

**IMPACT ON NURSING STUDENTS' KNOWLEDGE THROUGH INTEGRATION OF AN END-
OF-LIFE COURSE IN THE UNDERGRADUATE CURRICULUM**

NURSING EDUCATION RESEARCH CONFERENCE 2020

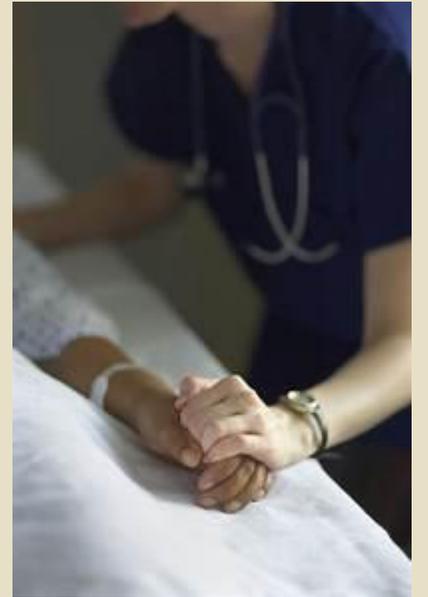
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Abstract

- ❖ Nurses play a key role in caring for patients with serious illness in today's complex health care system. Improving care in the final phase of life has been an important medical and societal goal during the last two decades, yet the amount of content that deals with the wide range of end-of-life (EOL) issues continues to be minimal in nursing schools.
- ❖ Therefore, it is imperative that future nurses be prepared with the knowledge and skills to meet the needs of patients and families across the lifespan, the illness trajectory, and health care settings.

Purpose

- ❖ The purpose of this evidence-based study was to examine the impact of a palliative care course on nursing students' knowledge towards providing end-of-life care.
- ❖ Evaluating the outcomes of a palliative care course can lead to curricular changes and provide a basis for decisions related to the best approaches for addressing end-of-life care in nursing curricula.



Introduction

- ❖ Nurses play a key role in caring for patients with serious illness in today's complex health care system. This demands that nurses and members of the inter-professional team be educated in palliative and EOL care. Of all health professionals, nurses are in the most immediate position to provide care, comfort, and counsel near the end of life for patients and families, either in a hospital or in a hospice setting.
- ❖ In nursing schools, more attention is given to death and dying, yet the amount of content that deals with the wide range of end of life issues continues to be minimal. Therefore, it is imperative that future nurses be prepared with the knowledge and skills to meet the needs of patients and families across the lifespan, the illness trajectory, and health care settings.

Introduction-cont'd

- ❖ The 2014 IOM Report, *Dying in America*; devoted one of its four key recommendations to the importance of preparing future health care professionals, especially nurses, in basic palliative care.
- ❖ Nurses are the largest sector of health care professionals and they are the ones who spend the most time at the bedside of patients and families. Because of the increasing acuity and complexity of patient care, new graduates are expected to be competent in caring for patients who are seriously ill and their families from the onset of their professional career.
- ❖ Thus, it is critical that undergraduate nursing students receive education and training in palliative and EOL care prior to graduation from their nursing programs.



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Background and Significance

- ❖ One of the earliest responsibilities of the professional nurse was care of the dying. Nurses have a long history of leading the efforts of developing policies and guidelines regarding palliative and EOL care. Dame Cicely Saunders began her career as a nurse and founded the first free standing hospice, St. Christopher's Hospice in 1967 in London, England. Florence Wald, former Dean at Yale School of Nursing, funded the first hospice in the United States in 1974.
- ❖ Historically, there has been a lack of palliative and EOL care content in nursing textbooks, as well as very few nursing faculty with palliative and EOL education. Several studies have analyzed EOL content in nursing textbooks which revealed that only 2% overall content was related to EOL care. Nurse educators are challenged to select effective teaching strategies to prepare graduates to care for the dying since EOL care competes with other nursing content for a place in the curriculum. This was the initiation by Ferrell and colleagues to collaborate with the National Council of State Boards of Nursing (NCSBN) to improve the EOL content in the national nursing licensure examination for registered nurses (NCLEX-RN).
- ❖ Beginning with the April 2001 examination, EOL content was increased in the NCLEX by incorporating the 15 competencies set forth by the Peaceful Death document. This was a significant force in increasing EOL content in the nursing curriculum.

Background and Significance

- ❖ Nursing faculty, continuing education providers, and staff development educators have to be educated so that they can teach the next generation and practicing nurses about this vital care. This also led to the development of the national project, the End-of-Life Nursing Education Consortium (ELNEC), originally funded by the Robert Wood Johnson Foundation (RWJF) in 2000. The ELNEC-Core Curriculum consists of nine modules: nursing care at the end-of-life, pain management, symptom management, ethical/legal issues, cultural considerations, communication, grief/loss/bereavement, achieving quality care, and care at the time of death.
- ❖ They identified 15 core competencies with the purpose of assisting nurse educators in incorporating end-of-life content into nursing curricula. The mission of the consortium is to prepare specially trained nurse educators to provide end-of-life education for nursing students and practicing nurses, as well as to provide resources to facilitate that instruction.
- ❖ The “train-the -trainer” model continues to be used today, as attendees learn about the up-to-date palliative care, constructed on evidence-based practice. This is in concert with the 2010 IOM report, *The Future of Nursing: Leading Change: Advancing Health* “to respond to the need to assess and transform the nursing profession.” According to this IOM report, schools of nursing must provide more opportunities for students to expand their clinical experiences in primary care, long-term care, and public health. Instead of having students memorize various tasks, fundamental concepts need to be taught and higher level of competencies introduced, which revolve around knowledge and decision-making that can be applied across all clinical settings and various diseases.



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Theoretical Framework

- ❖ The Transformative learning theory by Mezirow provided the framework for this study which states that adult learners incorporate new learning into their belief systems and alter or abandon former views.
- ❖ It was hypothesized that nursing students in this study would gain knowledge towards providing end-of-life care after taking the ELNEC undergraduate course.

Methods

Design and Sample

- ❖ A quantitative, quasi-experimental study with a pre-test and post-test was used to analyze the differences in the scores. The sample consisted of junior students (n=80) enrolled in the Adult Health I course.

Instrument

- ❖ The instrument used to collect data for this study was the Palliative Care Quiz for Nursing (PCQN). The PCQN measures students' knowledge of end-of-life care. The quiz contains 20 questions with possible responses of "True", "False", or "I don't know". Sample items include the following: "Adjuvant therapies are important in managing pain"; "Suffering and physical pain are synonymous"; and "The pain threshold is lowered by anxiety or fatigue." The PCQN has 3 subscales: (a) philosophy and principles of palliative care, (b) pain and symptom management, and (c) psychosocial and spiritual care.

Methods-cont'd

End-of-Life Course

- ❖ Students had to complete the ELNEC Undergraduate online curriculum designed specifically for nursing students. This course meets competencies and recommendations of the new 2016 AACN CARES Document.
- ❖ The course consists of six one-hour modules. The topical outline for this course includes: Introduction to palliative care nursing, communication, pain management, symptom management, loss, grief and bereavement, and final hours of life.
- ❖ Students were also required to complete the Palliative Care Quiz for Nurses (PCQN) before and after completing the ELNEC course. Completion of the quiz was completely voluntary, and students were informed that participation or nonparticipation would have no effect on their grades for Adult Health 1 course. There was no identifying information on any of the forms and return of the completed quiz was considered to imply individual consent.

Methods-cont'd

Data Collection and Analysis

- ❖ The PCQN was administered during class time during the third week of the junior semester.
- ❖ Students then completed the ELNEC course and the PCQN was administered again during the final week of the semester.
- ❖ A paired t-test was used to determine the differences in the knowledge before and after the students took the ELNEC course, and the significance level was set at 0.05 using SPSS statistical software.

Results

❖ From the pre-test results, most students answered questions in a negative form as “False” or “I don’t know” to many philosophical and principles of palliative care. Consequently, pain and symptom management received more true answers because they were related to direct nursing care. Hence, psychosocial and spiritual care received most “I don’t know” choices during the pre-test when compared to the post-test. There were significant differences between the true and false answer choices when the total scores from the pre-test and post-tests were compared.

| Table 1. A comparison between the PCQN total scores from the pre-test and post-test for three answer choices | | | |
|--|-------------------|--------------------|---------|
| PCQN answer choice N=80 | Pre-Test M(SD) | Post-Test M(SD) | P-value |
| True | 8.73(2.33) | 10.66(2.02) | 0.001 |
| False | 7.33(2.08) | 8.13(2.09) | 0.05 |
| I don't Know | 3.90(2.40) | 1.45(1.56) | 0.19 |

Significance level was set at 0.05

Discussion

- ❖ These results showed that students need additional support or a specific course to ascertain knowledge for end-of-life care, because most students may have never encountered an EOL event. Students chose “false” or “I don’t know” answers to most of the palliative and spiritual questions or statements because of a lack of exposure and societal or spiritual norms dealing with difficult situations that encompasses death.
- ❖ However, after completing the ELNEC course, students chose more true answers to many questions that they were not sure about prior to the course. Although students or young adults may have witnessed a loved one during an EOL encounter, the probability of actively participating in care was not likely. Thus, students need to be prepared to enter a profession where they will become an active participant in more than one EOL event.
- ❖ This study will provide an example of a school of nursing responding to the IOM and the AACN’s recommendations for end-of-life care to be incorporated into nursing curricula thus preparing nursing graduates for care of these patients. Nursing students who are more knowledgeable may be more sensitive to the needs of patients undergoing end-of-life care, which allows for better patient advocacy.

Limitations

- ❖ This study used a convenience sample of undergraduate students from the same academic institution and was conducted on junior students, therefore, cannot be generalized to other populations of students or academic settings.
- ❖ Replication of this study using another cohort of students during the junior semester would provide a means of generalizing the study findings.

Conclusion

- ❖ Study results should be of interest to nurse educators as they develop courses and curricula. Findings from this study may support the importance of an ELNEC-based course to increase students' knowledge about end-of-life and improve end-of-life care instruction in both clinical and academic education settings.
- ❖ Nurses spend the most time of any health care professional caring for patients and families dealing with the challenges of serious illness. The demand for nursing expertise in palliative and end-of-life care is growing as more people are living with chronic illness.
- ❖ Nursing faculty must prepare future nurses to meet this demand.
- ❖ In summary, significant preparation and changes in the behavior towards palliative and EOL care for nurses will be better achieved if it is included in the nursing curriculum.

Palliative Care Quiz for Nurses(PCQN)

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Please select True, False, or Don't Know by filling in the circle:

1. Palliative care is only appropriate in situations where there is evidence of a downhill trajectory or deterioration.
True False Don't Know
2. Morphine is the standard used to compare the analgesic effect of other opioids.
True False Don't Know
3. The extent of the disease determines the method of pain treatment.
True False Don't Know
4. Adjuvant therapies are important in managing pain.
True False Don't Know
5. It is crucial for family members to remain at the bedside until death occurs.
True False Don't Know
6. During the last days of life, drowsiness associated with electrolyte imbalance may decrease the need for sedation.
True False Don't Know
7. Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain.
True False Don't Know
8. Individuals who are taking opioids should follow a bowel regime.
True False Don't Know
9. The provision of palliative care requires emotional detachment.
True False Don't Know
10. During the terminal stages of an illness, drugs that can cause respiratory depression are appropriate for the treatment of severe dyspnea.
True False Don't Know
11. Men generally reconcile their grief more quickly than women.
True False Don't Know
12. The philosophy of palliative care is compatible with that of aggressive treatment.
True False Don't Know
13. The use of placebos is appropriate in the treatment of some types of pain.
True False Don't Know
14. In high doses codeine causes more nausea and vomiting than morphine.
True False Don't Know
15. Suffering and physical pain are synonymous.
True False Don't Know
16. Demerol is not an effective analgesic for the control of chronic pain.
True False Don't Know
17. The accumulation of losses renders burnout inevitable for those who work in palliative care.
True False Don't Know

Palliative Care Quiz for Nurses (PCQN)

18. Manifestations of chronic pain are different from those of acute pain.
True False Don't Know
19. The loss of a distant or contentious relationship is easier to resolve than the loss of one that is close or intimate.
True False Don't Know
20. Pain threshold is lowered by fatigue or anxiety.
True False Don't Know

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Questions

