

# **Integrating Palliative care into the Bachelor of Nursing Curriculum**

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## ***INTRODUCTION AND BACKGROUND***

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The School of Nursing and Midwifery's (SoNM), Bachelor of Nursing (BN) curriculum is currently undergoing external review and redesign in preparation for reaccreditation in December 2009. The Palliative Care Curriculum for Undergraduate Project (PCC4U) provided an opportunity to review and redesign how palliative care is integrated into our BN curriculum.

Palliative care is defined by the World Health Organisation as:

“...an approach that improves the quality of life of individuals and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.”

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in bereavement
- uses a team approach to address the needs of patients and their families, including bereavement counselling if indicated;
- will enhance quality of life, and may also positively influence the course of illness
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.” (Palliative Care Australia, 2005)

Research suggests that nurses may not be prepared adequately for working with individuals at the end of life and strongly supports the integration of palliative care into undergraduate curriculum (PCC4U, 2005). Barrere, Durkin and LaCoursiere (2008) identified that nursing students' attitudes toward care of the dying was positively influenced by the integration of palliative care into undergraduate nursing program. Although Barrere et al's exploration was based on the use of an end of life education package designed within the United States of America the significance of changing students' attitudes by the integration of palliative education into curriculum cannot be discounted.

### ***Impact of the Current Review of the Bachelor of Nursing Curricula on Palliative Care Integration***

The internal and external review of our BN curricula has commenced and will be ongoing with implementation of a new curriculum planned for 2011. It would be counter-productive to indicate how palliative care would be integrated into the proposed courses as they may be adjusted many times during the review. Components from the proposed integration of palliative care identified by this project will be integrated into the current curriculum and evaluated. However, these will then be further developed as a palliative care curricula framework to be implemented in the revised 2011 curriculum.

### ***Project Goal***

The goal of this project was to guide the development of a transparent and integrated approach to palliative care within the BN program.

### ***Project Scope***

The project involved:

- Mapping the existence of palliative care issues within the current BN program
- Collaboration with key stakeholders to identify potential areas for palliative care development and integration in the BN
- Identification of possible courses where palliative care could be integrated successfully
- Development of effective partnerships with academics and palliative care clinicians

- Development of implementation strategies including beginning development of course resources/assessment items
- Development of an evaluation framework

### ***Plan Outcomes***

The outcomes of this project:

- Development of effective communication and links between the SoNM and palliative care specialist clinicians and conjoint staff, in order to provide an opportunity for them to contribute to the teaching and development of palliative care within the BN curriculum.
- Map how palliative care could be integrated into the new BN Curriculum
- Development of evaluation strategies for the continued development of palliative care within the BN.

### ***Key Stakeholders***

The SoNM have identified key internal and external stakeholders that include:

- Academics teaching into the BN
- SoNM Conjoint staff with an interest in palliative care
- Academics from the Faculty of Health
- Managers, clinicians and educators from acute, paediatric and community sectors of the Hunter New England Health
- Managers, clinicians and educators from the Calvary Hospital and Hospice.
- Residential Aged care facility managers and educators
- Palliative Care Curriculum for Undergraduates project group

### ***Palliative care course content***

Content and scenarios to align with:

#### **Hunter New England Health Palliative Care Services Plan (2008)**

The Australian Burden of Disease study reports that most (burden of) disease and consequently life-threatening illness is attributed to:

- Cardiovascular disease
- Cancer
- Chronic Obstructive Pulmonary disease

- Musculoskeletal conditions
- Diabetes

The report indicates that the most common cancer deaths in NSW are attributed to:

- Lung
- Bowel
- Unknown primary site
- Prostate
- Breast

Further identified within the report are specific groups which have specific palliative care needs these include:

- Aboriginal and Torres strait islander peoples
- Culturally and linguistically diverse backgrounds
- Elderly with complex care needs
- Residential aged care residents - a palliative approach
- Children with a life limiting illness
- Children and young adults with a parent who has a life limiting illness
- People with mental health problems and illness
- Adults who do not have the capacity to make informed choices
- People who live in other institutions or who are homeless.

## ***MAPPING OF THE UNDERGRADUATE CURRICULA***

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As indicated The University of Newcastle, School of Nursing and Midwifery is currently reviewing the Bachelor of Nursing program and hence has proposed a restructure of the program which will commence in 2011. For this current mapping exercise the 2008 and 2009 course content has been evaluated for palliative care components.

The mapping exercise included the consideration of course outline, modules and lecture topics. The mapping was attended with the input of course co-ordinators to ensure accurate presentation of content.

At the commencement of the project a brief overview of the objectives of the courses within the BN was undertaken and it was noted that palliative care related content was evident in approximately 10 percent of our program. On completion of the mapping exercise it was identified that palliative care topics are present in many courses however, this information is not presented clearly in the course objectives.

### PCC4U: Mapping of Palliative Care within Bachelor of Nursing at University of Newcastle

#### Course/Program:

**Note:** The authors acknowledge that a consistent treat to any restructure of curriculum is the lack of staff commitment to change. This is not documented throughout the mapping exercise, but is acknowledged as a significant factor that will be addressed with ongoing liaison and negotiation with staff, ensuring collaborative development of curriculum.

Unit/ Subject / Course	Objective/s	Specific palliative content / course content	Weakness/Strengths/Opportunity/Threat	Learning strategies used?	Specific assessment?
<b>Level of unit</b>  <b>NURS1171</b>  Intro. to health clinical practice  Year 1/ 10units	<ul style="list-style-type: none"> <li>Not specified in relation to this content</li> </ul>	<p><b>Specific palliative content:</b> Development of self reflection strategies through the use of narratives</p> <p><b>Course content:</b> <u>Key concepts:</u> Academic Integrity Safe work practices Professional portfolios Law &amp; Ethics Nursing competence</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>Academic Integrity</li> <li>Nursing competence (ANMC standards)</li> <li>Professional portfolios – narratives &amp; reflection writing/ assembling</li> <li>Law &amp; Ethics –legal terminology &amp; definitions/ Ethics –</li> </ul>	<p><b>Strength:</b> Development of the strategies of self reflection. These strategies are inherent and necessary so that students may <i>recognise how their own values and beliefs may effect their personal and professional responses</i> –</p> <p><b>Weakness:</b> The objectives do not reflect the development of this strategy for students</p> <p><b>Opportunity:</b> To strengthen objectives to directly relate to content. <b><i>Principles of Palliative care; communication in palliative care &amp; Coping with dying and Bereavement</i></b></p>	Lectures, tutorials	Tutorial exercises, scenario for reflection and Assessment item – Professional Portfolio – <b>not specific to palliative care</b> , but essential to develop the ability to self reflect.

		<p>code of ethics &amp; code of conduct &amp; ethical terms and definition</p> <ul style="list-style-type: none"> <li>• Safe work practices – OHS - definition, injury &amp; illness, workplace rights, legislation – duty of care/reasonable care; management of OHS; hazard identification &amp; risk assessment; PPE; Infection control – biological hazard definition; standard precautions; sharps management; Safe movement of clients – manual handling</li> <li>• Professional career pathways</li> </ul>			
<p><b>NURS1181</b></p> <p>Foundations of Nursing</p> <p>Year 1/ 10units</p>	<ul style="list-style-type: none"> <li>• Discuss the history of nursing</li> </ul>	<p><b>Specific palliative content:</b> Exploration of the evolution of nursing, though historical figures and images of nursing. Law &amp; Ethics – professional versus ethical nursing; withdrawal withhold care</p> <p><b>Course content:</b> <u>Key concepts:</u> Australian Health care Nursing professionalism Nursing Theory Nursing workforce</p> <p><u>Areas addressed in course:</u></p>	<p><b>Strengths:</b> introduces how world changes in history have impacted on nursing. Ethical issues are introduced – including discussion of withdrawal and withholding treatment.</p> <p><b>Weakness:</b> This is a general exploration which does not include discussion of how <i>historical trends have impacted on community perceptions about death and dying and bereavement in contemporary society</i></p> <p><b>Opportunity:</b> To develop exploration of these issues and introduce the idea that our societies perception has</p>	Tutorial & lectures	Tutorials exercises – <b>not</b> specific to palliative care

		<ul style="list-style-type: none"> <li>• Australian Health care –links between levels</li> <li>• Evolution of nursing – historical and contemporary issues; image of nursing</li> <li>• Nursing professionalism – professionalism ;</li> </ul> <p>Law &amp; Ethics – professional versus ethical nursing; withdrawal withhold care; Code of Professional conduct; NRB;</p> <ul style="list-style-type: none"> <li>• Nursing knowledge – ways of knowing</li> <li>• Nursing workforce – Health care complaints commission &amp; act; role of nurses union and registration body; Council of Remote Area Nurses; international nursing &amp; globalization</li> <li>• Critical thinking &amp; problem solving-PBL,             <ul style="list-style-type: none"> <li>▪ Nursing Theory - concepts, models &amp; theories; Anderson’s model -definition; EBP – definition &amp; theory-practice gap</li> <li>▪ Groups – effective groups</li> <li>▪ Personality test</li> </ul> </li> </ul>	<p>changed and how it has been influenced by similar issues that have influenced the evolution of nursing – <b><i>Principles of Palliative care</i></b></p>		
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<p><b>NURS1291</b></p> <p>Nursing Therapeutics and Health Breakdown</p> <p>Year 1/ 10 units</p>	<ul style="list-style-type: none"> <li>• Discuss the factors that lead to physiological and mental health changes;</li> <li>• Understand the dimensions of acute and chronic health breakdown and disability;</li> <li>• Analyse nursing assessment data to identify risks for health breakdown;</li> <li>• Apply an evidenced base approach to the assessment and nursing care of clients experiencing illness; and</li> <li>• Plan and implement care that reflects understanding of the impact of health breakdown, including psychosocial dimensions of their illness experience on the client and significant others.</li> <li>• Use nursing tools to plan and evaluate care for clients;</li> <li>• Discuss continuity of care and the relationships between institutional and community health services for clients;</li> </ul>	<p><b>Specific palliative content:</b> Explores the nature of health breakdown the causes consequences and outcomes – specifically related to breast cancer; prostate cancer, down syndrome.</p> <p>Individualised assessment planning and symptom management is presented.</p> <p>Environments that care is provided is presented.</p> <p><b>Course content:</b> <u>Key concepts:</u> Nursing Therapeutics for holistic care Nursing Health Assessment Use of a nursing process to plan care</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• Health Breakdown – causes, consequences &amp; outcomes; inflammation &amp; Infection [tonsillitis Paed]; Trauma [Fractured arm Paed &amp; aged]; Degenerative disease [Osteoarthritis]; Malignant &amp; Non malignant [Breast cancer &amp; Testicular cancer]; Mental health</li> </ul>	<p><b>Strengths:</b> This course focuses on individualised assessment ensuring that family, community and the person is integrated into assessment which is a significant factor within palliative care assessment.</p> <p>The scenarios presented in this course, include the exploration of breast and prostate cancer. Students are to explore the epidemiological and clinical features of these specific illness. A scenario outlining the congenital factors and illness trajectory of congenital heart defects. These scenarios also discuss the difference environments of health care</p> <p><b>Weakness:</b> the scope of the scenarios does not explore the end of life stage of the cancer illness trajectory. This is the students first contact with the clinical environment and they have had no discussion or preparation concerning dealing with care of the dying.</p> <p><b>Opportunity:</b> to develop the scenario to include the end stage of the illness trajectory for a life limiting illness ensuring opportunity for exploration of assessment, common symptoms and introduction to possible management.</p> <p><b><i>Principles for clinical assessment and intervention in palliative care.</i></b> <b><i>Optimising function in palliative</i></b></p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>clinical lab exercises, Lectures, tutorial exercises, Assessment item – Clinical portfolio &amp; nursing assessment <b>not</b> specific to palliative care</p>
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<p> </p>		<p>issues adaptive, maladaptive &amp; pathological [Teenager with stress issues]; Genetic &amp; congenital [Downs Syndrome]</p> <ul style="list-style-type: none"> <li>• Health Assessment – history taking &amp; evaluation; Andersen’s model</li> <li>• Care planning &amp; evaluation</li> <li>• Environments of care – Practice nurse; community, hospitals, home.</li> </ul>	<p><b>care.</b></p> <p>To include a presentation in lecture or clinical labs and discussion of signs and management of imminent death.</p> <p><b>Threats:</b> This subject covers the assessment of -scenarios exploring inflammation, infection, degeneration, congenital and genetic factors, neoplasm – malignant and non malignant and trauma. It must be acknowledged that the focus will be on individualised assessment in relation to palliative care assessment as there is not the time or scope to develop further exercises on symptom management.</p>		
<p><b>NURS1272</b> Partnerships in health practice Year 1/ 10 units</p>	<ul style="list-style-type: none"> <li>• describe healthcare partnerships and their role in client care;</li> <li>• develop interpersonal and inter-professional communication skills relevant to clinical practice;</li> <li>• begin to demonstrate an ability to adapt partnership, communication and relationship skills to a range of clinical situations e.g. children and adults, altered speech and hearing, people from culturally and linguistically diverse</li> </ul>	<p><b>Specific palliative content:</b> Includes discussion of communication skills, health care partnerships including self awareness, indigenous Australian cultural issues and workplace culture.</p> <p><b>Course content:</b> <u>Key concepts:</u> Healthcare partnerships Self awareness Therapeutic relationships Boundaries of professional practice Therapeutic communication Cultural safety</p>	<p><b>Strengths:</b> the exploration of communication skills through scenarios exploring an older person to express their view <i>Enforces the values of dignity, compassion respect and compassion for the older person.</i> Another scenario explores a client with bowel cancer and multiple sclerosis exploring - responding to questions concerning death and dying.</p> <p>Introduces Aboriginal health issues including cultural factors that may impact on care and accessing care</p> <p>Reinforces the significance of self awareness a significant issue associated with all nursing practice.</p>	<p>Lectures and tutorials</p>	<p>Tutorial exercises – includes scenario exploration of client in residential aged care facility. Responding to questions on death and dying and self image in client with bowel cancer and MS. – <b>Palliative care specific</b></p>

	<p>backgrounds.</p> <ul style="list-style-type: none"> <li>• develop professional behaviours for use within the clinical environment;</li> <li>• develop skills in self evaluation and reflection;</li> <li>• discuss the impact of history and culture on Aboriginal peoples;</li> <li>• develop an understanding of cultural influences on communication and the development of therapeutic relationships;</li> <li>• develop strategies to include consumers and carers as part of the healthcare team</li> </ul>	<p>Workplace culture</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• Health care partnerships – reflections; self awareness; therapeutic relationship (personal attitudes/values/confidentiality)</li> <li>• Indigenous Australian – cultural awareness and sensitivity – (suicide; renal failure &amp; eye disorders – communication/professional issues/cultural issues</li> <li>• Communication skills (client in aged care facility)</li> <li>• Workplace culture – communication skills – professional communication. – reflection/debriefing in workplace; workplace bullying – communication and presentation of the nurse as a professional</li> </ul>	<p><b>Weakness:</b> the objectives do not reflect the significance of the palliative care issues explored in the scenario.</p> <p>In discussion of Aboriginal health issues – there are scenarios that lead discussion of culturally safe care however no discussion of how death and dying issues should be explored in the Aboriginal culture</p> <p>The objectives indicate that communication with children is explored however this is not clear in the modules. It may be presented in lecture content.</p> <p><b>Opportunity:</b> to align the objectives with the content to ensure that this discussion is not lost. To further explore goal setting in palliative care patients. Develop awareness of death and dying issues in the Australian Indigenous people. Explore issue associated with talking to children with life limiting illness or children of parents with life limiting illness <b>Communication in palliative care</b></p> <p><b>Threats:</b> The communication with children may not be appropriate in current format, as a further scenario would have to be developed – unless strategies are presented within lecture format</p>		
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<p><b>NURS1292</b></p> <p>Nursing Therapeutics and medications</p> <p>Year 1 10 units</p>	<ul style="list-style-type: none"> <li>• Demonstrate behaviours that acknowledge the client as the central focus</li> <li>• Apply an evidenced-based approach to the nursing care for clients using medications</li> </ul>	<p><b>Specific palliative content:</b> Explore the quality use of medication in relation to the nurse, consumer and structures and processes.</p> <p><b>Course content:</b> <u>Key concepts:</u></p> <p>The quality use of medicines (QUM) by nurses</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• QUM- nursing: Drug dosage calculations; Medication abbreviations; Pharmacology definitions; assessment</li> <li>• QUM – consumer: common cold common sense; best practice in symptom management</li> <li>• QUM structures &amp; processes: National medicines policy; QUM strategy; Law – poisons act &amp; list; nurses responsibilities S4 &amp; S8.</li> <li>• Achieving quality medicine outcomes – critical thinking exercises for medication error/incident; risk management approach and legal issues</li> </ul>	<p><b>Strengths:</b> introduces questions relating to defining euthanasia and exploring issues surrounding the use of medication in euthanasia. Issues of medication assessment and medication administration is relevant across all areas of nursing.</p> <p><b>Weakness:</b> use of medication in relation to euthanasia is discussed but not in relation to palliative care.</p> <p><b>Opportunity:</b> to explore the quality use of pain medication, the myths, the cultural issues and the facts.</p> <p><b>Principles for clinical assessment and intervention in palliative care.</b></p> <p><b>Threats:</b> May not have the scope to include in the tutorials.</p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial activities – exploring medication history taking - <b>not</b> specific to palliative care</p>
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<p><b>NURS2193</b></p> <p>Nursing therapeutics and aged care clients</p> <p>Year 2 10 units</p>	<ul style="list-style-type: none"> <li>• Critically examine personal and societal attitudes to ageing and relate these to common myths of ageing;</li> <li>• Identify the parameters of normal ageing;</li> <li>• Identify and evaluate a range of factors affecting quality of care in aged care, and their ethical implications;</li> <li>• Demonstrate an understanding of the pathophysiology of, dementia, diabetes and other selected health breakdown situations commonly occurring among older people related illnesses;</li> <li>• Apply an evidence based approach to the assessment and management of common acute and chronic problems associated with care of the aged including oral care and nutrition, pain and symptom management, falls and falls prevention, polypharmacy, incontinence and unmet needs/ behaviours (including aggression, wandering and resistance);</li> <li>• Demonstrate an</li> </ul>	<p><b>Specific palliative content:</b> Examines healthy aging and normal aging versus disease, evidence based care and common health breakdowns with associated assessment and care.</p> <p><b>Course content:</b> <u>Key concepts:</u></p> <p>Healthy aging Normal ageing V disease EBP alteration in cognition, nutrition, mobility, falls, continence, skin Health breakdown – dementia, diabetes II; # NOF; depression; chronic wounds</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• Health &amp; ageing</li> <li>• Myths, images, values &amp; perceptions of ageing</li> <li>• Cultural perspectives</li> <li>• Social, political &amp; economic influences on ageing</li> <li>• Aged care policy</li> <li>• Ageing &amp; disability</li> <li>• Structures &amp; support services – community, respite, rehab</li> <li>• Continuity &amp; transition of care</li> </ul>	<p><b>Strengths:</b> Scenarios are used to explore issues in relation to aged care. Pain and symptom management and palliative care are presented in lectures and integrated into the scenario's through assessment.</p> <p><b>Weakness:</b> although healthy aging and normal aging is discussed, the life cycle and that death is a normal part of life is not articulated. The inclusion of palliative care needs to be clearly presented in the objectives.</p> <p>The treatment of death in residential aged care facilities and hospitals could be explored.</p> <p><b>Opportunity:</b> To align the objectives with the content.</p> <p>Begin the discussion of death is a normal part of life and unveiling death in residential aged care and hospital environments.</p> <p><b>Principles of palliative care &amp; Coping with dying and bereavement.</b></p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial exercises – specific to aged care issues - <b>not</b> specific to palliative care</p>
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	<p>understanding of healthy ageing versus unhealthy ageing;</p> <ul style="list-style-type: none"> <li>Plan and implement care for older clients that reflects understanding of the impact of health breakdown including psychosocial dimensions of the illness experience on the client and significant others;</li> </ul>	<ul style="list-style-type: none"> <li>Demographics &amp; epidemiology</li> <li>Polypharmacy</li> <li>QUM</li> <li>Chronic wound management</li> <li>Pain &amp; symptom management</li> <li>Palliative care</li> <li>Mobility &amp; falls management</li> <li>Continence management</li> <li>Diabetes II</li> <li>Oral care &amp; nutrition</li> <li>Pre &amp; post care &amp; rehab r/t # joint &amp; replacement</li> <li>Behaviours r/t dementia &amp; Alzheimer</li> <li>NSW Guardianship act</li> <li>Restraint – physical &amp; chemical</li> <li>Ethic &amp; law</li> <li>EBP</li> <li>Assessment</li> <li>Dementia; impact on person &amp; caregiver</li> <li>Issues r/t placement in aged facility</li> </ul>			
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<p><b>NURS2182</b></p> <p>Prudence in nursing practice</p> <p>Year 2 10 Units</p>	<ul style="list-style-type: none"> <li>• Demonstrate beginning skills in ethical decision-making;</li> <li>• Evaluate case examples of ethical dilemmas in health care practice and develop reasoned justifications for the decisions made in those cases;</li> <li>• Discuss the nature and development of personal and professional values;</li> <li>• Identify implicit personal and societal cultural values;</li> <li>• Assess the impact of values and culture on end-of-life care and decision-making;</li> </ul>	<p><b>Specific palliative content:</b> Examines ethical, legal and cultural issues</p> <p><b>Course content:</b> <u>Key concepts:</u> Ethical decision making processes: values culture ethical reasoning legislation and case law Mechanisms of professional accountability</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• Culture,</li> <li>• culture and health</li> <li>• culturally appropriate health</li> <li>• Professional values</li> <li>• prudence</li> <li>• Group work values</li> <li>• Ethical decision making and professional accountability</li> <li>• End of life decision making – withdrawal and/or withholding of treatment and euthanasia</li> <li>• Law – negligence</li> </ul>	<p><b>Strengths:</b> Culture – within exploration of culture and health – students explore how culture shapes our views and perceptions about health, illness and dying.</p> <p>End of life decision making- explores withdrawal and withholding treatment and euthanasia.</p> <p>The ethical and legal discussion is relevant to all areas of nursing.</p> <p><b>Weakness:</b> the extent of exploration of end of life issues is not presented in the objectives.</p> <p><b>Opportunity:</b> To develop recognition of students own values and beliefs about death and dying and how this effects them personally and professionally through ethical discussion</p> <p><b>Principles of palliative care.</b></p>	<p>Lecture Tutorial</p>	<p>Tutorial exercises, Assessment – exploration of cultural and associated health behaviour &amp; case study exploration – may choose end of life issue – not palliative care specific but may choose end of life issues.</p>
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<p><b>NURS2194</b></p> <p>Gastrointestinal nursing therapeutics</p> <p>Year 2 10 units</p>	<ul style="list-style-type: none"> <li>• Demonstrate an understanding of the pathophysiology and aetiology of gastrointestinal carcinomas;</li> <li>• Relate knowledge of normal gastro-intestinal anatomy and physiology and assessment to plan nursing care for children, adolescents and adults with selected gastrointestinal disorders (including bowel cancer, inflammatory bowel disease, vomiting and diarrhoea and liver failure);</li> <li>• Explain the pathogenesis, clinical manifestations and collaborative management of gastrointestinal bleeding;</li> <li>• Apply an evidence-based approach to the assessment and management of common problems associated with the care of a person with a gastrointestinal disorder;</li> <li>• Plan and implement care that reflects an understanding of the impact of health breakdown including</li> </ul>	<p><b>Specific palliative content:</b> Health breakdown and assessment specific to gastrointestinal issues, specifically bowel cancer and liver disease.</p> <p><b>Key concepts:</b></p> <ul style="list-style-type: none"> <li>Fluid &amp; electrolyte balance</li> <li>Acute pain management</li> <li>Wound healing</li> <li>Nutrition</li> </ul> <p><b>Areas addressed in course:</b></p> <ul style="list-style-type: none"> <li>• Anatomy and physiology of the gastro-intestinal system</li> <li>• Nutrients, absorption and metabolism</li> <li>• Cellular repair and proliferation</li> <li>• Fluids and electrolytes</li> <li>• Pathophysiology of gastro-intestinal obstructive [bowel obstruction], infective [Paed vomiting &amp; diarrhoea], oncological [bowel cancer] and inflammatory disorders [ulcerative colitis]</li> <li>• Liver function and pathophysiology</li> </ul>	<p><b>Strengths:</b> palliative care is explored in relation to a scenario exploring carcinoma of the bowel with mets. Symptom management of PR bleeding, and multiple issues – the patient refuses further treatment and referred to community palliative care. Explored in this scenario include – anaemia fluid &amp; electrolyte balance, pain management &amp; nutrition; discharge planning; discussions with patient &amp; family re death; role of community nurse Includes discussion of symptom management of cancer related treatments such as chemotherapy and radiation therapy</p> <p><b>Weakness:</b> Principles for clinical assessment and intervention in palliative care is not presented in the objectives.</p> <p><b>Opportunity:</b> Further development of the scenario to ensure the palliative care issues are a significant as the acute investigations.</p> <p>Is there scope to develop palliative care paediatric issues? <b>Principles for clinical assessment and intervention in palliative care.</b> <b>Optimising function in palliative care.</b> <b>Coping with dying and bereavement.</b> <b>Principles of palliative care.</b></p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial exercises – <b>components specific to palliative care.</b></p>
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	<p>psychosocial dimensions of their illness experience on the person with the gastrointestinal disorder, and their significant others;</p> <ul style="list-style-type: none"> <li>• Develop and understanding of the roles and responsibilities of the members of the interdisciplinary healthcare team;</li> </ul>	<ul style="list-style-type: none"> <li>• Drug and alcohol and Hepatitis C induced liver and pancreatic failure</li> <li>• Blood components, groups and cross-matching [cancer]</li> <li>• Surgery and post-surgical care [bowel ob]</li> <li>• Nasogastric care - paed &amp; aged</li> <li>• Wound healing</li> <li>• Stomal therapy and ostomy care [bowel ob]</li> <li>• Fluids and electrolytes -Paed</li> <li>• Fluid balance assessment in adults and children</li> <li>• Managing vomiting and diarrhoea in children</li> <li>• Children and adolescents in hospital – engaging with parents</li> <li>• Chronic illness (inflammatory bowel disease)</li> <li>• Cancer and surviving cancer; and Chemotherapy and radiotherapy and evidenced based management of side effects (especially nausea and fatigue)</li> </ul>	<p><b>Threats:</b> Potential that paediatric palliative care will be too complex. Needs only to present the major issues – may be best delivered in lecture format?</p>		
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<p><b>NURS2283</b></p> <p>Prudence and nursing research</p> <p>Year 2 10 Units</p>	<ul style="list-style-type: none"> <li>• Debate the significance and impact of evidence-based practice in nursing;</li> <li>• Demonstrate an understanding of the significance of epidemiology in health, including the basic elements of the epidemiological profile of a population; such as disease rates, morbidity, mortality, incidence and prevalence;</li> <li>• Demonstrate a beginning ability to appraise and evaluate research studies, using relevant criteria.</li> </ul>	<p>Introduces students to evidence based health care and nursing practice.</p> <p><b>Specific palliative content:</b> <u>Key concepts:</u> Evidence based practice Epidemiology Locating evidence Research methods Reviewing critically</p> <p><b>Course content:</b></p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• Evidence based practice</li> <li>• Questions, Reviews &amp; PBIS</li> <li>• Systematic Database Searching</li> <li>• Reading and Understanding Research &amp; Review Articles (corrected version)</li> <li>• Epidemiology</li> <li>• Quantitative evidence</li> <li>• Qualitative evidence</li> </ul>	<p><b>Strengths:</b> Discusses and evidence based practices and introduces and encourages the use of using research in practice.</p> <p><b>Weakness:</b></p> <p><b>Opportunity:</b></p> <p><b>Threats:</b> this subject can be applied to all areas of nursing and students have to option to explore any area of nursing. To make a specific palliative care component may impact on this factor and be a threat to its integrity.</p>	<p>Tutorial lectures</p>	<p>Tutorial exercise – assessment <b>Not</b> palliative care specific</p>
<p><b>NURS2295</b></p> <p>Mental health nursing therapeutics</p> <p>Year 2 10 units</p>	<ul style="list-style-type: none"> <li>• Describe the scope of mental health problems and disorders in Australia</li> <li>• Discuss consumers' perspectives on mental illness, recovery, and their relationships with</li> </ul>	<p><b>Specific palliative content:</b> Outlines approaches to assessment and collaborative management of people with mental health disorders</p> <p><b>Course content:</b></p>	<p><b>Strengths:</b> Highlights issues associated with access to health services for individuals with a mental illness.</p> <p><b>Weakness:</b> there is no links to palliative care issues in the scenario</p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial exercises, clinical assessment – <b>Not</b> palliative care specific</p>

	<p>health services</p> <ul style="list-style-type: none"> <li>• Conduct a comprehensive mental health assessment</li> <li>• Plan and implement nursing care for clients that reflects understanding of the impact of health breakdown, psychosocial dimensions of their illness experience, and the effects relevant to family and significant others</li> <li>• Describe and use evidence-based approaches for detecting and managing both commonly occurring and severe long-term mental health disorders</li> </ul>	<p><u>Key concepts:</u> Stigma and mental illness Mental health as a continuum Mental health assessment Therapeutic engagement Therapeutic relationship Holistic health care in mental health Recovery from mental illness Service delivery in mental health</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• Schizophrenia complicated by alcohol and drug abuse</li> <li>• Depressed mood and thoughts of suicide</li> <li>• Self harm</li> </ul>	<p><b>Opportunity:</b> possibility of linking depression with cardiac failure or explore scenario of suicide in palliative environment</p> <p><b>Threats:</b> Placing a scenario that introduces palliative care issues may be adhoc, as the structure of the course adequately highlights issues of stigma, and access to services for all patients not only palliative care.</p>		
<p><b>NURS2296</b></p> <p>Cardiovascular - Respiratory Nursing Therapeutics</p> <p>Year 2</p> <p>20 units</p>	<ul style="list-style-type: none"> <li>• Plan, implement and evaluate the care of clients experiencing health breakdown of the cardiovascular, cerebrovascular or respiratory systems.</li> <li>• Apply an evidenced based approach to the assessment and nursing care of for clients experiencing illness.</li> <li>• Describe key factors that ensure continuity of care</li> </ul>	<p><b>Specific palliative content:</b> Assessment of health breakdown and planning care for issues including cardiac failure, congenital heart defect, COPD</p> <p><b>Course content:</b></p> <p><u>Key concepts:</u> Cardiac disease Respiratory disease Stroke Atherosclerosis and vessel</p>	<p><b>Strengths:</b> Focus on individualised assessment. Exploration of illness trajectory of COPD</p> <p><b>Weakness:</b> Scenarios focus on acute phase to rehabilitation No focus on end of illness trajectory – palliative care issues.</p> <p><b>Opportunity:</b> Exploration of symptom management of end of illness trajectory with cardiac</p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial exercises, clinical assessments - <b>Not</b> palliative care specific</p>

	<p>for clients who move between institutional and community health services for clients.</p> <ul style="list-style-type: none"> <li>Discuss continuity of care and the relationships between institutional and community health services for clients.</li> </ul>	<p>damage as underlying cause of all three diseases</p> <p><u>Areas addressed in course:</u></p> <p>Cardiovascular Ischemic heart disease Congenital heart defect (paediatric) COPD Stroke Assessment Acute phase to rehabilitation</p>	<p>failure and COPD Potential to explore paediatric end of life issues. Potential to identify links between symptom management of different illness such as COPD and lung cancer. <b>Principles for clinical assessment and intervention in palliative care.</b> <b>Optimising function in palliative care.</b> <b>Coping with dying and bereavement.</b> <b>Principles of palliative care.</b></p>		
<p><b>NURS3163</b> Sexuality and the family Year 3 10 Units</p>	<ul style="list-style-type: none"> <li>adapt communication skills to effectively engage with children;</li> <li>describe common forms of developmental disability;</li> <li>explore the issues for the family that includes a child with developmental disability</li> <li>apply an evidence based approach to the assessment and holistic nursing care for clients experiencing diseases related to the reproductive tract especially pelvic floor dysfunction, reproductive cancers and gynaecological and urological surgery.</li> </ul>	<p><b>Specific palliative content:</b> Analysis of concepts of sexuality and family, including assessment and care of reproductive cancers.</p> <p><b>Course content:</b></p> <p><u>Key concepts:</u> Child health and development The compromised child and nursing responsibilities Abnormal and normal reproductive health across the lifespan</p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>communicating with children</li> </ul>	<p><b>Strengths:</b> Exploration of malignancy assessment, epidemiological and clinical features and illness trajectories of prostate cancer, testicular cancer, endometrial, cervical and ovarian cancer. communication skills required with children</p> <p><b>Weakness:</b> Limited exploration of alteration of self concept associated with these cancers</p> <p><b>Opportunity:</b> To explore psychological distress and relationship issues. Also spirituality and self concept. <b>Principles for clinical assessment and intervention in palliative care.</b> <b>Optimising function in palliative care.</b> <b>Communication in palliative care</b></p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial exercises - <b>Specific to palliative care</b> clinical assessments - <b>Not</b> palliative care specific</p>

		<ul style="list-style-type: none"> <li>• issues with family with a child with a developmental disability</li> <li>• calculating medication in pediatrics</li> <li>• child abuse identification</li> <li>• cerebral palsy</li> <li>• gender stereotypes</li> <li>• domestic violence</li> <li>• reproductive health – fertility, contraception</li> <li>• immunization</li> <li>• child bearing and breast feeding</li> <li>• sexually transmitted infections</li> <li>• gynecological investigations</li> <li>• malignant neoplasm – endometrial, cervical and ovarian</li> <li>• men’s health benign hypertrophic prostate, prostate cancer and testicular cancer</li> </ul>	<p><b><i>Coping with dying and bereavement.</i></b>  <b><i>Principles of palliative care.</i></b></p>		
<p><b>NURS3184</b>                  Prudence and professional nursing                  Year 3                  10 Units</p>	<ul style="list-style-type: none"> <li>• Apply principles of adult education to develop learning resources for clients and colleagues.</li> </ul>	<p><b>Course content:</b>  <u>Key concepts:</u>                  Transition to professional practice;                  Quality improvement;                  Adult education.</p> <p><u>Areas addressed in course:</u></p>	<p><b>Strengths:</b> assists in development of adult education skills</p>	<p>Tutorial Lectures</p>	<p>Tutorial exercises, - <b>Not</b> palliative care specific</p>

		<ul style="list-style-type: none"> <li>• Developing a professional portfolio</li> <li>• Developing a Curriculum Vitae</li> <li>• Quality processes in health care</li> <li>• Principles of adult education</li> <li>• Skills for client teaching</li> <li>• Skills for mentoring colleagues</li> </ul>			
<p><b>NURS3197</b></p> <p>Emergency Nursing Therapeutics</p> <p>Year 3</p> <p>10 Units</p>	<ul style="list-style-type: none"> <li>• Apply principles of triage to assess people in emergency situations</li> <li>• Conduct focused assessment of clients in emergency situations;</li> <li>• Synthesise assessment data to monitor response to treatment;</li> <li>• Apply understanding of the pathophysiology of raised intracranial pressure to assessment, nursing intervention and other management strategies;</li> <li>• Apply understanding of the pathophysiology of spinal injury to assessment, nursing intervention and other management strategies;</li> <li>• Plan and implement care for clients that reflects understanding of the impact of psychosocial</li> </ul>	<p><b>Specific palliative content:</b> Triage and responding to emergency situation including spinal injury (trauma related)</p> <p><b>Course content:</b></p> <p><u>Key concepts:</u></p> <p>Shock and the body as an integration of systems</p> <ul style="list-style-type: none"> <li>• Glasgow coma score</li> <li>• Basic life support</li> <li>• Teamwork in advanced life support</li> <li>• Debriefing/ counseling/ family support</li> </ul>	<p><b>Strengths:</b> Strong focus on assessment</p> <p><b>Weakness:</b> No focus on palliative emergencies. Emergencies are trauma focused</p> <p><b>Opportunity:</b> To explore palliative emergencies: including: Unexpected haemorrhage Spinal cord compression Dyspnoea Neutropenia <b><i>Principles for clinical assessment and intervention in palliative care.</i></b></p> <p><b>Threats:</b> PR haemorrhage is included in Gastro. Have the course the scope to explore these issues and do they need to be explored as a separate entity or along with the palliative symptom management in previous areas.</p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial exercises, clinical assessments - <b>Not</b> palliative care specific</p>

	<p>dimensions of their illness experience on the client and significant others;</p> <ul style="list-style-type: none"> <li>• Implement strategies to address post traumatic stress for clients and self;</li> <li>• Apply an evidenced based approach to the assessment and nursing care for clients experiencing illness;</li> </ul>				
<p><b>NURS3198</b></p> <p>Health breakdown and Indigenous populations</p> <p>Year 3</p> <p>10 Units</p>	<ul style="list-style-type: none"> <li>• Plan and implement care for clients that reflects understanding of the impact of health breakdown, including psychosocial dimensions of their illness experience on the client and significant others.</li> <li>• Apply an evidenced based approach to the assessment and nursing care of clients experiencing illness;</li> <li>• Implement culturally appropriate nursing strategies for indigenous clients;</li> <li>• Work collaboratively with indigenous people and health workers;</li> <li>• Apply principles of community health nursing to develop a health care plan for an</li> </ul>	<p><b>Specific palliative content:</b> Examine factors involved in indigenous health. Exploration of community health. <u>Key concepts:</u> Indigenous health care in varying setting Principles of community nursing Current targeted health care problems in indigenous health including: Diabetes Chronic renal failure Substance abuse Eye and ear care.</p> <p><b>Course content:</b></p> <p><u>Areas addressed in course:</u></p> <ul style="list-style-type: none"> <li>• Factors influencing health of indigenous</li> </ul>	<p><b>Strengths:</b> Identification of issues specific to indigenous health</p> <p><b>Weakness:</b> Not palliative care specific</p> <p><b>Opportunity:</b> Exploration of death and dying issues</p> <p><b>Threats:</b></p> <p>Repetition with NURS1272. Our palliative care stakeholders expressed that they required further information re multicultural issues as well as indigenous issues.</p>	<p>Tutorial Lectures Clinical lab Clinical placement</p>	<p>Tutorial exercises, clinical assessments - <b>Not</b> palliative care specific</p>

	<p>identified community need; and</p> <ul style="list-style-type: none"> <li>• Discuss continuity of care and the relationships between institutional and community health services for clients.</li> </ul>	<p>people</p> <ul style="list-style-type: none"> <li>• Culturally appropriate nursing strategies for indigenous</li> <li>• Continuity of care</li> <li>• Type 2 diabetes</li> <li>• Chronic renal failure</li> <li>• Dialysis</li> <li>• Liver failure</li> <li>• Human organ and tissue transplantation</li> <li>• Eye care and breakdown</li> <li>• Petrol sniffing</li> <li>• Type 1 diabetes</li> <li>• Remote area nursing</li> </ul>			
<p><b>NURS3273</b></p> <p>Transition to professional practice A</p> <p>Year 3</p> <p>20 Units</p>	<ul style="list-style-type: none"> <li>• Demonstrate the ability to undertake patient assessment, develop a plan of care according to the results of patient assessment, formulate expected outcomes and evaluate the effectiveness of care;</li> <li>• Discuss the processes involved in health breakdown in situations encountered within the clinical placement;</li> <li>• Apply an evidence based approach to the assessment and nursing care of clients experiencing illness;</li> <li>• 6. Plan and implement nursing care for clients</li> </ul>	<p>Clinical practice experience</p> <p><b>Course content:</b>  <u>Key concepts:</u>                      Time management  <u>Key concepts:</u></p> <p>Patient assessment                      Care planning                      Evaluating the effectiveness of care</p>	<p><b>Strengths:</b> clinical experience – may include palliative experience</p>	<p>Clinical placement</p>	<p>Clinical placement - <b>Not</b> palliative care specific</p>

	<p>that reflects an understanding of the impact of health breakdown, including psychosocial dimensions of the illness experience on the client and significant others;</p> <ul style="list-style-type: none"> <li>• 7. Reflect on personal professional practice and identify opportunities for ongoing development.</li> </ul>				
<p><b>NURS3274</b> Transition to professional practice B Year 3 20 Units</p>	<ul style="list-style-type: none"> <li>• Demonstrate the development of a body of knowledge in relation to complex health breakdown processes as they apply to individuals;</li> <li>• Demonstrate the ability to undertake patient assessment, develop a plan of care according to the results of patient assessment, formulate expected outcomes and evaluate the effectiveness of care;</li> <li>• Discuss the processes involved in health breakdown in situations encountered within the elective clinical placement;</li> <li>• Apply an evidence based approach to the assessment and nursing care of clients experiencing illness;</li> <li>• Reflect on personal</li> </ul>	<p><u>Key concepts:</u> Clinical competence Professional communication (oral and written) Quality management Primary and community health</p>	<p><b>Strengths:</b> clinical experience – may include palliative experience</p>	<p>Clinical placement</p>	<p>Clinical placement - <b>Not</b> palliative care specific</p>

	<p>professional practice and identify opportunities for ongoing development;</p> <ul style="list-style-type: none"><li>• Describe continuous quality improvement processes used within the clinical context;</li></ul>				
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## **CONSULTATION WITH STAKEHOLDERS**

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Consultation with stakeholders included individual and group meetings and a PCC4U workshop. At each of these meetings a Power Point presentation provided an overview of Palliative care content within the current BN curriculum and possible areas that could be further explored/developed. The stakeholders were then invited to provide their insights and contribute ideas in three areas:

- Perceived strengths and weakness exhibited by BN students and new graduates in relation to palliative care practice.
- Issues they thought needed to be explored based on their professional experience.
- What would they like to see included or removed from the current curriculum.

The PCC4U team (2009) reviewed discussions presented by stakeholders at the PCC4U workshop (Appendix 1). The three themes; Promoting linkages and partnerships between clinicians and academics; Promoting student-centred learning and Embedding curriculum/inter-professional learning emerged from this workshop and similar themes were presented during the individual and group consultations with stakeholders. Therefore the major issues discussed by stakeholders are outlined below using the themes identified by the PCC4U team.

### **Promoting student-centred learning**

- Self reflection of previous grief and loss experiences
- Communication issues - talking to individuals experiencing a life limiting illness /and confidence to question and gain self-confidence to discuss the illness with the patient.
- Ethical issues
- Changing attitudes to dying & death in hospital & aged facilities
- Person-centred approach
- Aged issues – explore symptom management as a pathway to exploring disease processes, investigating aged care as a continuum of all care issues.

### **Promoting linkages and partnerships between clinicians and academics**

University relationship with stakeholders – further development required

### **Embedding curriculum/inter-professional learning:**

Embedding palliative care through curriculum

These themes will be further explored below and strategies identified by stakeholders will be noted:

### **Promoting student-centred learning**

#### **Self reflection**

Clinicians expressed concern that students on clinical placement in palliative environments were hindered by their emotional responses to previous grief and loss experiences.

#### **Strategy:**

- further development of self reflection strategies and awareness of support services and coping strategies
- Encourage help seeking behaviour in students
- Further developed orientation in clinical setting
- Preparation for working with individuals at the end of life prior to initial placement experience.
- Pre-contact with placement environment as a strategy for individuals to lessen possible grief reactions.

### **Communication issues - Talking to individuals with a life limiting illness & confidence to enquire & question**

All stakeholders identified that the most significant aspect of caring for individuals with life limiting illness was communication skills. Stakeholders felt that the best asset a student can possess is the confidence to enquire and ask questions of the clinicians.

#### **Strategy:**

- Development of these communication skills in students would be invaluable. Acknowledgement of strategies required for communication with individuals facing death and life limiting illness.
- Encourage help seeking behaviour in students

### **Ethical issues**

Awareness and discussion of the ethical issues that are present in every day practice of palliative care were considered essential for undergraduate nursing students.

#### **Strategy:**

- Awareness of dealing with issues such as nutrition and hydration in life limiting illness, dying with dignity and quality of life were acknowledged as significant.

### **Changing attitudes to dying & death in hospital and aged facilities**

One stakeholder stated that “dying was an invisible part of aging” in residential aged care facilities. Although, death is a normal part of the life cycle all stakeholders acknowledged that it is an area that was not handled well in hospitals. In some hospital and residential aged care facilities, clinicians noted it was still practice not to inform other patients/residents of another patients/residents death and to remove the deceased body and have another patient/resident admitted without any acknowledgement of the death.

#### **Strategy:**

These strategies were proposed in the hope of altering an existing culture within our health care institutions through the new generation of nurses.

- Open discussion and awareness of the past and present actions in relation to handling death in care environments
- Awareness that death is a normal part of the life cycle

### **Person-centred approach - Emphasis on quality of life issues**

Stakeholders noted that an emphasis on quality of life issues for individuals with life limiting illness should be significant in any education of nurses. This included the focus on “living” with life limiting illness.

#### **Strategy:**

- Reinforcement of the importance of comprehensive, ongoing, individual focused assessment and care, which puts the individual at the centre rather than the disease.

### **Aged care issues - Aged care as a continuum of all care issues and explore symptom management as a pathway to exploring disease processes**

Stakeholders from residential aged care facilities would like to see age issues presented across all areas of nursing curriculum. They also noted that they would like the exploration of aging issues related to an individual's symptom which then leads the students to explore a disease, rather than disease focused. It was noted that this is the current practice within our curriculum with the use of Problem Based Learning.

## **Promoting linkages and partnerships between clinicians and academics**

### **University relationship with stakeholders – further development required.**

Conjoint stakeholders expressed concern regarding the under utilisation of their conjoint positions. Stakeholders also noted that the relationship with the SoNM has improved over recent years and would like to see this continue and develop.

On reflection the SoNM noted that some conjoint staff were well utilised by the School but not all conjoint were aware that activities they were participating in were part of their conjoint role. It was also noted that we/SoNM have not supported (our) conjoint staff adequately and need to re-establish these partnerships and support the individuals in conjoint roles.

### **Strategy:**

- A Conjoint Development Team has been established from the project reflections which has an agenda of:
  - Establishing a database of conjoint profiles, including area of interest and utilisation.
  - Developing 'Orientation packages' that will be distributed to current and new conjoint staff. These packages will outline expectations of the university and activities conjoint staff can be included in.
  - Investigating recruitment strategies and implement strategies to recruit conjoint positions in areas of deficit in the school.
  - Providing a social networking event that will allow academics and conjoint staff to meet.
- Continued development and involvement of clinician's in education prior to student clinical placement

As a result of this project and based on a proposal developed during PCC4U workshop, two Clinical Nurse Consultants working within the paediatric setting, commenced a quality project within their unit. Their project will result in the development of an

orientation package for nursing students attending the paediatric units. The content of the package concentrates on exploring end of life issues within a paediatric unit. The School of Nursing is currently engaged with clinicians in an advisory role, with the discussion of the development of a research project in the future.

## **Embedding curriculum/inter-professional learning**

### **Embedding of palliative care throughout the curriculum**

Following the initial mapping academic stakeholders noted that the extent of palliative care presented in course content could be increased and better integrated in the BN program. The mapping also highlighted that palliative care components were often included in course content but not explicit in course objectives.

#### **Strategy:**

- Completion of palliative care integration project
- Explicit presentation of palliative care curriculum framework and evaluation.

## ***INTEGRATION OF PALLIATIVE CARE INTO THE UNDERGRADUATE CURRICULA***

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In consideration of the following principles of care influencing nursing practice, feedback from stakeholders, the mapping activity and the expectations of the capabilities and attributes of nursing graduates in the health care system a series of recommendations have been proposed for introduction into a BN revised curriculum in 2011.

Factors influencing curriculum development:

- Core values underpinning palliative care
- Principles of palliative care
- Core values underpinning the learning and teaching of palliative care
- Desired graduate capabilities
- Palliative care Australia's standards for providing quality palliative care to all Australians
- Hunter New England Health Palliative care services plan

The following recommendations were made for integrating palliative care into the revised curriculum proposed for 2011.

These recommendations are provided in relation to how palliative care could be presented in each year of the BN curriculum. As noted previously it would be counter-productive to indicate how palliative care would be integrated into the proposed courses as they may be adjusted many times during the review. This recommendation will form part of the review of the BN curricula.

The recommendations are based on and include the topics: Principles of a palliative approach; Communication in palliative care; Principles for clinical assessment and intervention in palliative care; Optimising function in palliative care, and Coping with dying and bereavement. As recommended by the PCC4U team (Benchmark 3). Components from those outlined in the Integration of Palliative Care table, will be developed further utilising the resources provided by the PCC4U team. These will be implemented into the current curriculum and evaluated, with the intent of full implementation in 2011, in the revised curriculum.

FIRST YEAR	SECOND YEAR	THIRD YEAR
<p><b>Brief outline of Content:</b></p> <ul style="list-style-type: none"> <li>• Historical trends in death and dying</li> <li>• Self reflection strategies &amp; self awareness</li> <li>• Normal life cycle including death</li> <li>• Introduction to law and ethics</li> <li>• Communication skills</li> <li>• Exploration of culture &amp; Culturally safe care</li> <li>• Individual focused assessment</li> <li>• Introduction to end stages of life</li> <li>• Pain medication and Quality use of medication</li> <li>• Responding to death &amp; signs of imminent death</li> <li>• Indigenous Australian focus</li> </ul> <p><b>Specific focus:</b></p> <ul style="list-style-type: none"> <li>○ Withdrawal &amp; withholding of care</li> <li>○ Breast cancer</li> <li>○ Prostate cancer</li> <li>○ Testicular cancer</li> <li>○ congenital heart defects</li> <li>○ indigenous Australian</li> <li>○ Bowel Cancer</li> <li>○ Multiple Sclerosis</li> </ul>	<p><b>Brief outline of Content:</b></p> <ul style="list-style-type: none"> <li>• Law and Ethics explored</li> <li>• Individual focused assessment</li> <li>• Healthy aging</li> <li>• Symptom management</li> </ul> <p><b>Specific focus:</b></p> <ul style="list-style-type: none"> <li>○ End of life decision making</li> <li>○ Bowel cancer</li> <li>○ Leukaemia</li> <li>○ Palliative emergencies</li> <li>○ Endometrial cancer</li> <li>○ Cervical cancer</li> <li>○ Ovarian Cancer</li> <li>○ COPD</li> </ul>	<p><b>Brief outline of Content:</b></p> <p>Clinical placement is an integral component of each year and students will be exposed to end of life care issues within these placements. However the third year focuses on clinical development.</p> <p>Within this year students may elect a palliative care specialty placement.</p>

FIRST YEAR	SECOND YEAR	THIRD YEAR
<p><b>Learning outcomes for graduate</b></p> <p>The graduate should be able to:</p> <p><b><i>Principles of Palliative care –</i></b> Analyse the impact that historical trends have on community perceptions about death and dying and bereavement in contemporary society – Including indigenous Australian’s history.</p> <p>Ability to recognise how their own values and beliefs affect their personal and professional responses and interactions with people (including beliefs of death and dying people with life limiting illness and their families)</p> <p>Describe core principles of palliative care.</p> <p>Analysis the various care contexts and the roles of the interdisciplinary team in caring for people and their families. (including life-limiting illness)</p> <p><b><i>Optimising function in palliative care</i></b> Discuss strategies for facilitating collaborative decision making on care goals with people with life-limiting illness and their families.</p> <p>Recognise how culture can shape the views and perceptions about health, illness and dying.</p> <p>Recognise the different responses and emotions of people living with life-limiting illnesses and their families</p> <p>Identify interventions that will optimise physical, psychological and social function for people with</p>	<p><b>Learning outcomes for graduate</b></p> <p>The graduate should be able to:</p> <p><b><i>Principles of Palliative care –</i></b> Ability to recognise how their own values and beliefs affect their personal and professional responses and interactions with people (including beliefs of death and dying people with life limiting illness and their families)</p> <p>Describe core principles of palliative care.</p> <p>Analysis the various care contexts and the roles of the interdisciplinary team in caring for people and their families. (including life-limiting illness)</p> <p><b><i>Optimising function in palliative care</i></b> Discuss strategies for facilitating collaborative decision making on care goals with people with life-limiting illness and their families.</p> <p>Identify interventions that will optimise physical, psychological and social function for people with life limiting illness and their families.</p> <p>Analyse the effect of care giving on the family networks of people with life limiting illness.</p> <p><b><i>Communication in palliative care</i></b></p> <p>Identify sources of spiritual, social and psychological support for people (including those</p>	<p><b>Learning outcomes for graduate</b></p> <p>The graduate should be able to:</p> <p><b><i>Principles of Palliative care –</i></b> Ability to recognise how their own values and beliefs affect their personal and professional responses and interactions with people (including beliefs of death and dying people with life limiting illness and their families)</p> <p><b><i>Principles of palliative care.</i></b> Analysis the various care contexts and the roles of the interdisciplinary team in caring for people and their families. (including life-limiting illness)</p> <p><b><i>Optimising function in palliative care</i></b> Discuss strategies for facilitating collaborative decision making on care goals with people with life-limiting illness and their families.</p> <p>Recognise how culture can shape the views and perceptions about health, illness and dying.</p> <p>Recognise the different responses and emotions of people living with life-limiting illnesses and their families</p> <p>Identify interventions that will optimise physical, psychological and social function for people with life limiting illness and their families.</p> <p>Analyse the effect of care giving on the family networks of people with life limiting illness.</p>

<p>life limiting illness and their families.</p> <p>Analyse the effect of care giving on the family networks of people with life limiting illness.</p> <p><b>Communication in palliative care</b> Demonstrate the principles of effective communication when interacting with people with life limiting illnesses and their families</p> <p>Recognise how their own values and beliefs about death and dying affect their personal responses and interactions with people with life limiting illnesses and their families</p> <p>Identify sources of spiritual, social and psychological support for people (including those with life limiting illness)</p> <p><b>Principles for clinical assessment and intervention in palliative care.</b> Describe the epidemiological and clinical features along the illness trajectories of specific life limiting illness</p> <p>Explain the principles for assessing common symptoms and health problems associated with life limiting illness.</p> <p>Explain the principles for management of common symptoms and health problems associated with life limiting illness.</p> <p><b>Coping with dying and bereavement</b> Recognise how their own values and beliefs about death and dying affect their responses and</p>	<p>with life limiting illness)</p> <p><b>Principles for clinical assessment and intervention in palliative care.</b> Describe the epidemiological and clinical features along the illness trajectories of specific life limiting illness</p> <p>Explain the principles for assessing common symptoms and health problems associated with life limiting illness.</p> <p>Explain the principles for management of common symptoms and health problems associated with life limiting illness.</p> <p><b>Coping with dying and bereavement</b> Recognise how their own values and beliefs about death and dying affect their responses and interactions with people with life limiting illness and their families</p>	<p><b>Communication in palliative care</b> Demonstrate the principles of effective communication when interacting with people with life limiting illnesses and their families</p> <p>Recognise how their own values and beliefs about death and dying affect their personal responses and interactions with people with life limiting illnesses and their families</p> <p>Identify sources of spiritual, social and psychological support for people (including those with life limiting illness)</p> <p><b>Principles for clinical assessment and intervention in palliative care.</b> Describe the epidemiological and clinical features along the illness trajectories of specific life limiting illness</p> <p>Explain the principles for assessing common symptoms and health problems associated with life limiting illness.</p> <p>Explain the principles for management of common symptoms and health problems associated with life limiting illness.</p> <p><b>Coping with dying and bereavement</b> Recognise how their own values and beliefs about death and dying affect their responses and interactions with people with life limiting illness</p>
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<p>interactions with people with life limiting illness and their families</p> <ul style="list-style-type: none"> <li>○ Care locations</li> <li>○ Social &amp; cultural perspectives on death and dying</li> <li>○ Personal attitudes</li> <li>○ Dignity promoting and maintaining interventions</li> <li>○ Assessing needs, personal resources and goals for end of life</li> <li>○ Epidemiological trends and clinical features</li> <li>○ Multidimensional approaches to assessment</li> <li>○ Evidence based principles for managing common symptoms – pain, nutrition, and hydration problems; oral care; bowel care; fatigue; breathlessness; impaired skin integrity</li> <li>○ Responding to signs of imminent death.</li> <li>○ Responding to questions about death and dying</li> <li>○ Responding to spiritual needs</li> <li>○ Social &amp; psychological experiences associated with life limiting illness for the person and care givers and family</li> <li>○ Loss grief &amp; bereavement</li> <li>○ Assessing and managing changes in physical, psychological or social</li> </ul>		<p>and their families</p>
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<p>function</p> <ul style="list-style-type: none"> <li>○ Needs and support for the family and caregivers</li> <li>○ Awareness and effective management of the personal stresses experienced by people who work with the dying.</li> </ul>		
<p><b>Suggested content explored:</b></p> <ul style="list-style-type: none"> <li>• Historical perspectives –             <ul style="list-style-type: none"> <li>○ Evolution of palliative care</li> </ul> </li> <li>• Introduction to definition; principles, philosophy, standards, guidelines – “describe the core principles of palliative care”</li> <li>• Ethics             <ul style="list-style-type: none"> <li>○ Personal attitudes to dying</li> <li>○ Ethical aspects of palliative care</li> </ul> </li> <li>• Assessment –             <ul style="list-style-type: none"> <li>○ Explore &amp; examine breast cancer, Prostate cancer, Testicular cancer &amp; congenital heart defects</li> </ul> </li> </ul> <p>Including:</p> <ul style="list-style-type: none"> <li>• Epidemiological trends and clinical features with cancer...”Describe the epidemiological and clinical features along the illness trajectories of specific, life-limiting illness</li> <li>• Examine the principles for assessing common symptoms and health problems associated with life-limiting illness</li> </ul>	<p><b>Suggested content explored:</b></p> <ul style="list-style-type: none"> <li>• Assessment –             <ul style="list-style-type: none"> <li>○ Explore &amp; examine the following issues in relation to aged clients; bowel cancer; cardiac failure with co morbidity of depression; COPD; paediatric cardiac disease.</li> </ul> </li> </ul> <p>Including:</p> <ul style="list-style-type: none"> <li>• Epidemiological trends and clinical features with cancer...”Describe the epidemiological and clinical features along the illness trajectories of specific, life-limiting illness</li> <li>• Examine the principles for assessing common symptoms and health problems associated with life-limiting illness</li> <li>• Recognise how their own values &amp; beliefs about death &amp; dying</li> <li>• Assessing needs, personal resources and goals for end of life care; Assessing and managing changes in physical, psychological or social function, providing information about the palliative approach</li> <li>• Investigate care locations</li> </ul>	

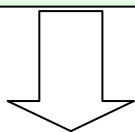
<ul style="list-style-type: none"> <li>• Recognise how their own values &amp; beliefs about death &amp; dying</li> <li>• Awareness and effective management of the personal stresses experienced by people who work with the dying.</li> <li>• Assessing needs, personal resources and goals for end of life care; providing information about the palliative approach</li> <li>• Social &amp; cultural perspectives on death and dying</li> <li>• Responding to signs of imminent death.</li> <li>• Responding to questions about death and dying</li> <li>• Loss grief &amp; bereavement</li> <li>• Symptom management-             <ul style="list-style-type: none"> <li>○ Evidence based principles for managing pain.</li> <li>○ Responding to signs of imminent death.</li> </ul> </li> <li>• Communication –             <ul style="list-style-type: none"> <li>○ responding to questions about death and dying...”demonstrate the principles of effective communication when interacting with people with life-limiting illness and their families</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Dignity promoting and maintaining interventions</li> <li>• Multidimensional approaches to assessment</li> <li>• Evidence based principles for managing common symptoms – pain, nutrition, and hydration problems; oral care; bowel care; fatigue; breathlessness; impaired skin integrity</li> <li>• Responding to spiritual needs</li> <li>• Social &amp; psychological experiences associated with life limiting illness for the person and care givers and family</li> <li>• Needs and support for the family and caregivers</li> <li>• Communication –             <ul style="list-style-type: none"> <li>○ discussing goals for end of life care; responding to questions about death and dying...”demonstrate the principles of effective communication when interacting with people with life-limiting illness and their families</li> </ul> </li> </ul>	
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## ***EVALUATION FRAMEWORK***

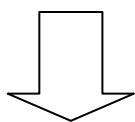
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Evaluation strategies were implemented at the commencement of the project and will be ongoing following the implementation of the integration of palliative care in the new curriculum. Smith and Lovat (2003) believe that this ongoing process of evaluation is essential in order to make informed decisions of the effectiveness of implementation. The framework noted below is reflective of the framework model designed by Owen (2006) and includes evaluation of planning, dissemination and utilisation of a project. This framework will outline the stages and progression of the evaluation of this project. Finally the Benchmarks for Inclusion of Palliative Care in Undergraduate Curricula (PCC4U, 2005,p.13) will be identified in light of the palliative care curriculum developments.

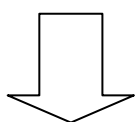
**Planning**



**Obtaining**



**Disseminating**



**Implementation**

**Instrument  
use**

**Effects on  
behaviour**

**Planning phase:** Considered the first stage of the evaluation. Planning stage reviews the clarity of the scope, focus and outcomes of the projects proposal and determines it's worth.

*This stage consisted of discussion and submission of a funding proposal to the PCC4U project team.*

**Obtaining phase:** Includes the collection and management of the data and analysis of evidence.

**Benchmark 2**

*This stage included the mapping of the current BN curriculum and gaining feedback from key stakeholders*

**Dissemination phase:** Dissemination includes the distribution of the proposed integrated curriculum to the key stakeholders for consideration and feedback.

**Benchmark, 2, 3 & 6**

*The Dissemination phase is to be implemented and completed by December 2010.*

**Implementation:** Implementation or conceptual use is identified as the implementation of the integrated curriculum to the students. Implementation is often evaluated through instrument use and the effects of the changes on behaviour.

**Benchmark 1, 3, 4, 5, & 6**

*The implementation of integrated palliative care will commence in 2011.*

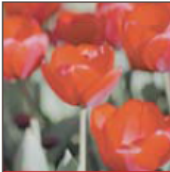
*To evaluate the effectiveness of integrating palliative care into the curriculum, the instrument Frommelt's Attitudes toward Care of the Dying (FATCOD) (Appendix 3) scale will be used. The instrument will evaluate the effects of the integration on student's behaviour. FATCOD evaluates student's attitudes to care for the dying.*

*It is proposed that this instrument will be used to survey students prior to and following the integration of palliative care into the BN program. Results from this evaluation will not be available until 2013.*

### **References:**

- Barrere, C., Durkin, A., & LaCoursiere, S. (2008). The Influence of End-of-Life Education on Attitudes of Nursing Students. *International Journal of Nursing Education Scholarship*, 5(1), 1-18.
- Frommelt, K. (1991). The effects of death education on nurses' attitudes toward caring for terminally ill persons and their families. *The American Journal of Hospice and Palliative care*, 8(5), 37-43.
- Palliative Care Australia. (2005). *Standards for Providing Quality Palliative Care to All Australians*, Canberra.
- Owen, J.M. (2006). *Program Evaluation. Forms and Approaches* (3<sup>rd</sup> ed.). Crows Nest: Allen and Unwin.
- Palliative Care Curriculum for Undergraduates Project Team (PCC4U). (2005). *Principles for Including Palliative Care in Undergraduate Curricula*, Commonwealth of Australia: Canberra.
- Smith, D. & Lovat, T. (2003). *Curriculum action on reflection* (4<sup>th</sup> ed.). Tuggerah, NSW: Social Science Press.

## Appendix 1.



THE NATIONAL  
**PALLIATIVE CARE**  
PROGRAM

PALLIATIVE CARE  
A learning resource for health care students

### PCC4U workshops

Workshops to promote quality teaching and learning in undergraduate palliative care education for academics and clinicians commenced in 2008. The project plans to deliver a workshop in each state in 2009.

**University of Newcastle 5 February 2009**

The PCC4U is indebted to Pamela Van Der Reit and Victoria Pitt for organising a workshop for academic staff and local clinicians at the University of Newcastle. The workshop was facilitated by Professor Patsy Yates and Alison Farrington. Attendees came from a broad range of clinical and academic fields and key stakeholder groups including John Hunter Hospital paediatric oncology, Cancer Council NSW, Port Stephens Palliative Care Service, Hunter Integrated Pain Service and the Mater Hospice. Academic staff attending came from the disciplines of Nursing, Physiotherapy, Nutrition and Dietetics, Education and Occupational Therapy. Workshop feedback highlighted the benefits of bringing clinicians and academics together to review current palliative care curriculum initiatives and examine options for the future.

The workshop commenced with Professor Yates providing an overview of the PCC4U project and key learnings and achievements. This was followed by a discussion led by Victoria Pitt, a lecturer in the School of Nursing and Midwifery at University of Newcastle, of the process of investigating the integration of palliative care into the undergraduate nursing curriculum, a course improvement initiative supported financially by PCC4U in 2008. Key steps in the course mapping process were:

- understanding the PCC4U core values and principles
- reviewing the graduate capabilities related to palliative care
- reviewing the graduate profile of the School of Nursing and Midwifery
- reviewing PCC4U learning outcomes
- identifying existing curriculum learning objectives.

Victoria Pitt highlighted the role of involving both clinicians and academics in

subsequently identifying plans and possibilities for integration into the curriculum in 2009.

Professor Susan Ryan gave a presentation on the implementation of a palliative care component in the unit Specialty Practice, in the second semester of year 4 for Occupational Therapy students. Palliative care comprised 50 per cent of the unit, which used group work and inquiry-based learning processes. Assessment was narrative and group work based, with an emphasis in the course on students taking a hermeneutic approach.

Small and large discussion followed exploring issues in implementing a palliative care curricula and identifying what support is needed to ensure quality learning and teaching. Discussion identified a range of strategies to enhance the inclusion of palliative care in the undergraduate curricula. The project team reviewed these strategies and identified three key themes emerging as significant in embedding the curricula and increasing sustainability of palliative care curriculum initiatives. These are summarised below.

**Promoting inclusion of palliative care in undergraduate education.**  
Themes emerging from the Newcastle workshop:

Promoting linkages and partnerships between clinicians and academics	Promoting student-centred learning	Embedding curriculum/interprofessional learning
<ul style="list-style-type: none"> <li>• clinical staff participating at uni sessions prior to the placement</li> <li>• establish good pre-contact with placement site</li> <li>• enhance links with conjoints – use and promote mentorship and buddying arrangements</li> <li>• facilitate and encourage clinician input into the curriculum</li> <li>• encourage information sessions and updates about curriculum and placements</li> <li>• good liaison contacts at the uni</li> <li>• need for placement partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• orientation session/activity before the placement</li> <li>• clinicians to acquaint themselves with the curriculum</li> <li>• clinicians – increase knowledge of course and placement objectives and outcomes</li> <li>• address additional learning needs of students with English as a second language</li> <li>• language and cultural differences require support and cultural sensitivity with the aim of providing culturally appropriate palliative care</li> <li>• communication and preparation of students for specialist placements</li> <li>• explore options for conjoint presentation prior to placement – this could be face-face or via web</li> <li>• need to link students with clinical activities</li> <li>• video resources are useful</li> <li>• benefits identified in using role plays and hypothetical scenarios to challenge students</li> <li>• value of a reflective journal for student placements</li> </ul>	<ul style="list-style-type: none"> <li>• tools and methods of evaluating placements and graduate capabilities to be developed</li> <li>• contact between the PCC4U project and conjoints</li> <li>• awareness that palliative care goes across all areas and is part of lots of specialities and contexts</li> <li>• palliative care subject sits within many areas of the curriculum</li> <li>• placements in palliative care/oncology/aged care placements may be less desirable from student perspective</li> <li>• challenges exist with the increasing diversity of students, increasing workforce pressure and decreased placement opportunities</li> <li>• differing notions of what constitutes “authentic” learning experiences</li> <li>• importance of ensuring palliative care is made explicit within the curriculum</li> </ul>

## Appendix 2.

Benchmark	Stage of implementation of benchmark
<p><b>Benchmark 1.</b> Palliative care forms a core component of the curriculum content and is integrated throughout the undergraduate curriculum.</p>	<p><b>Undergraduate curriculum documents</b> <b>Course materials</b> <b>Clinical placement records and schedules</b></p>
<p><b>Benchmark 2.</b> Academic staff and clinical practitioners with expertise in palliative care are involved in guiding and teaching palliative care in undergraduate curricula.</p>	<p><b>Undergraduate curriculum documents</b> <b>Course materials</b> <b>Teaching schedules</b> <b>Clinical placement records and schedules</b> <b>Student evaluations</b> <b>Subject or unit databases</b> <b>Credentials and curriculum vitae for academics and clinical practitioners.</b></p>
<p><b>Benchmark 3.</b> Evidence is present of the inclusion of the following topics in the undergraduate curricula: <i>Principles of a palliative approach; Communication in palliative care; Principles for clinical assessment and intervention in palliative care; Optimising function in palliative care and Coping with dying and bereavement.</i></p>	<p><b>Undergraduate curriculum documents</b> <b>Course materials</b> <b>Assessments</b></p>
<p><b>Benchmark 4.</b> Palliative care learning experiences within undergraduate curricula are based on palliative care <i>Australian's standards for Providing Quality Palliative care to All Australians</i> and integrate best available evidence</p>	<p><b>Undergraduate curriculum documents</b> <b>Course materials</b> <b>Assessments</b></p>



### Appendix 3.

#### Frommelt Attitude Toward Care of the Dying Scale

##### Original Form A

In these items the purpose is to learn how nurses feel about certain situations in which they are involved with patients. All statements concern the giving of care to the dying person and/or, his/her family. Where there is reference to a dying patient, assume it to refer to a person who is considered to be terminally ill and to have six months or less to live.

Please circle the letter following each statement which corresponds to your own personal feelings about the attitude or situation presented. Please respond to all 30 statements on the scale. The meaning of the letters is:

SD = Strongly Disagree  
D = Disagree  
U = Uncertain  
A = Agree  
SA = Strongly Agree

1. Giving nursing care to the dying person is a worthwhile learning experience.  
SD D U A SA
2. Death is not the worst thing that can happen to a person.  
SD D U A SA
3. I would be uncomfortable talking about impending death with the dying person.  
SD D U A SA
4. Nursing care for the patient's family should continue throughout the period of grief and bereavement.  
A SA SD D U
5. I would not want to be assigned to care for a dying person.  
SD D U A SA
6. The nurse should not be the one to talk about death with the dying person.  
SD D U A SA
7. The length of time required to give nursing care to a dying person would frustrate me.  
SD D U A SA
8. I would be upset when the dying person I was caring for gave up hope of getting better.  
SD D U A SA
9. It is difficult to form a close relationship with the family of the dying person.  
SD D U A SA
10. There are times when death is welcomed by the dying person.  
SD D U A SA
11. When a patient asks, "Nurse am I dying?," I think it is best to change the subject to something cheerful.  
SD D U A SA
12. The family should be involved in the physical care of the dying person.  
SD D U A SA

SD = Strongly Disagree

D = Disagree

U = Uncertain

A = Agree

SA = Strongly Agree

- |     |  |    |    |    |   |    |
|-----|--|----|----|----|---|----|
| 13. | I would hope the person I'm caring for dies when I am not present.   | SD | D  | U  | A | SA |
| 14. | I am afraid to become friends with a dying person.   | SD | D  | U  | A | SA |
| 15. | I would feel like running away when the person actually died.  | SD | D  | U  | A | SA |
| 16. | Families need emotional support to accept the behavior changes of the dying person.                          | SD | D  | U  | A | SA |
| 17. | As a patient nears death, the nurse should withdraw from his/her involvement with the patient.               |    |    | SD | D | U  |
|     |  | A  | SA |    |   |    |
| 18. | Families should be concerned about helping their dying member make the best of his/her remaining life.       |    | SD | D  | U | A  |
|     |  | SA |    |    |   |    |
| 19. | The dying person should <u>not</u> be allowed to make decisions about his/her physical care.                 | SD | D  | U  | A | SA |
| 20. | Families should maintain as normal an environment as possible for their dying member.                        | SD | D  | U  | A | SA |
| 21. | It is beneficial for the dying person to verbalize his/her feelings.   | SD | D  | U  | A | SA |
| 22. | Nursing Care should extend to the family of the dying person.  | SD | D  | U  | A | SA |
| 23. | Nurses should permit dying persons to have flexible visiting schedules.                                      | SD | D  | U  | A | SA |
| 24. | The dying person and his/her family should be the in-charge decision makers.                                 | SD | D  | U  | A | SA |
| 25. | Addiction to pain relieving medication should not be a concern when dealing with a dying person.             |    | SD | D  | U | A  |
|     |  | SA |    |    |   |    |
| 26. | I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.          | SD | D  | U  | A | SA |
| 27. | Dying persons should be given honest answers about their condition.  | SD | D  | U  | A | SA |
| 28. | Educating families about death and dying is not a nursing responsibility.                                    | SD | D  | U  | A | SA |
| 29. | Family members who stay close to a dying person often interfere with the professionals job with the patient. | SD | D  | U  | A | SA |
| 30. | It is possible for nurses to help patients prepare for death.  |    |    |    |   |    |

Last 4 digits of your Social Security No.

Completion and Return of This Questionnaire Will Be  
Construed as Your Consent to be a Research  
Subject in This Study. Your Anonymity is Guaranteed.

DEMOGRAPHIC DATA SHEET

Please check the appropriate spaces:

1. Age
2. Sex  Male  
 Female
- 18-22 years  
 23-27 years  
 28-35 years  
 36-45 years  
 46-55 years  
 56-65 years  
 66 years and over
3. Highest degree held:  High School Equivalency (GED)  
 High School Diploma  
 Associate Degree  
 Bachelors Degree  
 Masters Degree  
 Education Beyond Masters  
 Other (Please Specify)
4. Previous education on death and dying
- I took a course in death and dying previously.  
 I did not take a specific course on death and dying, but material on the subject was included in other courses.  
 No information dealing with death and dying was previously presented to me.
5. Previous experience in dealing with terminally ill persons
- I have cared for terminally ill persons and their family members previously.  
 I have had NO experience caring for terminally ill persons and their family members previously.

