

The background of the slide is a complex, abstract pattern of wavy, concentric lines in shades of green and black. The lines are dense and create a sense of depth and movement, resembling a stylized, textured surface or perhaps a close-up of a natural material like wood or stone. The overall effect is a rich, organic texture that frames the central text.


how end-of-life care is incorporated in nursing education

Anna Dupree MS-L class of 2021

“Inadequate palliative care education among nurses caring for a terminally ill or dying patient has also been associated with inappropriate communication, lack of compassion and avoidance of the patient, as well as increased patient and family anxiety,”

Cynthia Baker

Executive Director of the Canadian
Association of Schools of Nursing



Problem: End-of-life care (EOLC) is inconsistent in quality and often over-medicalized

➤ Background

- Nurses spend the most time with patients compared to other healthcare professionals
- Nurses are often uncomfortable providing EOLC and initiating EOLC conversations
- Nursing schools have widely different approaches to EOLC education
- EOLC education lags behind EBP

➤ Significance

- Dysthanasia is common
- Poor symptom management at EOL is common
- Care is not always culturally competent/ communication quality can be poor
- The silver tsunami is approaching
- Nursing education needs robust EOLC component to improve the quality of EOLC that patients receive



Literature Findings

- ▶ Research articles are generally single-site
- ▶ No clear findings on what methods are best (didactic, simulation, clinical experience, case studies, standardized patient, etc.)
- ▶ Very few articles demonstrate transfer to practice
- ▶ Outcomes measured are knowledge, attitude, and perceived competency
- ▶ ELNEC utilization is increasing (470 using, 1,600 not using as of 2019)
- ▶ Use of simulations are on the rise
- ▶ Debriefing after EOLC experience is important for normalizing student feelings
- ▶ Communication with families is a common theme and often generates feelings of awkwardness with students
- ▶ Support for interprofessional education (IPE)



Qualitative Research of Nursing School EOLC Curriculum Design Process

➤ Methods:

- IRB approved
- Qualitative descriptive study about how nursing schools develop and implement EOLC curriculum content and teaching methodologies
- 1-hr phone interviews with nursing school faculty and directors involved in developing and implementing EOLC education
- Interviews transcribed and analyzed for themes

➤ Findings:

- Approach to EOLC incorporation is sometimes coordinated, sometimes haphazard
- Acute care clinical experiences with comfort care patients include debrief
- Case studies, simulations, group discussions and movies are most common
- IPE guest lecturers often used, including organ donation, hospice nurses, and chaplains most common
- EOLC is often included throughout the curriculum adjacent to different content area like Geriatrics, Oncology or OB
- An innovative approach is to teach EOLC from a diversity perspective



Discussion

► Limitations

- Only six schools included, all from California
- No private schools were included
- Faculty were all Caucasian
- As EOLC is often broken up over the entire nursing program, instructors are more familiar with the component they teach and there may not be an overall vision for EOLC education

► Implications

- Need large-scale research that demonstrates impact on clinical practice
- Affective-learning (critical thinking and self-questioning) is uncomfortable learning
- EOLC should not be avoided or treated as something that is only learned “on-the-job”
- Increased awareness of EOLC, palliative care and hospice are needed