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Feasibility of an online implementation toolkit for palliative care services seeking to implement a carer-centred process of assessment and support

Janet Diffin, Gail Ewing, Christine Rowland, Gunn Grande

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**Carer Support Needs
Assessment Tool**

NHS National Institute for Health Research (NIHR) Collaboration
for Leadership in Applied Health Research and Care, Greater
Manchester (NIHR CLAHRC GM)

NHS
National Institute for
Health Research

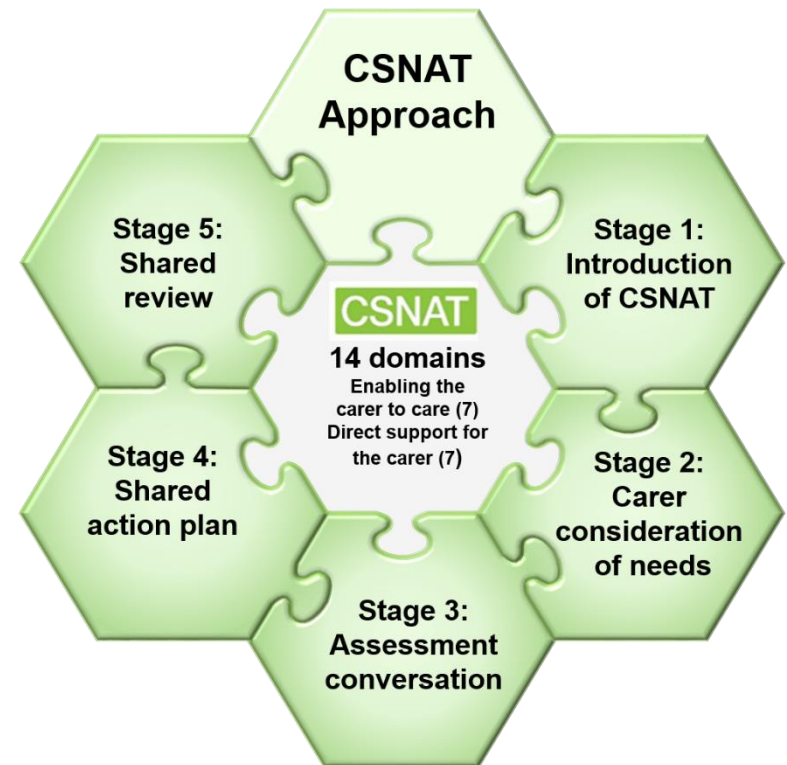
THE CARER SUPPORT NEEDS ASSESSMENT TOOL (CSNAT)

The Carer Support Needs Assessment Tool (CSNAT)

Your support needs

We would like to know what help you need to enable you to care for your relative or friend, and what support you need for yourself. For each statement, please tick the box that best represents your support needs at the moment.

Do you need more support with...	No	A little more	Quite a bit more	Very much more
...understanding your relative's illness?				
...having time for yourself in the day				



PROGRAMME OF RESEARCH AND IMPLEMENTATION



CSNAT development: listening to 75 bereaved carers

CSNAT validation: survey of 225 current carers

Pilot intervention: CSNAT within hospice home care practice

Feasibility work: for a trial in hospice home care

Stepped wedge cluster trials: in UK and Australia

Wider implementation: 36 sites delivering palliative care

CSNAT at hospital discharge: qualitative exploratory study

Hospice case study: organisational & facilitation processes

Validation study: CSNAT and carers of people with MND

Feasibility study: CSNAT at hospital discharge + community follow up

INITIAL CSNAT TRAINING



**CSNAT Training
Workshops throughout
the UK**

**Main focus at individual level:
change in practice required**

CSNAT

Carer Support Needs
Assessment Tool

**The Carer Support Needs Assessment
Tool (CSNAT): A toolkit for practitioners**

Carer Support Needs
Assessment Tool

ool
n evidence based tool designed for carers supporting a family
research underpinning this tool was informed by carers and
ad topic areas) in which carers commonly say they require
ort they need in relation to supporting someone at home.*

with the opportunity to consider, express and prioritise any
with a practitioner. The 'assessment conversation' forms the

d by the practitioner and led by the carer

facilitated by the practitioner. At all stages the carer is given
n, at that moment in time, and what they feel would help

Single as introduction
How and when the CSNAT is introduced to the carer will vary depending on the patient and carer circumstances.
Practitioners have found the CSNAT most beneficial when introduced to the carer at an early stage. Timely assessment
of needs can facilitate early resolution of concerns and potentially reduce the need for 'crisis management'.

The key messages to convey to the carer, at the point of introduction, are that:

- o This is the start of an assessment process that will be ongoing
- o The purpose is to determine their individual support needs (as distinct from the patient's)
- o The CSNAT is something for them to look at and consider as it highlights the kinds of support others in their circumstances have needed

A NEW MODEL FOR PRACTICE IMPLEMENTATION

Plan:

Get ready for implementation

Pilot:

Implement on a small scale, evaluate and adapt

Train:

Ensure practitioners receive training (If applicable)

Sustain:

Sustaining and evaluating

TRANSLATING FACE TO FACE TRAINING TO ONLINE TRAINING

CSNAT Specification for pilot online programme

Produced by Janet Nichols

Contents

Introduction

High level requirements

Participant Profiles

Initiator

Champion

Care worker

Proposed high level design for

Structure of the training c

Learning pathways

Learning outcomes, modules, bite size topics, how content displayed

User profiles, structure of training, learning pathways

Module 1: Evidencing current practice and the CSNAT approach [for all staff]						
Learning topic	Objectives	Learning outcomes	Review understanding / activity	Info for topic	How will content be displayed	Supporting documents / research
How do I currently become aware of carer support needs?	To allow participants to reflect on how the work they currently do will impact on carers	<p>To understand how they currently become aware of carer support needs, including the positives and limitations of current approaches</p> <p>Participants understand why assessing and addressing carers needs is an important issue and understand why the CSNAT was developed</p> <p>Participants understand the development of the tool and that it is valid + comprehensive</p>	Activity workbook 1: incl. positives and limitations of current	[see TK pgs 1-3]	Text	what others have said previously can be displayed [see TK pg 9-

outcomes, bite size topics, content displayed

CLAHRCCsnat_3-...

CLAHRCCsnat_2-...

CSNAT Approach

CSNAT

Development of videos/audio to communicate key content

THE ONLINE TRAINING AND IMPLEMENTATION TOOLKIT CONSISTS OF TWO LEARNING UNITS

Learning Unit 1

Individual level: training for practitioners to use the CSNAT intervention



Learning Unit 2

Organisational level: assistance for a project facilitation team to plan, pilot and sustain implementation



Module 1: Reflection on current practice and The CSNAT Approach

Introduction

Module 1: Reflection on current practice and The CSNAT Approach

Module 2: Planning – getting ready for implementation

Module 3: Piloting – getting started with implementation

Module 4: Cascading training

Module 5: Sustaining the implementation of The CSNAT Approach

The CSNAT Approach Implementation Toolkit

CSNAT | Carer Support Needs
Assessment Tool

Plan, Pilot, Train, Sustain

Learn more about the CSNAT Approach

Common questions

“A change in my practice isn’t needed”

- The CSNAT Approach does involve a new way of working, and you may be wondering why this is necessary. Although you may already discuss many of the CSNAT domains with carers as part of your existing practice, how and when these domains are discussed is often different when using The CSNAT Approach.
- Your existing approach may help to identify some of the carers’ support needs, however, you may have identified some limitations, for example, it may not be

Carers’ view on the ‘door-step’ conversation

“I think I would have liked if they... When we’d seen [wife], come down and sit down and have a consultation with me. And although they always asked, it was more like, as they went out the door. Sometimes it was a *long conversation on the doorstep*.”

“When people ask you how you are it’s being polite, but something in our culture, you ask how people are even though you’re not really that interested, do you know what I mean? It’s just like something that you expect people to say, and *most of the time you just give stock answers*, you don’t actually dredge up and think about, well, how do I really feel, are they really asking a proper question or are they just being polite, so in that respect I would say something much more formal is more preferable because people then know that it’s a real concern rather than it’s just someone being polite and getting you to talk and that, if you understand sort of what I mean.”

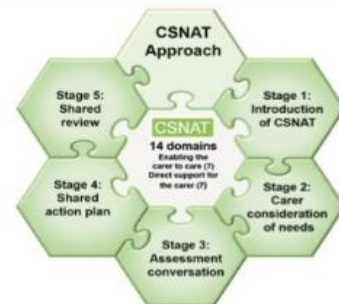
Learning Unit 1

CSNAT | Carer Support Needs
Assessment Tool

Your activity workbook

Learning Unit 1 (Module 1): Background to The CSNAT Approach and evidencing current practice

Name: _____
Role: _____



This activity workbook has been designed to be used in conjunction with Learning Unit 1 of the online training package.

STUDY AIM



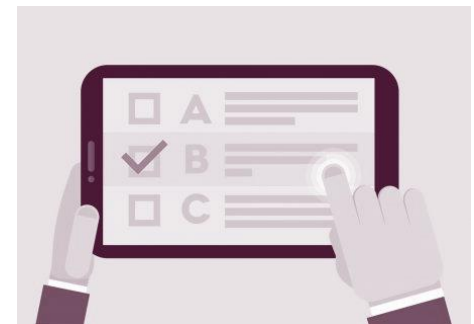
- Explore the feasibility and acceptability of delivering implementation training through an online toolkit format.



METHODS



- **Five** UK palliative care services participated and selected **2-4** practitioners to complete the online implementation toolkit.
- **Online survey** administered following completion of each learning unit and a **follow-up interview**.



RESULTS



- 15 practitioners completed 'Learning Unit 1' survey,.
- 14 completed 'Learning Unit 2' survey, and 13 were interviewed.

Experience with online learning

100% (15/15) had studied online previously and would study online again in the future

Location of completion:

At home: 47% (7/15) / At Work: 47% (7/15) /
At work & home: 6% (1/15)

Feedback on content was positive: participants enjoyed practical examples and step by step guidance on implementation

Designated contact for support and to answer questions: reported as needed, particularly once active planning for implementation was underway

RESULTS



Perceptions of the suitability of online learning influenced by

Resource availability



Availability of IT equipment, space and time influenced location of completion:

If resources were lacking at work, participant preferred to complete at home

Nature of team



- Difficult to allow one person to take some time out to complete online training.

vs

+ challenging to get everyone together for a face-to-face training session and so online learning ideal

Learning style



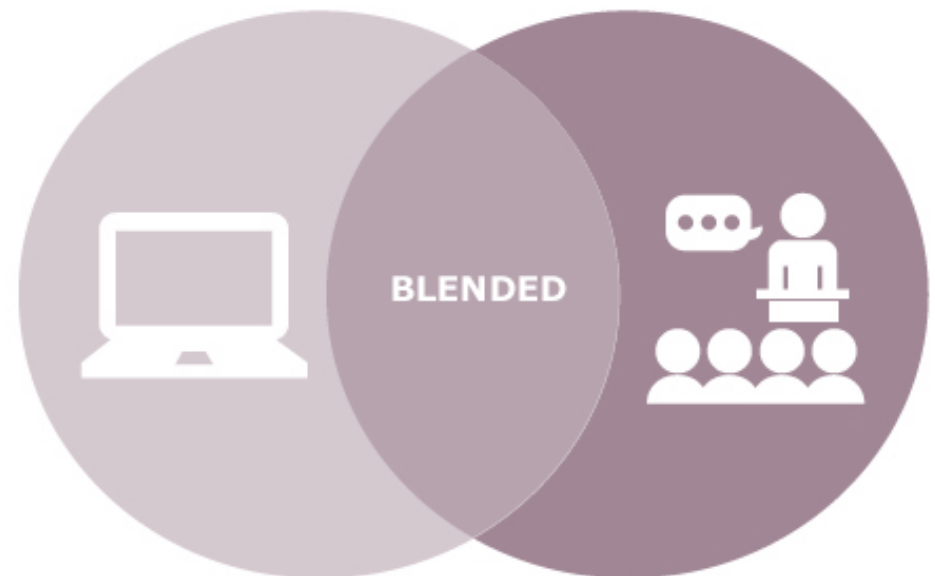
Some participants preferred traditional face-to-face training : learn from others within a class room environment.

Solution proposed: A blended learning approach and face-to-face discussions

CONCLUSIONS



- Whilst online learning is welcomed by practitioners, organisations need to ensure sufficient resources are available to enable completion, and that it is given the same priority as attendance at face-to-face workshops.
- Blended learning may help accommodate different learning preferences.



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- Dr Gail Ewing (University of Cambridge)
- Prof Gunn Grande (The University of Manchester)

Contributors to content

- Dr Lynn Austin (The University of Manchester)
- Kay Greene (Mary Ann-Evans Hospice)

Technical development

- Janet Nichols

Contributors to video and audio clips

Lynne Carmichael (Ayrshire Hospice)
Julie Marshall, (Ayrshire Hospice)
Claire Hewitt, (Hospice of St Francis)
Kay Greene, (Mary-Ann Evans Hospice)
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Any questions?



Contact: j.diffin@qub.ac.uk

The CSNAT Approach Online Training and Implementation Toolkit

Designed for organisations seeking to implement a more systematic and comprehensive approach to identifying and addressing the support needs of carers.

Due to
launch
September
2018

The online training and implementation toolkit
has two Learning Units:

Learning Unit 1

Individual level: training
for practitioners to use
The CSNAT Approach



Learning Unit 2

Organisational level:
assistance for a project
facilitation team to plan, pilot
and sustain implementation



For up to date information please visit csnat.org