

**Palliative Care**  
**Matters** | Building  
National Consensus

**L'importance des**  
**soins palliatifs** | Forger  
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Resources for Nurses and Nursing Care Providers

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- I have no conflicts of interests to declare
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## Acknowledgements

I would like to acknowledge Madeleine Greig and the Palliative Care Matters team for their valuable assistance in preparation.

**What resources are required to ensure adequate education, training, and mentorship for nurses and healthcare assistants who provide palliative care?**



## Overview

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## Nurses

- Includes Nurse Practitioners, Registered Nurses and Licensed Practical Nurses.
- Education is regulated at the provincial level.
- The Canadian Association Schools of Nursing (CASN) accredits entry-level nursing education.
- Canadian Nurses Association.
- Canadian Council for Practical Nurse Regulators.

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## Nursing Care Providers

- Variously referred to as home health aides, health care workers, residential care aides, personal support workers.
- Unregulated.
- Length of education is typically 7-8 months.
- Provide the most direct care to palliative patients at home and in residential care.
- Studies conducted in Canada have indicated nursing care providers do not feel well-prepared for palliative care.

## Entry-Level versus Specialty Education

- Regulated care providers have basic entry-level competencies.
- Specialty education requires additional preparation.
- Boundaries between entry-level and specialty preparation are not always clear.
- Requirements for nursing specialty preparation are influenced by population, workplace context, and workforce availability.
- Nurses can specialize in palliative care.
- Every nurse and nursing care provider must be competent to care for dying patients.

## Palliative Care versus Palliative Approach

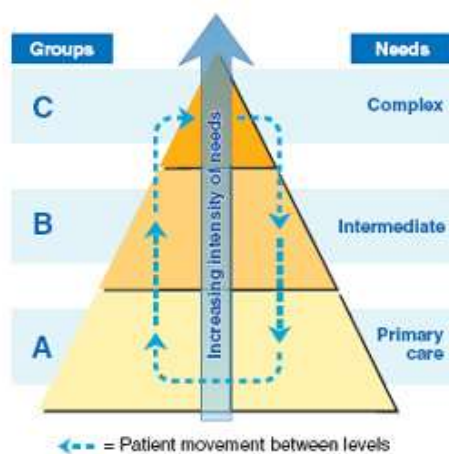
- Few nurses work in specialized palliative care.
- Not all patients require specialized palliative care.
- Dying can be problematic in the locations of care where patients are most likely to die.\*
- All patients on a dying trajectory can benefit from a palliative approach.

\*Stajduhar K. Chronic illness, palliative care, and the problematic nature of dying.  
*Canadian Journal of Nursing Research*. 2011;43(3):7-15.

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Palliative Care Australia. [www.pcc4u.org](http://www.pcc4u.org)

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## Palliative Approach

- Adaptation of foundational principles of palliative care for:
  - Early support for those on a dying trajectory.
  - All life-limiting conditions.
  - Contexts of care such as home, residential, and acute.

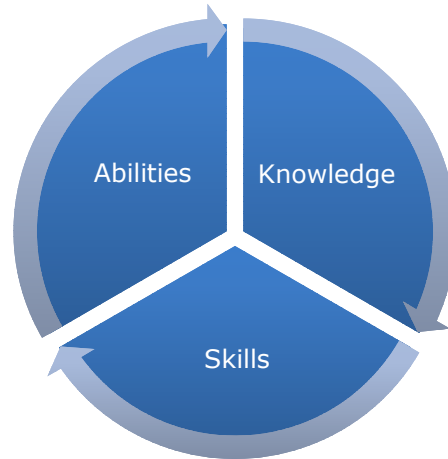
See [www.ipanel.ca](http://www.ipanel.ca)

## Capacities and Responsibilities

- Influenced by a variety of factors including:
  - Skill mix.
  - Patient population.
  - Availability and knowledge of other care providers.
  - Health system supports.
- These factors are essential to consider when providing education, training, and mentorship.



## Fundamentals of Practice



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## Findings

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## IPSOS Results

- Canadians place high priority on palliative education.
- A majority indicated agreement with the following:
  - Health care providers need direct experience in palliative care.
  - Certification and mandatory annual training are important.
  - Providers should be screened for compassion and empathy.
  - Workloads are a barrier to high quality palliative care.



## Findings: Educational Resources



## Standards and Competencies

- Canadian Hospice Palliative Care Association: Standards of practice and educational resources to support specialty preparation.
- Canadian Association Schools of Nursing: Palliative competencies and educational resources to support integration into entry-level education for registered nurses.
- Competencies for practical nurses and nursing providers are part of national and provincial generic educational competencies.

## Challenges

- Competency statements have varying degrees of specificity in relation to palliative care.
- Varying degrees of accountability for competency integration into the curriculum.
- Limited uptake of specialty certification.
- No national interdisciplinary palliative care competency framework.

## Curricula

- End-of-Life Nursing Education Consortium in the United States.
  - Train the trainer workshops launched in 2000.
  - International curriculum launched in 2006.
  - Most well-researched and well-funded program with a nursing focus.
- Learning Essential Approaches to Palliative Care: Pallium
  - Competency-based curriculum.
  - Includes both nurses and nursing care providers.
  - Discipline-specific and inter-disciplinary education.
  - Adapted to various contexts and disease conditions.

## Curricula



- Exemplars of excellent curricula available across Canada.
- Difficult to know what is available and to decide which is most appropriate.

## Palliative Approach

- Many curricula use the term palliative approach to describe their focus.
- Few address the three criteria of
  - (1) early intervention,
  - (2) adaption to a variety of chronic life-limiting conditions, and
  - (3) adaptation to contexts of care.\*
- Need for competency frameworks adapted to a palliative approach.

\*Sawatzky R, Porterfield, P., Lee, J., Dixon, D., Lounsbury, K., Pesut, B., Roberts, D., Tayler, C., Voth, J., Stajduhar, K. Conceptual foundations of a palliative approach: A knowledge synthesis. *BMC Palliative Care*. 2016;15(5): 1-14.

## Findings: Educational Effectiveness



## Palliative Nursing Education Review

- Studies (n=58) published between 2001 and 2011.
- Wide variability in duration and content of education.
- Positive outcomes reported in 86% of studies.
- Effect sizes across studies:
  - Large effect on nurses' stress
  - Moderate effect on nurses' communication, attitude, knowledge, and confidence.
  - Small effect on nurses' anxiety, perceptions, work environment, and changes in practice.
- Studies primarily examined individual level outcomes.
- Methodological limitations.

## Palliative Education for Rural Nurses Review

- Little evidence of the effectiveness of online learning.
- Nurses prefer face-to-face, multi-disciplinary learning.
- Rural nurses face barriers such as heavy workloads, limited learning opportunities, and challenges attending education at a distance.
- Difficult to draw conclusions because of the limited number of studies (n=10) and the different objectives of the studies.

## Select Findings

- Individualized learning leads to knowledge and practice gains.
- Mentorship, support, and “real-world” learning important for confidence.
- Educating homecare nurses to provide informal education to general practitioners resulted in positive gains in inter-professional learning and practice.

## Focus on Undergraduate Preparation

- Two reviews published in 2014.
- Time devoted to palliative care ranged from 2-50 hours.
- Heavy emphasis on experiential learning with mixed outcomes; however, difficult to evaluate experiential learning.
- Important to pay attention to the level, characteristics, and experiences with death of the learner.

## Simulation



- Research is in early stages
- Holds promise for increasing the comfort, attitudes, knowledge, and confidence of the learner.
- Strategies to support students' psychological safety are important.

## Educating nursing care providers

- One published review specific to long term care.
- Studies located for our review suggested gains such as:
  - Better understanding of roles of the healthcare team.
  - Enhanced confidence in communicating with the team.
  - More responsibility for identifying those on a dying trajectory.
  - Enhanced abilities to interact with patients and families.
  - Increased confidence in their own contributions to care.
  - Greater familiarity with palliative practice support tools.

## Collaborative Education with Nursing Care Providers

- Important to:
  - Provide baseline knowledge and orientation to unfamiliar learning strategies.
  - Strategize a comfortable learning environment.
  - Use strategies to build confidence.
- Greatest gains in ability to communicate within the team.

## Knowledge Translation

- Workplace context is critical for knowledge uptake and adaptation.
- Practice support tools are necessary.
- Barriers include the following:
  - Workload.
  - Interpersonal tensions.
  - Lack of communication.
  - Poor support in coping with multiple deaths over time.



## Implications



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**National standardized inter-  
disciplinary palliative competencies  
would facilitate the development and  
evaluation of education.**

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**Evidence reports on short-term gains in individual knowledge, competence, and attitudes.**

**We know less about whether these gains are sustained or about patient and system-level outcomes.**

**Collaborative education is most effective when combined with discipline-specific education.**

**Education in a palliative approach  
needs to be provided alongside  
specialized palliative care  
education.**

**Simulation, on-line learning, informal  
workplace learning, and  
apprenticeships hold promise for  
extending the reach of palliative  
education.**

**Conducive practice contexts are a critical resource for the enactment and refinement of palliative knowledge.**

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**Resources for Nurses  
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Questions**

