

The Efficacy and Feasibility of Using Simulation to support Nursing Readiness for Post-Mortem Care – A Pilot Study

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Purpose

To assess the impact of simulation on nursing student self efficacy in post-mortem care

Background

- New nurses report feelings of anxiety and lack of preparedness providing end of life & postmortem (EOLPM) care
- Limited exposure to EOLPM care prior to entry into practice
- Potential for nurse burnout and negative impact on patient care
- Simulation provides safe environment and intentional debriefing, however there is limited literature regarding post-mortem care specifically

Methods

- All second semester senior nursing students participate in a 4-hour EOLPM care simulation
- N=20 students completed Conley’s End of Life and Postmortem Self Efficacy Scale pre and post simulation
- Feasibility, acceptability, and appropriateness of the intervention assessed post-simulation

Results

Participation in an EOLPM simulation increased student reported of self-efficacy from $M = 898.8$ ($SD = 320.72$) to $M = 1314.0$ ($SD = 264.2$) with a statistically significant mean increase of 415.3, 95% CI [308.8, 521.8], $t(19) = 8.159$, $p < .001$, $d = 1.8$.

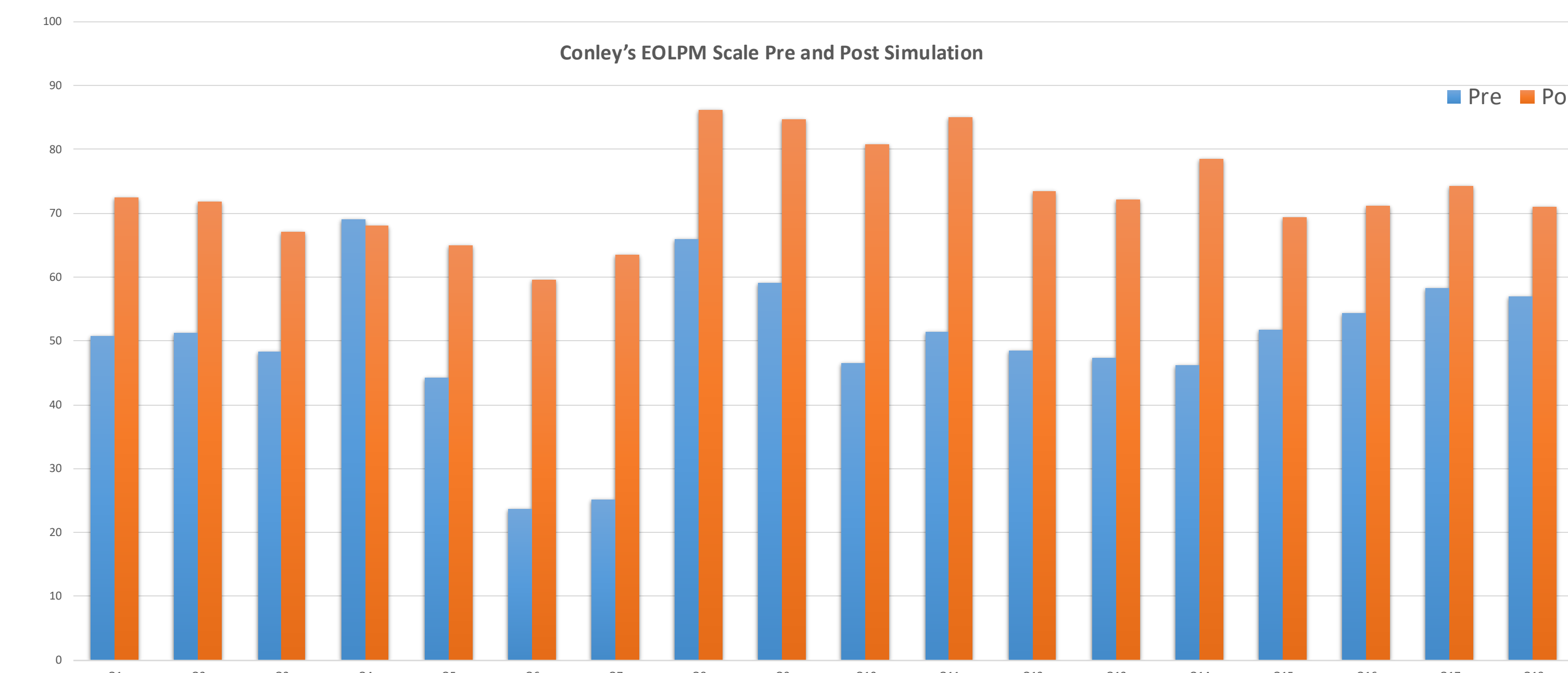
Among individual items, all increased significantly except Q4 “Listen for absence of heart-beat” which had the highest pre-intervention score.

Acceptability, appropriateness, and feasibility of the simulation activity were assessed and rated highly by participants (table 2).

Conley’s End of Life and Postmortem Self Efficacy Scale

Item	How confident are you in your ability to:
Q1	Recognize a patient’s impending death?
Q2	Withhold life-sustaining treatment from a patient?
Q3	Withdraw life-sustaining treatment from a patient?
Q4	Listen for the absence of a heartbeat?
Q5	Notify the appropriate individuals after a death has occurred?
Q6	Determine the need for an autopsy?
Q7	Recognize after-death body changes?
Q8	Remove drains, tubes, and catheters from the deceased?
Q9	Wash the patient’s body after death?
Q10	Properly position the patient’s body after death?
Q11	Properly place identification on the deceased?
Q12	Transfer the body to the morgue?
Q13	Provide culturally sensitive postmortem care?
Q14	Prepare the patient’s room for visitors?
Q15	Console the patient’s grieving family and friends?
Q16	Cope with your feelings of loss and sadness?
Q17	Discuss the loss of a patient with nursing staff?
Q18	Identify the self=help coping resources for yourself after the death of a patient?

Pre- to Post-Simulation Changes in Self-Efficacy



Responses with Largest Pre- to Post Simulation Change

Item	Mean Change	95% CI	t(df)	Sig (2-tailed)	Cohen’s D
Q7 Recognize after-death body changes	38.4	27.8 – 49.0	7.57(19)	p < .001	1.9
Q6 Determine need for autopsy	35.8	26.9 – 44.7	8.40(19)	p < .001	1.9
Q10 Properly position patient’s body	34.3	22.7 – 45.8	6.2(19)	p < .001	1.4
Q10 Place Identification on patient’s body	33.7	19.6 – 47.7	5.0(19)	p < .001	1.1

Acceptability, Appropriateness, and Feasibility

Total Scale *	Mean (SD)	Min	Max
Acceptability	17 (2.05)	13	20
Appropriateness	17.55 (1.84)	16	20
Feasibility	17.35 (2.25)	14	20

*Individual items available through QR code

Implications and Future Research

- Guidance for curricular change: collaborate with didactic faculty and practice partners to expand information regarding lower scoring items
- Supports use of simulation to address EOLPM care in simulation programming
- Expand into longitudinal study assessing post-entry to practice
- Provide simulation opportunities for practicing nurses
- Comparison to faculty perception of efficacy, appropriateness, and feasibility

Lessons Learned

- Collect demographic data
- Implement steps to increase participation rate: Incentive, utilize multiple methods of communication.

References and Contact Info



Artificial Intelligence based role play: A new approach to palliative care simulation education

Background

Limited clinical opportunities for practicing essential palliative care communication techniques exist for undergraduate nursing students. Artificial Intelligence (AI) is an innovative tool that can bridge this gap and allow students to engage in nonjudgmental dialogue with a bot, acting as a patient.

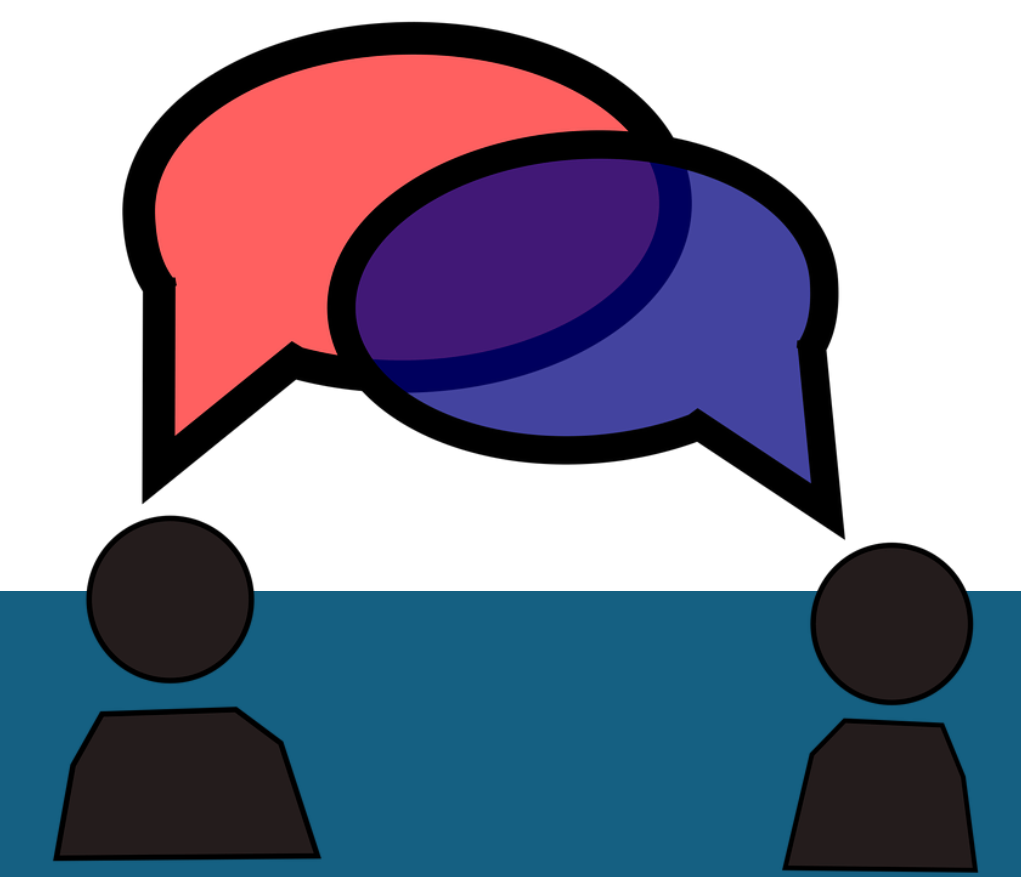
Methods

Nurse educator led role play using AI to create a novel patient/student dialogue surrounding end of life care was integrated into a senior BSN student clinical simulation day.



Results

All eleven students who completed the Student Satisfaction and Self-Confidence in Learning survey reported “Strongly Agree” on all measurements of self confidence and satisfaction with the use of AI guided end of life dialogue.



Conclusion

Artificial intelligence can be a valuable pedagogical strategy for teaching and practicing end of life discussions with undergraduate nursing students.

Selected References:

Skedsmo, K., Nes, A. A. G., Stenseth, H. V., Hofstø, K., Larsen, M. H., Hilderson, D., Smis, D., Hagelin, C. L., Olaussen, C., Solberg, M. T., Bingen, H. M., Ølnes, M. A., & Steindal, S. A. (2023). Simulation-based learning in palliative care in postgraduate nursing education: a scoping review. *BMC Palliative Care*, 22(1), 1–15.

“END OF LIFE” LEAVES A TRAIL OF MEMORIES



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Background

- American Association of Colleges of Nursing (AACN) recommends incorporating 2021 AACN Essentials into all nursing curricula to improve palliative care and End-of-Life (EOL) education.
- Barriers to implementation include saturated nursing curricula and a shortage of faculty with experience in palliative care.
- The lack of knowledge and training in palliative care and EOL education during clinical practice leaves entry level nurses unprepared when assigned EOL patients, potentially compromising the quality of care provided.
- Students can benefit from innovative educational interventions that will prepare them with therapeutic communication skills, symptom management, and psychosocial support for a client nearing end of life.

Purpose

To develop an educational curriculum for palliative and EOL care in the undergraduate nursing department that includes interventions such as simulation, therapeutic communication, and other interactive nursing skills.



Methods

Nursing Faculty will:

- Evaluate undergraduate nursing curriculum to determine the appropriate intervention for palliative care / EOL education.
- Evaluate current simulation scenarios to practice hands-on-care for EOL patients.

Nursing students will:

- Complete a Qualtrics pre-assessment of palliative and EOL care knowledge and perceived competence measure.
- Complete the online ELNEC-CORE Curriculum (six modules).
- Attend interactive educational sessions with focus on communication for palliative and EOL care.
- Attend simulation session to provide hands on patient care.
- Attend an educational session provided by a hospice nurse.
- Complete a clinical shift in a hospice or EOL care unit.
- Complete a Qualtrics post-assessment of palliative and EOL care knowledge and perceived competence measure.



Results

Qualtrics survey tools utilized (pre-interventions & post-interventions):

- Undergraduate Nursing Palliative Care Knowledge Survey (UNPCKS)
- Undergraduate perceived competence (CARES PC 2.0)



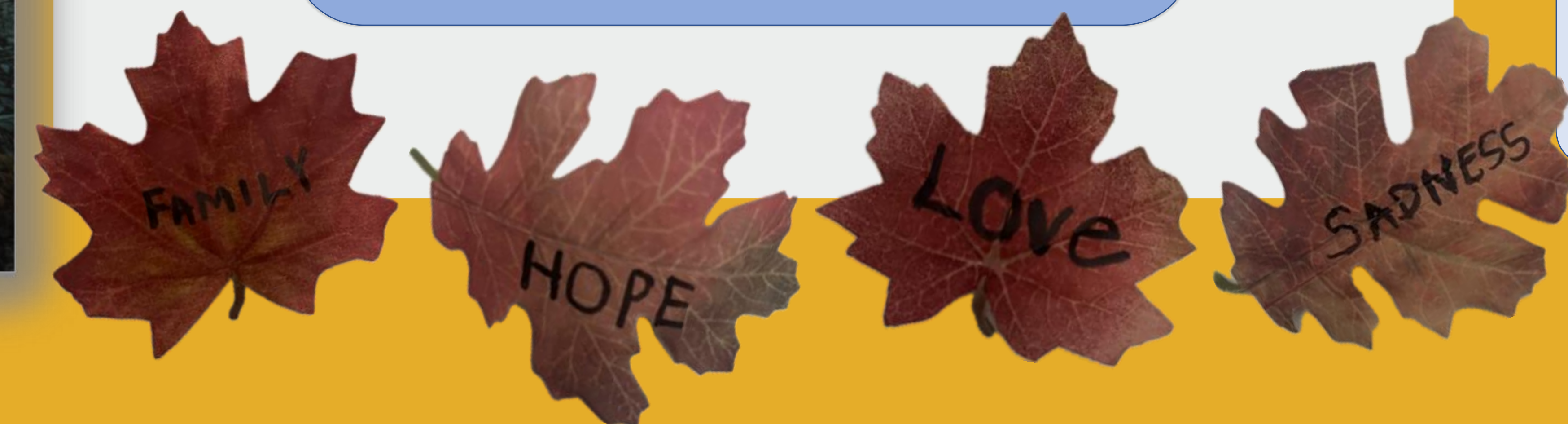
Implications

- The development of a palliative care and EOL educational curriculum is essential for undergraduate nursing students to equip them with the knowledge and skills necessary to care for individuals living longer with terminal/ chronic illness.
- Assessing undergraduate students' knowledge and competence before and after the educational interventions will guide the faculty in determining the effectiveness of the proposed palliative care / EOL education.
- The implementation of palliative care / EOL educational interventions will develop students who are knowledgeable, compassionate, and proficient when communicating and caring for chronically ill patients and their families.



Conclusion

Implementing a multimodal training program on palliative and EOL care will enhance students' comfort levels, coping skills, attitudes, and self-awareness, thereby equipping them with the necessary knowledge and skills to deliver high-quality care to patients and their families.





**SOUTH DAKOTA
STATE UNIVERSITY**

Danielle Currier & Allyson Stromer

College of Nursing

Using Unfolding Case Studies to Highlight Palliative and Hospice Care

INTRODUCTION

- Palliative care and hospice were identified as areas that students had minimal exposure
- Case studies were developed from ACES case study materials
- Case studies are presented during an on-campus clinical day to prepare students for the older adult clinical setting

STUDENT LEARNING OUTCOMES

- Introduce students to palliative care
- Introduce students to hospice care
- Apply knowledge of assessment tools for older adult population to case study

CASE STUDY OVERVIEW

- Students are provided:
 - Social background
 - Medical/surgical history
 - Current medication list
 - Scene information
- Resource links are provided throughout each case study

DESCRIPTION OF CLIENT

Name: Julia Morales
Date of Birth: 02/07/19xx
Gender: F **Age:** 65 **Weight:** 123 lbs. (56 kg) **Height:** 64 inches
Race: (Faculty can select) **Religion:** (Faculty can select)
Major Support: Lucy Grey **Support Phone:** 567-444-1090
Allergies: No known allergies **Immunizations:** receives flu vaccine each fall
Attending Provider/Team: Ann Davis, MD
Past Medical History: Adenocarcinoma of the lung, diagnosed 4 years ago, treated with radiation and chemotherapy.
History of Present Illness: Julia was seen in her oncologist's office yesterday. Julia, Lucy, Dr. Davis and the nurse practitioner (Laura Johnson) discussed at length Julia's decision to stop chemotherapy, which at this point would have no documented benefit for Julia. Laura, the nurse practitioner, recommended a home health agency referral to assess and support family's needs in their home.
Social History: Retired from work in local nursery/garden center. Lives with partner Lucy. Son Neil, age 42, lives 20 miles away. Private insurance.
Primary Medical Diagnosis: Adenocarcinoma of the lung, Stage 4.
Surgeries/Procedures & Dates: Hysterectomy at age 44
Advance Directives: not on file

MEETING STUDENT LEARNING OUTCOMES

- Students discuss reflection questions in small groups then share with larger audience
- Students are challenged to consider the legal, ethical, and emotional challenges of caring for patients seeking palliative and hospice services.

REFLECTION QUESTIONS FOR SCENE 2:

1. Prepare teaching about the patient's medications ordered for at discharge.
2. What questions would you expect the palliative care team member to ask?
3. What assessment tools might you consider completing before you discharge Mr. Williams?
4. What information should be reported to the outpatient rehab personnel?

REFERENCES

- National League for Nursing. (2019a). *Advancing care excellence for seniors: Unfolding case study - Henry and Ertha Williams*. <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resources/ace-all/ace-s/unfolding-cases/henry-and-ertha-williams-5330c65c-7836-6c70-9642-ff00005f0421>
- National League for Nursing. (2019b). *Advancing care excellence for seniors: Unfolding case study - Julia Morales and Lucy Grey*. <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resources/ace-all/ace-s/unfolding-cases/julia-morales-and-lucy-grey-0631c65c-7836-6c70-9642-ff00005f0421>

Life, death, and music: the role of silence and Gregorian Chant at the End-of-Life

Lauren Delumpa, MSN, RN, FNP-C

Master of Liberal Arts in Applied Music & Integrated Studies at UST-Houston, student Carol & Odis Peavy School of Nursing at the University of St. Thomas-Houston, Assistant Professor

The Fermata of Illness



- Death was not private
- Involvement of the community
- Singing as means of coping

The Accompaniment of the Dying



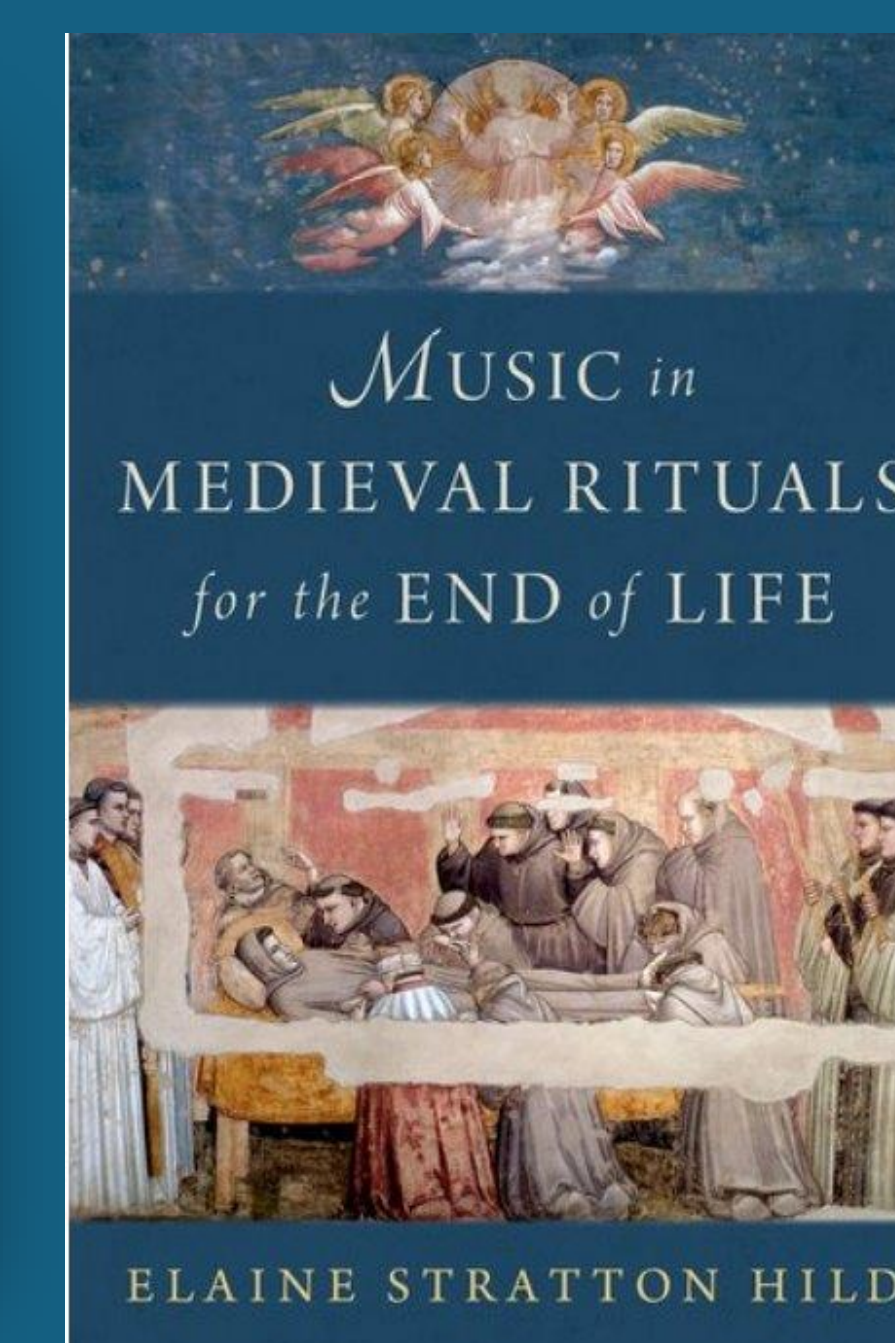
- To accompany
- *Deathbed liturgy*
- *Ars moriendi*

The Medical Pause

“Could we take a moment just to Pause and honor this person in the bed. This was someone who was alive and now has passed away. They were someone who loved and was loved. They were someone’s friend and family member. In our own way and in silence let us stand and take a moment to honor both this person in the bed and all the valiant efforts that were made on their behalf.”

- Jonathan Bartels

Gregorian Chant



“use of song in the moments surrounding death might have been motivated by music’s ability to structure time.” “...situations of unpredictability were countered with structure, suffering was countered with comfort, the horrors of a failing body with sweet sound.”

“[b]y chanting, used the intangible medium of its breath to create a flow of beauty. As one person’s breathing became irregular and ceased, the community’s breathing continued audibly. The patterns of chant, and the disciplined breathing required to produce them, moved singers and listeners through the time when time itself feels strangely suspended.”

Why silence?

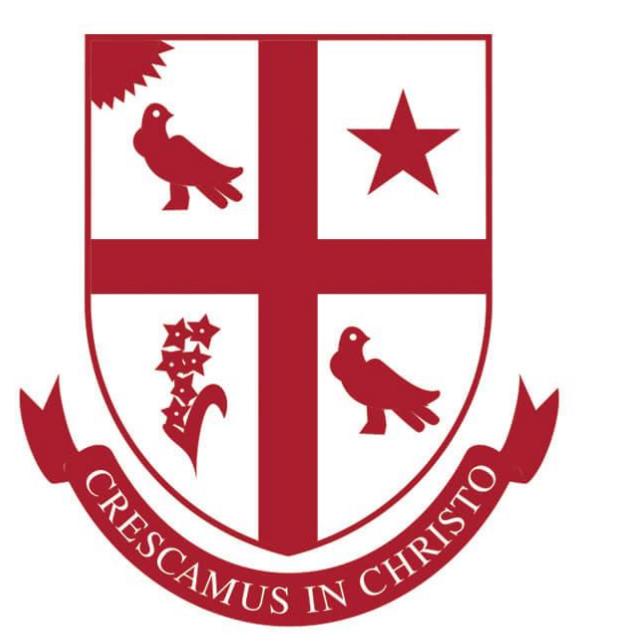
Why chant?

- Rhythm
 - Range
 - Meaning
 - Closure
 - Breath
- Cultures & religions that chant:
Judaism, Islam, Hindu, Buddhism, Indigenous

Healing the Healer

- Before clinicals
- Post-conference
- Before class
- Simulation lab

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Analysis of ELNEC Integration in an Undergraduate Nursing Program: Current Plan and Future Directions

Michele Dodds, DNP, APRN, BC-FNP



Introduction:/Background:

- The Cedarville School of Nursing (SON) has an integration plan for the application of the End-of-Life Nursing Education Consortium (ELNEC) recommendations.
- The initial plan was the integration of the modules over the course of the entire curriculum, not sustainable due to the financial burden and requirements for module completion.
- The plan was then updated with an integration plan for each level but with the video modules to be completed at the end of junior and senior years.

Literature Review:

- Entry-level competencies for the professional nurse related to palliative care/ death and dying is necessary in all levels of nursing education to meet the needs of populations in the increasingly complex healthcare system (AACN, 2022).
- Competency-based education (CBE) requires sequencing of competencies, gradually increasing in complexity and progressively building on foundational knowledge (AACN, 2023).
- Vertical integration provides the learner with a stepwise approach in practice with the professional community with increasing responsibility in patient care (Wijnen-Meijer et al., 2020).
- Schools of Nursing will need to map the Cares and G-Cares competencies to the AACN spheres of care (Lippe et al., 2022).

Method

- A task force was created with representation from each level and each course in the nursing program to review the current ELNEC curriculum plan and compare it to current practices.
- Current practices were documented, gaps in curricular integration, and areas for improvement were identified.

Results

- Senior Capstone Simulation seen as valuable both by student evaluation and reflections and by faculty review of content.
- Modules supported student learning and ability to build on knowledge.
- Identified areas where curricular materials are lacking-Women’s Health/Newborn-Grief loss/Pregnancy loss.
- Pediatric Content on loss has not been integrated.
- Grief and Bereavement were not fully covered in the Mental Health Course due to time issues/reexploring ways to fix this.
- Faculty would like access to video clips of modules to reinforce teaching in the classroom.
- Need to develop consistent materials for each course to support the plan.

Limitations

- Lack of quantitative and qualitative outcomes of student learning except for the simulation evaluation.
- Courses do not have needed curricular information.
- Faculty do not have module access.
- Token for ELNEC modules good for one year which limits student access across the curriculum.

Recommendations/Future Plans

- The ELNEC Coordinator will work with each faculty course coordinator in each course to incorporate ELNEC CBE into coursework with a vertical integration approach.
- Collaborate with Women’s Health Course to develop OB/Pregnancy Loss Support.
- Develop a consistent format of teaching with active learning content for each course.

Freshman
NSG 1000 Member of Nsg. Profession
NSG 1050 Health Promotion

NSG 1000 Developing communication skills
NSG 1050 Grief/bereavement/Postmortem care

Sophomore
NSG 2000 Roles in Dz. Prevention
NSG 2050 Roles in Dz. Management

NSG 2000 Develop materials based on modules 1 and 2
NSG 2050 Develop material based on module 3

Junior
NSG 3000 Adult
NSG 3050 Mental Health
NSG 3010 Women/Newborns
NSG 3030 Pediatrics

NSG 3000: Develop materials based on module 4
NSG 3010 Develop Pregnancy Loss Materials/Teaching
NSG 3030 Integrate Grieving Parents information into Pediatrics course
NSG 3050-Integrate Grief/Bereavement/ Self-care

Senior
NSG 4000 Care of Populations
NSG 4020 Leadership/Mngmt
NSG 4030: Complex Care
NSG 4060 Transition to Practice

NSG 4000 and 4030 Students complete all video modules for these courses between end of junior and the beginning of senior year. Evaluated on examination and in the clinical setting.
NSG 4020 EOL Simulation Capstone
NSG 4060 Preceptorship experience with end-of-life care.

References:

American Association of Colleges of Nursing (AACN). (2023). Guiding principles for competency-based education and assessment. <https://www.aacnnursing.org/Portals/42/Essentials/PDF/Guiding-Principles-for-CBE-Assessment.pdf>
AACN. (2022). Primary palliative care competencies for undergraduate and graduate nursing students. (CARES/G-CARES, 2nd ed.).
Lippe, M., Davis, A., Stock, N., Mazanec, P. & Ferrell, B. (2022). Updated palliative care competencies for entry-to-practice and advanced level nursing students: New resources for faculty. *Journal of Professional Nursing*, 42: 250-261. <https://doi.org/10.1016/j.profnurs.2022.07.012>
Wijnen-Meijer, M., Broek, S.V., Koens, F., & Cate, O.T. (2020). Vertical integration in medical education: The broader perspective. *BMC Medical Education*, 20 (509). <https://doi.org/10.1186/s12909-020-02433-6>

End of Life + Beginning of Clinical = Better Together

Mary Knowlton DNP, RN & Gail Elliott PhD, RN
Western Carolina University, School of Nursing, ABSN Program

IMPETUS

The new AACN Essentials challenged us to incorporate all spheres of care across the curriculum resulting in expanding clinical rotations in hospice/palliative/supportive care.

Beginning nursing students are assigned a rotation at an inpatient hospice care facility within weeks of starting the nursing program. A senior nursing student is assigned to the site as part of a peer assisted learning model, providing pre- and post-briefing under the guidance of faculty as well as having a precepted experience working with an RN.



Photo Caption: WCU ABSN students

"My favorite part of this experience was having the privilege of being a small part of the individualized care that each patient received, and working with a CNA who took it as her life's mission to provide such care, meticulously and with joy!" -1st semester ABSN Student

CLINICAL OBJECTIVES

1st Semester Students

- **Tangible skills:** Students focus on personal care activities (bathing, bed changes, toileting) working alongside staff CNA personnel.
- **Power skills:** Students practice interpersonal communication, professionalism, and demonstrating empathy with care and compassion.

4th Semester Students

- **Tangible Skills:** Students provide direct holistic patient-centered care in the hospice environment working alongside staff RN personnel.
- **Power skills:** Students provide mentorship and leadership to 1st semester students. This activity was paired with a leadership course assignment.

MAPPING TO AACN ESSENTIALS

•1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.5, 2.7, 2.9, 3.3, 5.1, 6.1, 6.2, 6.3, 6.4, 7.1, 7.2, 8.2, 9.1, 9.2, & 10.3 all contain relevant sub competencies
•CARES, ELNEC UG Curriculum Competencies 1-15

"The process of death is uncomfortable to think about because of the uncertainty around it. While at clinical today, one of the patients I was caring for passed away while I was in the room. It was inspiring to see how the nurse I was precepting cared for the patient, and ensured the patient's wife was able to sit with the patient as he passed.

After checking for a heartbeat, the nurse delivered the news to the wife delicately and with such care the moment was peaceful, even with it being so heartbreaking.

This experience has helped remove the fear and uncertainty that surrounds death and accept it as a natural part of life. It also reminds me of how important it is to handle these situations with care and grace as it is a very difficult and life changing moment in the family's life.

SETTING



Photo Caption: CarePartners Hospice Solace Center located in Asheville, NC

CarePartners Solace Center is a 27-bed inpatient facility that provides care to individuals of all ages providing respite care, general inpatient care, and transitional care. The facility is located on a campus setting along with an inpatient rehabilitation center.



LOGISTICS

- Clinical rotational schedule was developed with one 4th semester student assigned to hospice on the same day as 1st semester students.
- The 4th semester student was scheduled for a 6-hour rotation (7-1pm) as part of Medical-Surgical clinical rotation.
- The 1st semester students were scheduled for a 3-hour rotation (7-10 am or 10-1p) as part of the Foundations clinical rotation.
- Faculty were available for support but in a nearby building. Periodic check-ins were made.
- Site specific journal prompts were developed to encourage reflection.

4th Semester Students

- Connected with 1st semester students via email to plan meeting place/time.
- Led a pre-briefing session onsite.
- Found charge nurse to facilitate 1st semester student assignment with CNA and own assignment with RN for the day.
- Led the post-rotation debrief session with faculty support.

REFLECTIONS

1st Semester Students

- **Hands-on practice** of newly acquired personal care skills in a supportive non-rushed environment.
- Differentiated between **curative and care-based** approach.
- Direct exposure to **compassionate and therapeutic nursing** techniques (e.g. The power of human touch, being present).

*"One of the things that I appreciated most about this experience was the family-supported model of care being implemented. As much compassion was offered to families as to patients. Losing a loved one is an incredibly challenging time for families, and I believe it's imperative that we as healthcare professionals acknowledge that and provide them with the necessary education, resources, comfort, and care."
-1st semester ABSN Student*

4th Semester Students

- Realized the **wealth of knowledge** and skills obtained in the program resulting in increased confidence and self-efficacy.
- **Applied leadership principles** and skills learned in the classroom in a real-world environment.
- Returned to a **familiar clinical site** with additional skillsets. Full-circle experience.

"Learning from peers is a great addition to the nursing school curriculum. It builds relationships between cohorts, and it allows 4th semester students to see how far they've come in a short time, and it allows 1st semester students to see that the program is doable!" -4th Semester ABSN Student

Faculty

- Students are afforded a **supported experience** in a hospice setting with minimal faculty workload demands.
- Opportunities to **apply assessment content** and deepen awareness of nuanced clinical presentations (breathing patterns, cachexia, signs of dying)
- **Normalizing palliative/hospice care** to reduce anxiety and increase familiarity
- Welcoming and **safe learning environment** appropriate for a variety of levels of learners.
- Engagement in a **peer assisted learning** model.



All Hands on Deck: Certificate of Emphasis in Hospice/Palliative Care (CE-HPC)

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Objective

By fall of 2026, Edson College of Nursing and Health Innovation prelicensure nursing students will have an option to pursue a Hospice/Palliative Care area of interest within their BSN coursework, culminating in a Certificate of Emphasis upon graduation.

Overview

- Allow students the opportunity to enhance their baccalaureate nursing education with a “defined area of emphasis” such as Hospice/Palliative Care (AACN, 2021, pg 20)
- Optional
- Supports The Essentials
- Knowles Adult Learning Theory
- Striving for minimal increase in student and faculty workload
- Student driven/Student choice



Planning

- **Involve faculty** during planning process
- **Develop** CE-HPC guidelines/criteria, student learning outcomes, rubrics, etc
- **Inservice** faculty
 - Hospice/Palliative Care
 - CE-HPC student learning outcomes
 - How to support/guide students
- **Recruitment** of students



Implementation Specifics

- **Five assignments** [with focus on Hospice/Palliative Care (HPC)] completed throughout students' current nursing courses
- **Students select** the course and assignment
- **Extra assignment** or **current assignment** with a HPC focus
- **Current course faculty** approve, support, and grade assignment
- **Certificate** provided once student completes criteria for CE-HPC
- **Various pathways** to start:
 - Term 5/1st nursing semester
 - Term 6/2nd nursing semester
 - Term 7/3rd nursing semester-with director approval
 - Term 8/last nursing semester-no start



Support Needed

- Leadership
- Faculty
- Administrative
- Student



Future Implications

- Expand to all 4 Spheres of Care
- IT support for web-based record keeping/uploads
- Disseminate idea
- Research and tracking

Reference

American Association of Colleges of Nursing. (2021). The Essentials: Core Competencies for Professional Nursing Education. Accessible online at <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

For more information

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Introduction:

In recent years the advancement of healthcare technology and the improvement in medical and nursing care services have significantly decreased infant mortality rates. Despite all these advances, many infants still die in the first days of hospitalization for various reasons (Currie et al., 2016; Jones et al., 2019; Martin et al., 2019).

- The death of an infant is a severe loss for parents, and their need to properly mourn for their babies should be recognized accordingly (Embaireeg et al., 2020).

-Nurses should be aware of the traditions and beliefs of parents about mourning for their child to provide effective care at the end of the infant’s life (Moon Fai & Gordon Arthur, 2009).

-Regardless of differences in spiritual, cultural, and religious beliefs, all parents facing the death of their infants need empathetic, supportive, and well-informed health care providers (Kain et al.,2021)

Methods:

-A qualitative study was conducted using thematic analysis.

-Sampling was carried out using a purposeful method. Participants were chosen from healthcare providers working in the NICUs of three teaching hospitals affiliated with Tabriz University of Medical Sciences, as well as from parents who had experienced the death of their infants in the NICU.

-Twenty-eight interviews were conducted with 26 healthcare providers and parents.

Findings:

Main themes	Subthemes
Religious context as a restriction on the parental involvement in the infant’s end-of-life care	Confusion between acceptance of scientific learning and religious beliefs
	Reluctance to accept parents’ presence at the infant’s end-of-life phase
Socio-cultural challenges of the grieving process among parents	Parents’ avoidance of being present at their infant’s end-of-life phase
	A lonely farewell; an attempt to shorten the mourning process and make separation easier
	Mourning in seclusion

In our study, religious restrictions limited parents' involvement in their infant's End-of-Life care, rendering it unnoticeable. Participants noted that healthcare providers' religious beliefs, physical space limitations, and parents' unwillingness to attend were barriers to optimal care. Additionally, parents, especially mothers, faced socio-cultural challenges in mourning, such as being prevented from attending funerals and bidding farewell due to social customs, leading them to mourn in silence and seclusion.

Our study highlights the need for interventions that address the socio-cultural and religious sensitivities of families. Recommended actions include:

- Regular training courses to enhance healthcare providers' knowledge of bereaved parents' support needs
- Promoting cultural and religious sensitivity among healthcare workers to support bereaved parents globally
- Designing long-term, community-based interventions to change societal views on parental grief
- Applying the study's findings to healthcare providers caring for Muslim families worldwide

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Transforming Undergraduate Nursing Student Comfort with Palliative Care Using Innovative Teaching Modalities

Dr. Tressa Pedroff & Dr. Robin White



INTRODUCTION

- This presentation will review the successful implementation of a palliative care/end of life (EOL) nursing care elective course in an undergraduate BSN nursing program at a private university.
- The present course utilizes the basics of the ELNEC core curriculum enhanced with innovative teaching strategies to assist learners with the understanding and operationalization of important palliative care/EOL concepts.
- The release of the American Association of Colleges of Nursing's Essentials: Core Concepts for Professional Nursing Education provides the ideal motivation for the revision of this nursing program curriculum to meet the new expectations for patient care related to the hospice/palliative/supportive care sphere of care.

COURSE INCEPTION/HISTORICAL TIMELINE

- Faculty first proposed and offered this course as a pilot nursing elective course (3 credit hours) to run with a 'special topics' distinction in fall of 2011 and 2012, after attending the ELNEC core trainer course in San Diego, CA.
- Due to high enrollment and positive course feedback, the course was transitioned to a permanent Nursing Elective course in the BSN/MSN curriculum in 2013.
- The Writing Intensive (WI) component was added in 2016, as there was a high demand for additional ways for students to meet the general education requirement of the baccalaureate program.
- This course maintained hybrid status throughout the pandemic.
- Co-taught in 2023 by the two ELNEC trained full-time faculty and is currently being offered in both fall and spring semesters.
- Simulation has been a part of this course since 2012.

INNOVATIVE TEACHING STRATEGIES

These strategies include:

- an end of life simulation experience
- role play activities
- incorporation of several short but powerful texts exemplifying patient, family, and health care professionals' end of life experiences (*Final Gifts* by Callahan & Kelly, 2012; *The Four Things that Matter Most* by Byock, 2014; *Gone from My Sight* by Karnes, 1986) incorporated into reflective writing assignments
- in-class and out of class discussions on palliative care/EOL topics
- applicable movies and video clips
- guest speakers with various experiences in palliative/EOL care (clergy, nurse navigators, Hospice nurses, EOL doula, complementary medicine)

STUDENT OUTCOME MEASURES

Course enrollment has remained between 10-25 students each semester over the last decade. Outcome measures demonstrate positive student perceptions related to the course as well as its usefulness in clinical nursing practice as evidenced by student testimonials both as students and as new graduate nurses.

Course Evaluation Results

Quantitative

AY	2011	2012	2013	2014	2017	2018	2019	2020	2021	2022	2023
Scale 1-5	4.79	4.85	4.73	4.79	5.0	4.67	4.73	4.66	4.11	4.8	4.43

Student Perception Surveys-Overall Course

Qualitative/Student Comments on Course Evaluations:

- "I found this class to be the most interactive class of the semester, and I think it helped retain the class concepts and material."
- "Very interactive class environment with many activities which helped exponentially."
- "I loved this class. The guest speakers were great and intriguing. This course has helped prepare me so much. I feel as if everyone should be required to take palliative care."
- "The activities, assignments, and projects were very reflective and allowed me to fully put myself in the class and think as an end-of-life patient."

Alumni Testimonials:

- "Taking your class really helped to prepare me to witness the dying process, and it made the whole process a lot less frightening. I've been utilizing a lot of the information I learned in the palliative care course, educating family members." -Jordan Koss '23
- "I was thinking back after my shift and I can't express enough how much the class helped in regards to what to say to the family, how to reflect on my feelings during the experience and how to make it a more comforting environment for the patient and family. In my personal opinion, it was one of the most beneficial classes I took knowing I wanted to go into the ICU and so I just wanted to say thank you!!! I wish I could convince more students to take that class because patient death is an inevitable thing to come across and the class has helped me in so many ways. -Caitlyn Barbieri '22
- "I wanted to email you to let you know that your palliative care course truly helped me deliver some unfortunate news of a passing to a family member." -Ayanna Wesley '20



TRANSITIONING WITHIN THE CURRICULUM

- Currently the course is being revised to become a required part of the undergraduate BSN curriculum.
- The new course will be entitled *Restorative and Palliative Care Nursing*, which will focus on care of patients with chronic medical illness and those with palliative and end-of-life care needs.
- All junior level students will take this 3 credit hour didactic course concurrently with the medical-surgical course sequencing.
- The ELNEC core curriculum education materials will be utilized and many of the innovative teaching strategies will be maintained.

SUPPORTING EVIDENCE

- Schools of nursing have a responsibility "to prepare students to provide compassionate and competent care to patients" throughout their disease trajectory, including at EOL (Lippe et al., 2022, p. 257).
- Simulation experiences are an effective method to increase student nurse competence and quality performance in palliative/EOL care regardless of their experience level (Kirkpatrick et al., 2019).
- EOL simulation aids in the confidence of nursing students in providing care in this situation (Kunkel et al., 2016).
- Narrative writing has been found to be useful in a palliative care/EOL course to aid in reflection and the sharing of stories (Wittenberg et al., 2016).
- Palliative care communication skills are essential in providing effective EOL care including symptom management, support, and care planning (Smith et al., 2018).
- Story reading that includes opportunities for reflection has increased the general empathy of medical students in the fields of transfer of empathy, cognitive, and emotional empathy (Mahmoudi et al., 2024).

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Transforming Palliative Care Education: An Interprofessional Palliative Care Course

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Carrie L. Cormack, DNP, CPNP, FAAN
Alex Walters, MA

BACKGROUND/PURPOSE

- Nursing students express low levels of comfort when providing end-of-life care and feel unprepared in providing basic palliative care.
- There is a need for interactive, interprofessional educational opportunities for students to practice therapeutic communication and learn basic palliative care.
- This course provides a unique opportunity for students to follow a patient and family throughout the illness trajectory, with a focus on managing conflict, facilitating difficult conversations, assessing caregiver well-being and learning about the various roles on the palliative care team.

POPULATION/SETTING

- Undergraduate ABSN and Graduate DNP students enrolled in a College of Nursing program in the Southeastern US

APPROACH/METHODS

- Script Design: guided by ELNEC Core curriculum, TeamSTEPPS, AACN *Competencies and Recommendations for Educating Nursing Students (CARES/G-CARES)*, and the AACN *Essentials*
- 4 scenarios with guided reflection questions
 1. Introduction to Patient and Family
 2. Calling the Provider
 3. Communicating Bad News
 4. A Good Death
- Recruitment of volunteers, plus standardized patients
- Course includes integration of interprofessional expertise and reflection questions with expert responses
- Filmed by professional videographer
- Collaborated with an instructional design manager for course development in Articulate Rise



By engaging in practical, patient-centered scenarios, students are empowered with opportunities to incorporate the palliative care skills learned in this course into their future practice.



Scan this QR code to access the course for free.

CONCLUSIONS/RECOMMENDATIONS

- Survey results indicated:
 - This course was highly effective in meeting the learning objectives.
 - It enhanced the participants' ability to provide basic palliative care to patients and family.
 - It provided helpful resources for implementing a change in practice.
 - 100% of participants would recommend the course to other colleagues or students.
- Course is easily embedded into any learning management system for faculty and student use.
- Innovative way to meet the AACN *Essentials* fourth sphere of care (hospice/palliative/supportive care) and the concepts for nursing practice without changing the curriculum.
- Recommend prebrief discussion prior to watching some of the videos, as they include realistic scenarios with sensitive topics.

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College of Nursing



Partnering to Encourage Others during Loss – An End-of-Life IPE Experience

JOAN STANEK DNP, RN, CHPN CLINICAL ASSOCIATE PROFESSOR

Introduction

Healthcare professions students typically lack the opportunity for interprofessional education (IPE) surrounding end-of-life care.

Background

Persons at the end-of-life are an inherently vulnerable population, and oftentimes patients and families turn to their healthcare team for education and support during this time. These conversations are complex, challenging, and require an empathetic and knowledgeable interprofessional team.

Purpose

After participating in an IPE immersion experience, did students levels of confidence change on selected sub-competencies from the Interprofessional Education Collaborative Core Competencies for Interprofessional Collaborative Practice.

Survey Question Categories

Values/Ethics for Interprofessional Practice – 3 questions

Interprofessional Communication – 2 questions

Team and Teamwork – 2 questions

Roles/Responsibilities – 2 questions

Setting

The IPE immersion experience was part of an elective course titled *Death and Bereavement Across the Life Span*. This 3-credit hour graduate level course is coordinated by faculty from the School of Social Work and the School of Nursing. It is designed for students in the healthcare professions schools but available to all students.

Participants

Students enrolled in the course participated as part of the course objectives. Fifth year medical students were invited to participate since no medical students enrolled in the course and the experience would fulfill their IPE requirement for the semester. Healthcare professions school represented included nursing, pharmacy, social work and child life specialists.

Methods

Study Design

Students were asked to complete a retrospective pre-post intervention survey to measure levels of confidence on selected sub-competencies from the Interprofessional Education Collaborative Core Competencies for Interprofessional Collaborative Practice.

Student Groups

Students were divided into small groups to include at least one member from each healthcare profession where possible. Students completed an icebreaker exercise and identified their role for the case study.

Case Study

Student groups completed an unfolding case study involving a patient who suffered a traumatic brain injury from an unsuccessful suicide attempt. Due to a brain death diagnosis, a decision to extubate had to be made by the family. The case included spiritual, legal and ethical considerations. Discussion prompts for each healthcare profession student were provided. The case study had three parts and students were given a timeline to ensure completion. After the case study was completed, all students reconvened for a debrief and discussion.

Debrief/Discussion

Two specific areas of the debrief were

- discussing the need for IPE teamwork with patients/families going through EOL.
- how do interprofessional team members support each other after a patient's death especially a complex case as presented in the case study.

Results

There was a 70% survey completion rate with 21 of 30 students fully completing the survey. The results showed an increase in confidence when providing care for patients and families at end of life in every sub-competency measured. Additional open comments were positive about the IPE activity. Suggestions including more medical students were also given.

Conclusions

This in-class IPE activity project offers an innovative strategy to increase individual confidence and interprofessional communication to better train health professions students in end-of-life care.



End of Life Symposium Educates Student Nurses In Palliative Nursing Care

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Diane Voeller MN, FNP-C, GS-C Adjunct Clinical Faculty Linfield University School of Nursing

Purpose

Aim is to ensure traditional BSN nursing students understand the components and delivery process of palliative nursing care.

Background

October 3, 2018 was the first “ Dr Jan Selliken Life Transitions Nursing Symposium” Now titled the Linfield University School of Nursing “ End of Life (EOL) Symposium”

- EOL Symposium is focused on the care of all patients throughout the life span who have acute, life limiting illness, and nurse resilience
- EOL symposium is full day for traditional BSN nursing students and clinical faculty.
- Dr Selliken has exceptional scholarship in life transitions. An expert in midwifery and palliative/hospice nursing care. Dr. Selliken sees parallels in the birth and dying experience. Dr. Selliken initiated a ritual ceremonial “ toast to the dying” at the end of the all day EOL symposium
- Participants at the EOL symposium continue to “toast” those who have passed in the professional and personal lives.

Conceptual Framework +Methods

National Consensus Project (2001) established eight essential domains of palliative care. The EOL Symposium utilizes many educational modalities to educate in all palliative care nursing domains

- Structure and Process: Pediatric and Geriatric palliative care nursing lecture, review of advance directive, POLST, advanced care plan
- Physical Aspects: ELNEC module study clinical simulation video, nursing faculty lecture
- Psychological/Psychiatric Aspects: clinical simulation videos, student nurse role play, small group discussion w/clinical faculty
- Social and Cultural Aspects: clinical simulation palliative care conference video, small group discussion
- Spiritual and existential aspect: MAID family experience video and discussion
- Care at End of Life:ELNEC module study, nursing faculty lecture, clinical sim videos, role play
- Ethical and Legal Aspects: Nurse Ethicist lecture and authentic nursing experience in palliative and end of life nursing care

Conclusions

- Palliative care and hospice nursing education are an essential part of training for student nurses.
- Traditional BSN nursing students have provided positive feedback that care of the dying is being addressed as part of nursing education.

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Creating & Implementing Palliative Care (PC) Nursing Evolving Case Study Simulations



Chaminade University OF HONOLULU

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Background & Local Context

- In the US, 51.8% of adults have at least 1 major chronic disease; 27.2% have 2 or more major chronic diseases.
- PC is specialized healthcare that focuses on relieving the symptoms and stress of a serious illness and improving quality of life for patients and their caregivers.
- Percentage of Hawaii's population age 65 and older is 19.2%.
- About 1/3 of Hawaii's population is covered by the state's Medicaid program (Med-QUEST).
- New Med-QUEST community-based PC services were approved by CMS in May of 2024.
- Other health plans in HI cover some form of community-based PC services.
- Increasing need for nurses who can provide culturally-appropriate PC for seriously ill Hawaiians.

PC Nursing Education at Chaminade University of Honolulu (CUH)

- CUH is the first and only pre-licensure nursing school in HI to include End of Life Nursing Education Consortium (ELNEC) Undergraduate modules in its core nursing courses.
- CUH BSN program is the first in the US to offer a PC Nursing minor.
- Western Washington University offers an interdisciplinary PC minor, which includes 1 nursing course.
- Other BSN programs offer PC nursing elective courses.
- CUH PC minor consists of 5 elective, semester-length courses based on the 8 PC Domains in the National Consensus Project's *Clinical Practice Guidelines for Quality Palliative Care (4th edition)*.
- Course Learning Outcomes in PC minor align with AACN, ELNEC, and City of Hope CARES Competencies (2nd ed.) & 2021 AACN *Essentials*.
- Each of the first 3 courses in the CUH PC nursing minor includes an evolving case-study simulation, with students role-playing members of interdisciplinary teams in hospital, clinic, PC, and hospice settings.



Value of PC Simulation in Nursing Education

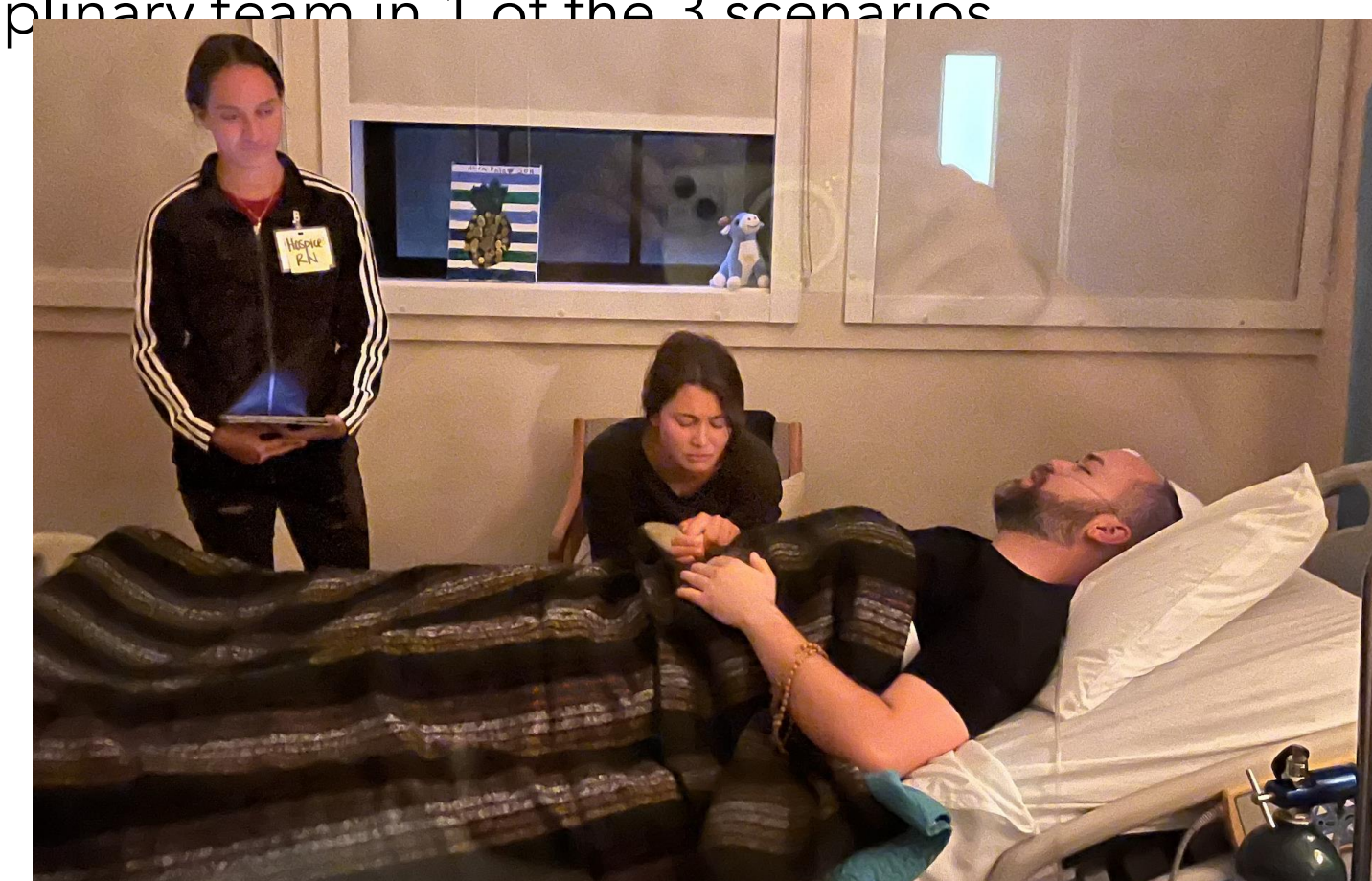
- Purpose of simulation in nursing education is to combine didactic learning and skills content into patient-centered scenarios.
- Simulation is considered a comparable learning experience to onsite clinical rotations.
- Simulation offers a safe environment to practice new or difficult subjects and skills.
- Opportunity to support hands-on learning while maintaining and monitoring for psychological safety.
- PC simulation helps develop nursing students' competence by providing context and meaning to care for patients with serious illness and their families.

Summary of Evolving Case Study Simulation in First Course for CUH PC Nursing Minor

- Simulation was based on an original evolving case study written by PC course coordinator.
- A local PC educator with Native Hawaiian ancestry contributed authentic cultural details included in the case study.
- CUH Nursing Simulation Coordinator and Sim. team developed case study into story-boards for 3 clinical scenarios.
- Patient was a 57-year-old Native Hawaiian woman with late-stage heart failure, which progressed in severity with 3 successive clinical scenarios (in-hospital; at home with visiting PC team; beginning transition to hospice care at home).
- Students prepared for Simulation session by completing a Case Study Matrix including assessment findings, evidence-based nursing interventions, nursing goals, reflections on emotional impact for RN, in each of the NCP's 8 PC Domains.
- Case Study Matrix adapted (with permission) from a similar tool developed for a University of Michigan PC nursing course. (H. Mason, personal communication, October 30, 2022; K. Harden, personal communication, October 26, 2023)
- Students were randomly assigned a role (APRN, MD, RN, SW, Chaplain, or CNA) to play on the hospital's PC

Summary of Evolving Case Study Simulation in Second Course for CUH PC Nursing Minor

- Simulation was based on an evolving case study developed by the Interdisciplinary Curriculum for Oncology & Palliative Care Education (iCOPE) at University of Louisville.
- CUH Nursing Simulation Coordinator and Sim. team developed this case study into story-boards for 3 clinical scenarios, which were shared with students in advance of the Simulation session.
- Students completed a Case Study Matrix including 4 of the NCP's 8 PC Domains to prepare for this Simulation.
- Patient: 51-year-old Hispanic man with stage 4 pancreatic cancer, which progressed with each scenario (initial oncology clinic visit; follow-up oncology visit when patient accepted hospice; hospice team visiting dying patient in his home).
- Actors included standardized patient & patient's daughter
- Students were each randomly assigned a role (APRN, RN, SW, Chaplain, MD) to play as a member of the oncology clinic team or the hospice interdisciplinary team in 1 of the 3 scenarios.



PC Nursing Students' Feedback on PC Simulation Sessions

- "The Sim lab, in particular, stood out as a valuable component, providing a glimpse into real-life scenarios and requiring us to think on our feet, simulating the challenges a nurse might face in practice."
- "I have been able to really get into a simulation and really feel what it was like to be a nurse."
- "...the simulation lab was a great way to practice these skills and get a glimpse of what it's like in a real scenario."
- "...our Sim people made it very realistic to give us a good learning experience."
- "...we got a story-board; this helped us cover more bases... and gave me more confidence in my role."
- "[I like] how comfortable the class is getting with patient interactions."

Implications for Nursing Education

- Hospice, palliative, supportive, and end-of-life care are one of the 4 main spheres of care in AACN's latest edition (2021) of *The Essentials: Core Competencies for Professional Nursing Education*.
- Nursing programs in Hawaii and across the US need to include the ELNEC Undergraduate/New Graduate curriculum, other PC nursing content, and elective PC courses to meet the growing need for PC-trained clinicians in all healthcare settings.
- PC simulation sessions help pre-licensure nursing students develop greater competence and comfort within this essential sphere.



References (Link via QR Code)



Introduction

- In the United States, students of the health professions, including nursing students, have historically received inadequate preparation in the domains of palliative care.¹
- The American Association of Colleges of Nursing's revised core competencies call for nurses to be trained to provide palliative care to seriously ill patients and loved ones.²
- Nursing students benefit from diverse learning activities to explore the many aspects of primary palliative care,³ but these activities can be challenging to implement in an accelerated nursing program.

Project Aims

- Evaluate the current state of education across all domains of palliative care in an accelerated Bachelor of Science in Nursing (BSN) program at a health sciences institute in New England.
- Assess faculty experiences, perceptions, and attitudes toward palliative care education for nursing students.
- Identify gaps and opportunities for future learning activities related to palliative care.

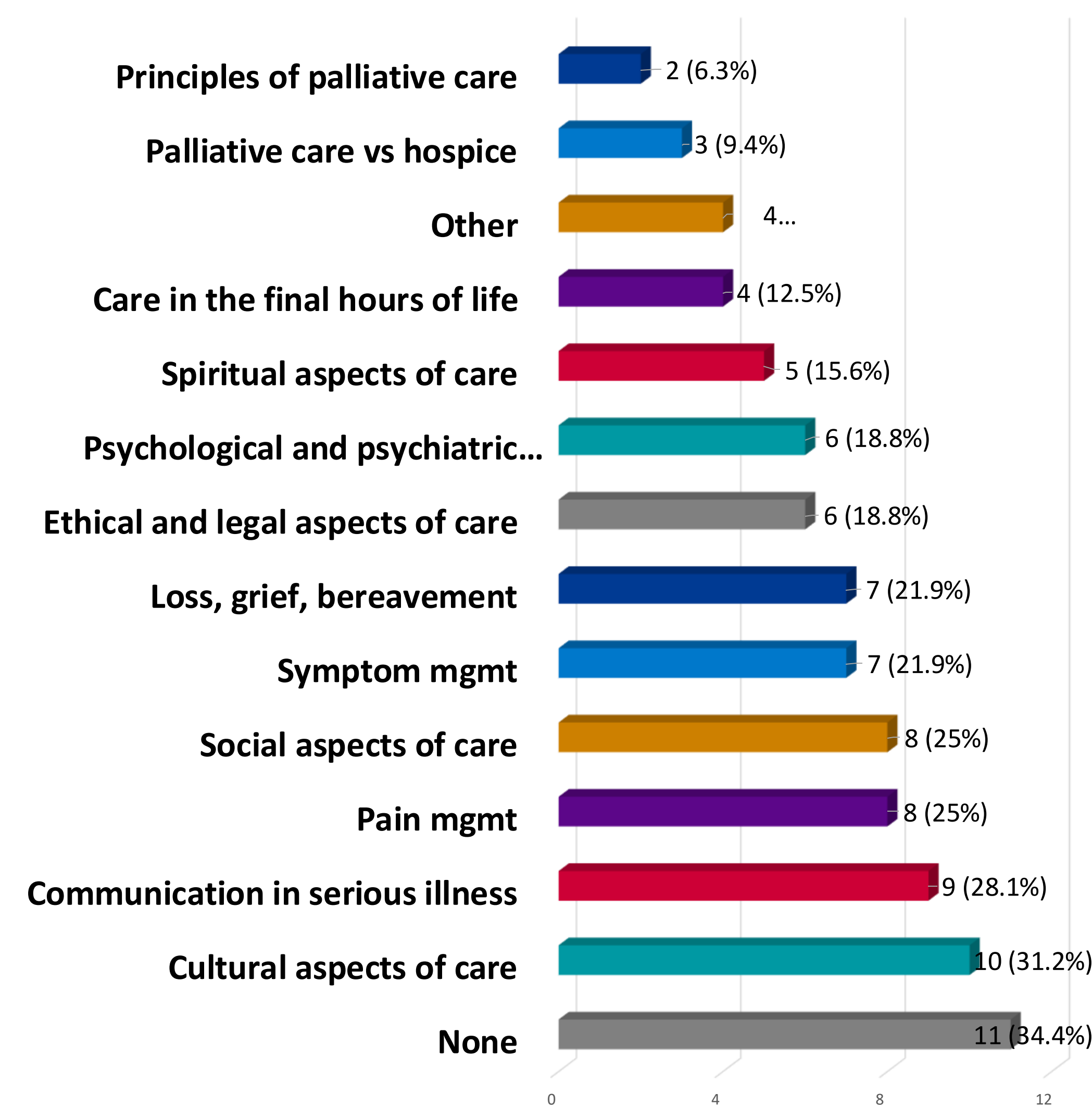
Methods

- An electronic survey questionnaire adapted with permission from a nationwide needs assessment survey by Dr. Megan Lippe and colleagues (e-mail communication, July 2023) was distributed to accelerated BSN faculty at our institution.
- Quantitative data was collected regarding the palliative care topics and learning activities currently used.
- Participants were also asked to rate their perceived importance of palliative care topics, their preparation to provide this education to students, and perceived barriers to this education in the accelerated BSN program.
- Qualitative data was collected to assess faculty perceptions about priorities for palliative care education and recommendations for future learning activities.
- This project was exempted from full institutional review board review.

Results

- 32 faculty members responded to the survey, with instructor representation from 93% of current course offerings in the accelerated BSN program.
 - 34% were in the role of Assistant Professor.
 - 38% were Clinical Instructors.
 - 19% were Instructors.
- 18.8% of prelicensure faculty reported that they have not received any education or training in palliative care.
- 46.9% reported receiving "informal education or instruction" related to palliative care.

Palliative care content areas taught, self-reported by faculty



How and where is palliative care taught?

- Most common learning environments for palliative care content were the classroom (46.7%) and clinical setting (40%).
- Most common learning activities: lecture (43.3%), bedside clinical teaching (36.7%), and informal discussion (33.3%).
- 1 respondent (3.3%) reported teaching palliative care content during a simulation activity.

What palliative care topics do faculty feel are most important for prelicensure nursing students?

End-of-life care

- "Exposure to end of life care while in nursing school"
- "...caring for patients at the end of life (medications, support for family, what to expect when the patient is dying in the hospital setting.)"
- "End-of-life symptom assessment and management"

Communication

- "Communicating with families"
- "What to say/do vs what NOT to say/do"
- "Just how to answer the big questions nurses get asked by family members without MDs present"

Self-care and coping

- "Being able to handle/manage their own emotions as they care for families."
- "Self awareness about their own comfort with these topics"

What ideas do faculty have for incorporating palliative care topics into the curriculum?

The benefits of simulation

- "Opportunity to practice in a low stakes environment, i.e., with high fidelity simulation with standardized participants..."
- "Mock simulations regarding serious illness conversations."
- "Simulation experiences to help assist learning when clinical experiences are not available"

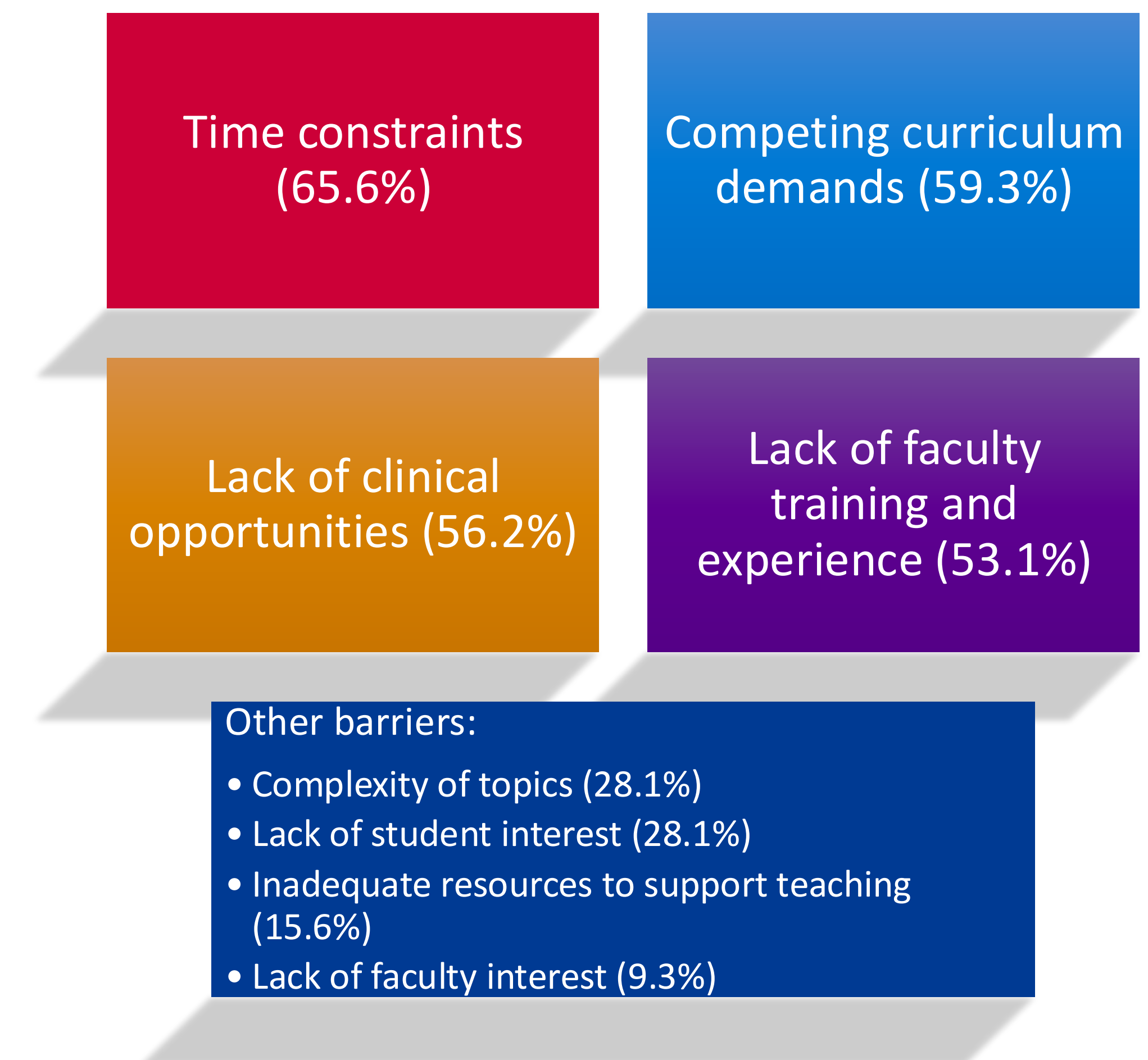
Student opportunities to provide palliative care

- "Allowing students to be a part of these palliative care patients – at times we avoid assigning students to these patients to avoid disturbing patients."
- Both Phillips 20 & 21 have newly opened "supportive care beds" expanding palliative care offered to many patients within MGH."

Integrating content throughout the program

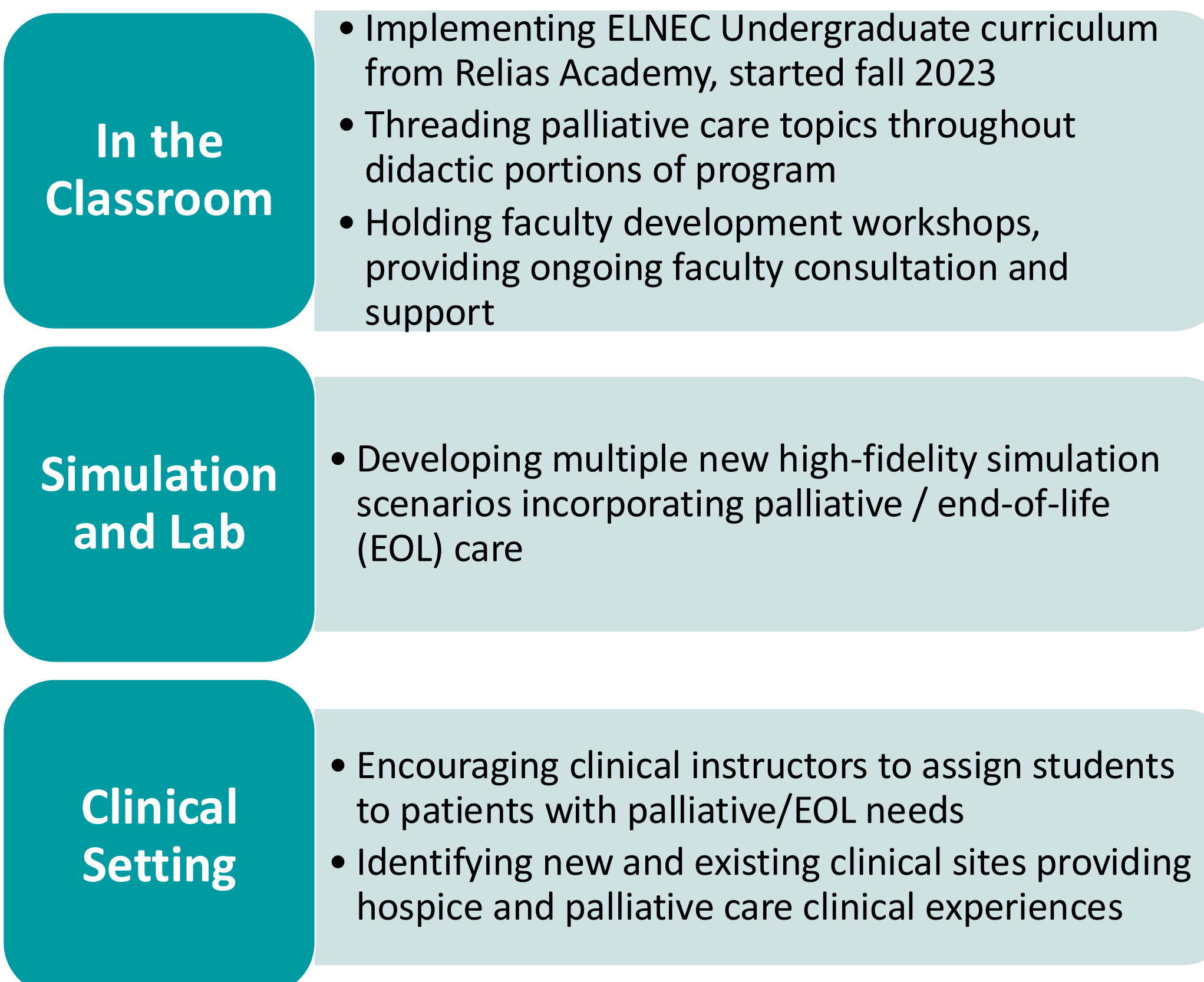
- "...Palliative care is relevant to all specialties. Making it its own seminar or separate day risks losing the nuance that is captured when palliative care is incorporated regularly..."
- "Cross-course integration..."
- "ELNEC modules weaved throughout the program, with opportunities to debrief with faculty."

Faculty-perceived barriers to palliative care education



Discussion

- This assessment illuminated key opportunities to incorporate palliative care into future learning activities in a newly redesigned 12-month accelerated BSN curriculum.



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Primary Palliative Care: A dedicated course

Janet Wulf, DNP,
Hannah Murphy Buc, PhD,
Melissa McClean, MSN,
Ann Hoffman, DNP

Structure

- 16-week, 2 credit course
- Required for all BSN students
- Taught in the 2nd of 4 semesters
- 50+ students per section
- 400 students per year

Components

- Relias/ELNEC Undergraduate Curriculum (6 modules, \$29)
- Interactive application activities
- Brief in-class assignments (7)
- Standardized patient simulation
- Quizzes (3)
- Larger assignments (3)
 - Symptom management Soft Chalk lesson
 - Book in the Round
 - Vulnerable Populations Project (VPP)
- Two virtual or “work weeks” for Soft Chalk and planning the VPP
- Restorative Justice community building circles

“This course taught me how to be a more compassionate nurse and the power of having difficult conversations with our patients and their families and how that positively shapes the way we care for them”



Teaching Strategies

- In-person class
- Smaller class sizes to enhance affective content
- Taught by palliative experts
- Incentivize attendance, maximize learning, minimize student stress:
- ELNEC module certificates graded as ticket to class to help students prepare
- Opportunities to practice and demonstrate learning (CBE)
- Reflective practices

Research:

- Plan to study students’ increased comfort and competence with difficult conversations, cultural competence, and eliciting and advocating for patient goals, values, & preferences
- Mixed Methods longitudinal study
- Pre- & post-graduation data from students and nurse supervisors.
- Frommelt, Focus groups, and other tools currently being considered.
- **Seeking collaborators for multi-site study**