Transforming Pre-licensure Primary Palliative Nursing Education

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Disclosures
The presenters report no conflicts of interest

Objectives
1. Apply effective strategies in teaching/learning situations
2. Summarize current research findings in hospice and palliative care and describe its relevance to the care and treatment of patients with serious illness
3. Identify opportunities and strategies for effective leadership, mentoring, and networking within the field of hospice and palliative care
CREATING OPPORTUNITIES FOR RESEARCH COLLABORATION

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ANDRA DAVIS, PHD, MN, RN
Exponential growth of population living with serious illness

Patients live with complex health conditions and multiple co-morbidities

Critical need for primary palliative care

All nurses are called upon to provide primary palliative care

Education in palliative care required (American Nurses Association, 2017)
What is it?

- Expert assessment and management of pain and other symptoms
- Assessment and support of caregiver needs
- Coordination of care
- Physical, functional, psychological, practical, and spiritual needs
- Person- and Family-centered care
- Relief from symptoms and stress of an illness
- Improved quality of life with early integration into plan of care

(National Consensus Project for Quality Palliative Care, 2018)
PRIMARY PALLIATIVE CARE EDUCATION

- CARES Competencies (Ferrell, Malloy, Mazanec, & Virani, 2016)
  - 17 palliative care competencies for all undergraduate nursing students

ELNEC- Undergraduate

- Evidence-based palliative care education
- Online format
- Six one-hour modules
  1. Introduction to Palliative Nursing
  2. Communication in Serious Illness
  3. Pain Assessment and Management
  4. Symptom Assessment and Management
  5. Loss, Grief, and Bereavement
  6. Final Hours
- Funded through a grant by Cambia Foundation
- Supported as primary mechanism for undergraduate education
PURPOSE

- Describe how nurse educators and researchers from across the country collaborated to explore implementation and outcomes of incorporating the ELNEC-UG online modules into their respective programs

- Team of early adopters and champions of palliative care education
  - Explore best practices for ELNEC-UG implementation
  - Collaborative research endeavors
  - Began early 2017
  - Focus: evaluate ELNEC-UG effectiveness in preparing nursing students to care for patients with serious illness
METHOD

- Informal, grassroots efforts
- Faculty expressed interest in engaging in ELNEC-UG evaluation
- ELNEC-UG team members facilitated networking
- Faculty from across the country to begin collaborating
- Formal team of researchers was created
  - Expertise in education, research, and program evaluation
  - Team: **15 scholars** located in Washington, California, Oregon, Michigan, Nevada, New York, Ohio, Utah, Alabama, North Dakota, and South Carolina
  
  - Each scholar utilizes the ELNEC-Undergraduate program within their respective programs in unique ways
Multiple technological programs utilized
- Teleconferencing
- Email
- Google Drive: Repository for all group documents
  - Literature searches and References
  - IRB applications
  - Instruments developed
  - Meeting Minutes
  - Presentations and Manuscripts
TEAM IDENTIFIED RESEARCH GAPS

- Palliative care knowledge measure deficiency
- Palliative care perceived competence measure deficiency
- Lack of multi-site testing
- Variability in implementation modalities- What is best practice?
RESEARCH PLAN

- **Students**
  - Undergraduate Nursing Palliative Care Knowledge Survey (Davis, Lippe, Burduli, & Barbosa-Leiker, 2019)
  - CARES-Perceived Competence (Lippe, Davis, Threadgill, & Ricamato, 2019)
  - Frommelt Attitudes Toward Care of the Dying (Frommelt, 1991)
  - **Actual Competence** *(in development)*
    - Focus Groups

- **Faculty**
  - Feedback from faculty: perspectives, feasibility and acceptability of incorporation of ELNEC modules in existing undergraduate curriculum
  - Adaptable to different implementation methods for evaluation
  - Longitudinal design with repeat measures
    - pre-implementation, post-implementation, 6-months post
  - Data collection at multiple institutions currently underway
Grassroots collaboration is creative way for researchers and educators to come together

Support transformation of palliative care education and science

Process is inclusive and accommodating of the needs of individual institutions
Threading ELNEC-Undergraduate Modules Across Existing Nursing Courses

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Megan Lippe, PhD, MSN, RN
Casey Shillam, PhD, RN
“It’s not the destination, it’s the journey.”

“Success is a journey, not a destination”
Model #1

Washington State University

- What was already in place related to palliative care education in the prelicensure program (formal and informal)?
- How existing content/topics aligned, intersected, and/or scaffolded?
- What were the gaps?
- Was there an intentional approach to when and where the content was integrated?
- What were faculty’s perception of the importance of teaching PPC concepts?
- Where could ELNEC modules either:
  - Naturally co-exist or complement current material?
  - Naturally be integrated into existing courses without needing course redesign?
Formative Evaluation

- All undergraduate faculty replied to email request to share what they did in their courses related to palliative and/or hospice and end of life education.
- Key stakeholders and champions identified
- ELNEC trainees identified
- College-wide undergraduate committee presentation on ELNEC and current recommendations.
- Collaborative process to select next steps
Options

1. All Modules in Junior semesters 1 and 2
2. Course Instructor oversee topic integration and implementation, facilitating content and debriefing
3. Faculty would receive orientation / training to curriculum prior to implementation in their respective course
4. Course Instructor determine topic/module integration. Andra (or other ELNEC trainer) facilitate (online or face to face) debriefing of content
5. Decide not to participate at all
Design pilot study to gather data on outcomes, including longitudinal outcome data from cohort during their senior final practicum.

Report findings with curriculum revision committee
## Sequencing of ELNEC Modules

### Prelicensure Course Integration

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro</td>
<td>Communication</td>
<td>Pain</td>
<td>Symptoms</td>
<td>Loss/Grief Bereavement</td>
<td>Final Hours</td>
</tr>
<tr>
<td>J1</td>
<td>Intro to Gero Nrsg</td>
<td>J1 Nrsg Practice: Health/Illness</td>
<td>J2 Acute/Chronic Illness in Adults Concepts</td>
<td>J2 Acute/Chronic Illness in Adults Practice</td>
<td>J2 Professional Development: Ethical Reasoning</td>
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### BSN Completion Online Course Integration (not sequenced)

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<tbody>
<tr>
<td>Fall 2016</td>
<td>Spring 2017</td>
<td>Summer 2017</td>
<td>Fall 2017</td>
<td></td>
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</tr>
<tr>
<td>Faculty Survey (formative eval)</td>
<td>J1 Intro to Pall Care; Communication; Final Hours</td>
<td>Tested Knowledge Survey in RNB courses</td>
<td>J2 Pain Symptoms; Loss/Grief/Bereavement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed plan with UG committee to ‘test and learn’</td>
<td>Report back to faculty results from 1st modules (faculty feedback)</td>
<td></td>
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</tr>
</tbody>
</table>

**Faculty Feedback Survey: Usability and Acceptability**
## Faculty Surveys

<table>
<thead>
<tr>
<th>Questions</th>
<th>Mean Score</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPORTANCE of introductory palliative and end-of-life education for undergraduate students?</td>
<td>58.75/10</td>
<td>21</td>
</tr>
<tr>
<td>Do you SUPPORT continued use of the ELNEC Undergraduate online modules in some fashion in the prelicensure program?</td>
<td>Yes 60%</td>
<td>22</td>
</tr>
<tr>
<td>Ideas to change distribution in curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep same</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>Switch to J2/S2 Online</td>
<td>70%</td>
<td>21</td>
</tr>
<tr>
<td>Discontinue</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Even with the fee, should continue in curriculum</td>
<td>Yes</td>
<td>16/22</td>
</tr>
<tr>
<td>Were you comfortable facilitating the material?</td>
<td>9/10</td>
<td>10</td>
</tr>
</tbody>
</table>
# Model #2

## University of Portland (Oregon)

- Climate - recent shift to concept-based approach
- Opportunity to evaluate ELNEC alignment in undergraduate curriculum
- Threaded into Integrative and Wellness Program

<table>
<thead>
<tr>
<th>#1 Intro</th>
<th>#2 Communication</th>
<th>#3 Pain</th>
<th>#4 Symptoms</th>
<th>#5 Loss/Grief Bereavement</th>
<th>#6 Final Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1 Intro to Prof Nrsg</td>
<td>J1 Communication</td>
<td>J2 Pharmacotherapeutics</td>
<td>S1 Adult &amp; Elder Health</td>
<td>S1 or S2 Nrsg of Families</td>
<td>S1 Adult &amp; Elder Health</td>
</tr>
</tbody>
</table>

**Across 3-4 Semesters**
Model #3  
Capstone College of Nursing (Tuscaloosa, AL)

- Student Feedback provided rationale for ELNEC integration
- Exit Interviews: Student perception that more palliative care education was needed.
- Lack of organized integration identified

<table>
<thead>
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<th>#1</th>
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</thead>
<tbody>
<tr>
<td>Intro</td>
<td>Communication</td>
<td>Pain</td>
<td>Symptoms</td>
<td>Loss/Grief Bereavement</td>
<td>Final Hours</td>
</tr>
</tbody>
</table>

All Junior Year

<table>
<thead>
<tr>
<th>J1</th>
<th>J1</th>
<th>J2</th>
<th>J2</th>
<th>J1</th>
<th>J1</th>
</tr>
</thead>
</table>
## Comparison of Integration Across Programs

<table>
<thead>
<tr>
<th>#1 Intro</th>
<th>#2 Communication</th>
<th>#3 Pain</th>
<th>#4 Symptoms</th>
<th>#5 Loss/Grief Bereavement</th>
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<tbody>
<tr>
<td>J1</td>
<td>J1</td>
<td>J2</td>
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<td>Acute/Chronic Illness in Adults Practice</td>
<td>Professional Development: Ethical Reasoning</td>
<td>Intro to Gero</td>
</tr>
<tr>
<td>J1</td>
<td>J1</td>
<td>J2</td>
<td>S1</td>
<td>S1 or S2</td>
<td>S1</td>
</tr>
<tr>
<td>Intro to Prof Nrsrg</td>
<td>Communication</td>
<td>Pharmaco-therapeutics</td>
<td>Adult &amp; Elder Health</td>
<td>Nrsrg of Families</td>
<td>Adult &amp; Elder Health</td>
</tr>
<tr>
<td>J1</td>
<td>J1</td>
<td>J2</td>
<td>J2</td>
<td>J2</td>
<td>J1</td>
</tr>
</tbody>
</table>
I once read that in a forest of a hundred thousand trees, no two leaves are alike and no two journeys along the same path are alike.
INTEGRATING ELNEC UNDERGRADUATE INTO A SINGULAR NURSING COURSE

NANCI MCLESKEY, DNP, MDIV, RN-BC, CHPN, FNGNA
TONI L. GLOVER, PHD, GNP-BC, ACHPN
MEGAN LIPPE, PHD, MSN, RN
PURPOSE

Discuss innovative approaches utilized by faculty at three universities to integrate the ELNEC-UG online modules into the nursing curricula in one specified course

• University of Utah
• University of Alabama
• Oakland University
SIMILAR CHALLENGES

- Concerns of over-crowded curriculum
- High student enrollment
- Concerns about cost for students
- Faculty and administration not familiar with palliative care
SIMILAR STEPS

ELNEC-UG approved by undergraduate curriculum committees
  – Discussion of best format for module inclusion within curriculum
  – Faculty champion made the case to add content to curricula perceived to be overcrowded
  – Administrative support also critical for acceptance into curriculum

Once approved:
  – Students completed modules online
  – Completion certificates submitted to course faculty
SOLUTIONS

University One:
- Faculty champion developed a non-credit course for students in graduating semester
- 42/63 (67%) students completed the ELNEC-UG and received ELNEC certificates

University Two:
- ELNEC-UG program incorporated into graduating seniors’ final clinical course
- 120/127 (94%) students completed pre-evaluations on attitudes towards and knowledge of palliative care
- 92/127 (72%) completed post-evaluations

University Three:
- Creation of a three-hour online elective course for all upper division students
- Course assignments promoted application of module content
  - Case studies, discussion board posts, journal reflections, personal advanced directive completion
- 32 students across the upper division program enrolled
RESULTS

• Feedback from students and faculty is positive

Students:

– Reported content’s important applicability to today’s nursing care
– Highly rated the value and usability of the ELNEC-UG program
– Report feeling more confident and better equipped to care for patients with serious illness and their families
– Shared experiences where they applied content in their clinical coursework to have a positive influence on a patient’s care

Clinical faculty:

– Observed students began to spontaneously discuss and advocate for the palliative care needs of patients in their care
CURRICULAR EVOLUTIONS

In response to positive students feedback
  – Two universities moved from elective course to integrating ELNEC-UG into formal curriculum
  – Simulations provided to apply more application of content
  – All students receiving ELNEC-UG education
CONCLUSION

• Variety of approaches to integrate ELNEC-UG into singular courses
• Faculty champion essential to work through curriculum integration
• ELNEC-UG
  – standardizes and transforms palliative care education
  – provides students exposure to primary palliative care concepts
  – prepares students for professional nursing practice
Barriers and Facilitators to ELNEC-UG Integration into Nursing Curriculum

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CASEY SHILLAM, PHD, RN
POLLY MAZANEC, PHD, RN, FPCN, FAAN
Objectives

- Identify barriers to incorporating ELNEC in undergraduate curriculum
- Discuss potential facilitators (champions) who may be able to successfully incorporate ELNEC into your curriculum
- List and describe the components of a toolkit that promises to assist in introducing ELNEC into nursing curriculum
General Barriers

1. Administrative challenges
2. Curricular structure
3. Student challenges
4. Faculty challenges
Barriers - Administrative Challenges

- Faculty capabilities to teach ELNEC
- Resistant to have another fee for students
- Resistant to change
- Change = increased work
- Administration and/or curriculum committee unaware of ELNEC program and its value
Barriers-Curricular Structure

- Focus on the curriculum committee
- Saturated curricula
- Zero sum game
- Finding the right placement across the curriculum
- Developing application activities for ELNEC content
Barriers - Student Challenges

- Already feeling overwhelmed
- Unaware of the importance of ELNEC content
- Worth their time?
- Web based course-technical issues
Barriers: Faculty Challenges

- Identifying a champion
- Equipping faculty to teach ELNEC
- Loss of FTE or ownership of current content
- Logistics: fit, time, cutting or diminishing other content
- Increased work effort
Faculty Survey/Feedback  n=12

- Previewed prior to use: 92%
- Comfort in using: $\bar{x} = 8.5$; Range: 7-10
- Barriers:
  - Tech issue with sound (1)
  - Sign in initially difficult for some
  - Timing but worth it (2)
- Quality of Modules: $\bar{x} = 7.33$; Range: 5-10
- Support use: 100% (wants more faculty development)
- Importance of PEOL material: $\bar{x} = 9.17$; Range 7-10
## What barriers to you see to using these modules?

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Details</th>
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<tbody>
<tr>
<td>Would like more engaging or practical module</td>
<td></td>
</tr>
<tr>
<td>Time, the modules are wordy and not flexible, lengthy</td>
<td></td>
</tr>
<tr>
<td>time, self motivation</td>
<td></td>
</tr>
<tr>
<td>time to incorporate and removing something else to make room so not just adding more</td>
<td></td>
</tr>
<tr>
<td>cost</td>
<td></td>
</tr>
<tr>
<td>Need better cross-course coordination among faculty – evident downstream the variant understandings among students</td>
<td></td>
</tr>
<tr>
<td>They are time consuming and do not represent communication present in clinical setting.</td>
<td></td>
</tr>
<tr>
<td>They are an additional task added to the curricula. at what point do tasks come off to compensate?</td>
<td></td>
</tr>
<tr>
<td>There is a lot of information in the Palliative Care module, it is a bit dry to read so much info on each slide, and the Palliative Care module talks a lot about death and dying when perhaps it should discuss more the differences between palliative care and hospice care.</td>
<td></td>
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</tbody>
</table>
What’s in a Toolkit??
What’s in a Toolkit??
SOLUTIONS !!!
Solutions to Administrative Challenges

✓ Include Administration from the beginning
✓ Provide evidence-based data for ELNEC
✓ Select faculty to teach ELNEC
✓ Make revisions to other textbooks to reduce costs overall
Solutions to Curricular Challenges

✓ Provide data for curricular inclusion
✓ Review with curriculum committee course offerings with related ELNEC content for best fit
✓ Explore various methods for ELNEC application (will it be an assignment, one-minute paper, etc.?)
✓ Minimize adverse impact on other faculty and curriculum
✓ Add a simulation experience
✓ Caring for imminently dying patient
✓ Advance care planning conversations
✓ Alternative methods for ELNEC inclusion (optional course)
✓ Present as a new opportunity for interested faculty to become a champion
Solutions to Student Challenges

Champion plays a major role in ELNEC’s success

- Visits the classroom, meets students
- Presents ELNEC data
- Provides ELNEC informational handout (hard copy)
- Discusses logistics of course (what it looks like, length, content)
- Provides contact information for support (IT or other questions)
- Describes benefits in taking ELNEC
- Shares positive feedback from students who have taken ELNEC
- Debriefs with students
- Discusses receiving an ELNEC certificate upon completion
Solutions to Faculty Challenges

• Identify faculty who are interested in geriatrics and/or end-of-life
• Provide opportunity for ELNEC training
• Contact ELNEC for support
• Present as a win-win situation
• Describe alternatives to usual inclusion
• Have a simple evaluation process
• Student feedback sells the program!!
"I really enjoyed the ELNEC course and it was actually hard to pull myself away from it. I found that there was so much useful information that I can use no matter where I go as a nurse. I did not know that I would feel so much better prepared to deal with these situations after this course, but I really do. It was excellent. Thank you for the opportunity."

"The more I learned about palliative care I started thinking...isn’t all nursing care palliative care? Everything I learned just makes sense for so many patients."
Student Feedback

“I had completed about half of the ELNEC modules prior to starting my Capstone Clinical in a large ED. Initially, I was not sure how helpful the course would be in the critical care setting but was pleasantly surprised that the tools I acquired from the course assisted me in not only caring for my patients but also in having difficult conversations with family members. One example, having a conversation with one particular family member, I remembered and used some of the ELNEC tools: be present, be an attentive listener and silence can be beneficial. The family member sought me out to say, thank you for taking the time to just listen to us”.

“I can imagine myself communicating with the patient and their family about end of life care or about how they’re feeling and I don’t feel scared or incompetent. I learned communication skills and my role as a nurse for a patient and family going through palliative and end of life care”

“I know more than I did before completing the modules but I don't feel that the material was reinforced in class enough. Going through the material once or twice did not solidify the concepts enough in my brain to help me maximize what I learned from the modules.”
Summary

Integrating ELNEC-UG can be complex, challenging and often meets resistance. But worth it!

There are proven strategies which have been successful

We have discussed common barriers and solutions which are in your toolkit and have been proven to make ELNEC-UG a reality.

Each institution is different. Our team is ready to provide support when additional strategies are needed.
Questions??
References


