning outcomes for the training? (e.g. what do you want to get out of it?)
 |
| * Please state where you heard about this course
 |
| * Any learning needs? (e.g. dyslexia)
 |
| * Please tick if you have access to the following:
 |
| * Laptop to access online sessions
 | * Access to teams
 | * Access to Open Athens account
 | * Access to e-learning for health
 |
| * How much study leave will you get for the course? Please tick what applies
 |
| * 8 full days (to include private study time)
 | * 8 afternoon sessions (will do private study in own time)
 | * None- will do it all in own time
 | * Other (please state)
 |
| * Please indicate on following page who will be paying for the course
 |

|  |
| --- |
| *I support the applicant to attend the 8 day competency programme* Manager’s Name and Signature:  Date:**Please now return this application form to** **education@stfrancis.org.uk** |
| **Data Protection** In accordance with the Data Protection Act 1998, we are required to inform you that your details will be retained and held on file for administrative purposes by The Hospice of St Francis. Please be assured that we will not pass this information on to any other organisation unless we have your prior consent |
| **The Hospice of St Francis** Spring Garden Lane, off Shootersway, Berkhamsted, Hertfordshire HP4 3GWFor bookings and general enquiries please email:education@stfrancis.org.uk.  |

**Payment Details**

Please note that confirmation of a place will not be possible without completed payment details

I wish to book this course and pay by (please tick and complete as appropriate)

**Bank Transfer Invoice**

**Our Bank Details:**

|  |  |
| --- | --- |
| **Bank Name** | Lloyds Bank PLC |
|  | 198/200 Marlowes |
|  | HEMEL HEMPSTEAD |
|  | Herts |
|  | HP1 1BH |
|  |  |
| **Sort Code** | 30-90-73 |
| **Account No** | 00294353 |
| **Account Name** | Hospice of St Francis (BERKHAMSTED) Ltd |
| **Reference** | Please quote **PCDP** and **your name** |
| **I request an invoice to be sent to:** |
| **Name** |  |
| **Job Title** |  |
| **Department** |  |
| **Organisation** |  |
| **Contact Number** |  |
| **Address** |  |
| **PO Number** |  |