

Palliative Care Nursing Continuing Education Guideline	
<p>In Canada, palliative care nurses are concerned about standards of practice and educational preparation to meet their needs (Kristjanson & Balneaves, 1995). A needs assessment survey of Manitoba palliative care nurses was conducted to ascertain their perceived continuing educational needs. A total of 107 surveys were mailed out and 20 nurses responded to the survey. This survey was based on the Canadian Hospice Palliative Care Association Nursing Standards of Practice document. Review of the literature contributed to the identification of four summary statements that articulate the need for palliative care nurses to incorporate the CHPCA Nursing Standards into their practice. The survey findings provided valuable information essential to future palliative care educational programming.</p>	
Demographics	
<p>The majority of nurses in this survey (45%) were between the ages of 50-55 years of age and all were female. Even though 35% had between 21-30 years of nursing experience 65% had between 1-5 years experience as a palliative care nurse. Also many of these nurses had attended other palliative care education opportunities that were self-initiated; self-education (90%), conferences (85%), courses (75%) and were members of palliative care organizations (75%). These statistics are an indication that these nurses are extremely motivated to attend continuing education opportunities. In addition 85% of nurses had received information on the Canadian Hospice Palliative Care Nursing Standards of Practice prior to completing this survey.</p>	
Priority Palliative Care Nursing Education Needs	
<i>Valuing</i> – Nurses must know how to assist a dying patient to find meaning in their life in order to achieve the best quality of life as defined by the person who is dying.	
<p><u>Practice Challenges</u></p> <ul style="list-style-type: none"> • meeting all persons and family’s private and individual needs • acknowledging person and family’s readiness for information • identifying appropriate resources and knowing how to access them 	<p><u>Priority Education Need</u></p> <ul style="list-style-type: none"> ▪ Palliative care resource availability and access that emphasizes the physical, emotional, psychosocial and spiritual needs of the person and family ▪ Interdisciplinary practice and team collaboration
<i>Connecting</i> – Nurses must be able to recognize the influence of cultural and spiritual values, beliefs, traditions and life patterns of a person and family on their illness experience in order to connect with them.	
<p><u>Practice Challenges</u></p> <ul style="list-style-type: none"> • changing goals of care not established • assessing influence of cultural and spiritual values • maintaining professional boundaries with persons and their families 	<p><u>Priority Education Need</u></p> <ul style="list-style-type: none"> ▪ Guidelines for interdisciplinary rounds and family conference to assist with decision-making and establishing goals of care ▪ Counseling skills (maintaining boundaries) ▪ Conducting a cultural and spiritual assessment

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<p><i>Empowering</i> – Nurses need to feel comfortable exploring sensitive and emotional issues with persons and their families in order to build on persons and family’s strengths.</p>	
<p><u>Practice Challenges</u></p> <ul style="list-style-type: none"> • time commitment • knowledge deficit in addressing sensitive and emotionally charged issues that can lead to conflict • inability to handle ethical dilemmas 	<p><u>Priority Education Need</u></p> <ul style="list-style-type: none"> ▪ Time management skills ▪ Ethical decision-making framework/conflict resolution skills ▪ Human development related to terminally ill persons and their families ▪ Effective communication skills ▪ Philosophy and principles of palliative care
<p><i>Doing For</i> – Nurses must be knowledgeable and able to identify holistic care needs on a population based model of care in order to be active participants in the development of healthcare policy related to hospice palliative care nursing.</p>	
<p><u>Practice Challenges</u></p> <ul style="list-style-type: none"> • unaware of drug availability resources • knowledge deficit in dealing with special populations • unaware of legal resources 	<p><u>Priority Education Need</u></p> <ul style="list-style-type: none"> ▪ Manitoba Health Palliative Care Drug Access Program ▪ Winnipeg Regional Health Authority Advance Care Planning Initiative ▪ Issues specific to the elderly and pediatric palliative care population
<p><i>Finding Meaning</i> – Palliative care nurses must understand the complexities of hope and suffering in order to enhance the human spirit and foster survival.</p>	
<p><u>Practice Challenges</u></p> <ul style="list-style-type: none"> • unaware of the concept of hope • unaware of acting as a catalyst to finding meaning and hope • unaware of assisting others to find a balance between hope and suffering 	<p><u>Priority Education Need</u></p> <ul style="list-style-type: none"> ▪ Dimensions of hope and relationship between hope and coping ▪ The meaning of hope and dying ▪ The amelioration of suffering
<p><i>Preserving Integrity</i> – Nurses need to participate in research activities appropriate to palliative care nursing practice in order to support the palliative care movement.</p>	
<p><u>Practice Challenges</u></p> <ul style="list-style-type: none"> • integrating standards into practice yet not knowing how to articulate them • knowing the goals of palliative care nursing research • identify of self-care techniques • being aware of the palliative care movement 	<p><u>Priority Education Needs</u></p> <ul style="list-style-type: none"> ▪ Education programming based on the CHPCA Nursing Standards of Practice ▪ Goals and barriers of palliative care nursing research ▪ Compassion fatigue and critical incident stress ▪ Palliative Care Movement (Senate Committee on Strategy for EOL Care)

<p>The Nurse's role at the bedside of a dying patient can have profound effect on the quality of life of the dying and bereaved.</p>
<p><i>Nurses provide more care to dying persons and their families than any other healthcare professional (Ferrell, Virani, & Grant, 1999; Pimple, Schmidt, & Tidwell, 2003) and nurses are in the unique position to make a substantial difference to persons and their families at end-of-life (Sherman, Matzo, Rogers, McLaughlin, & Virani, 2002).</i> The review of the literature and practicum findings supported time constraints as an important practice challenge. Time was expressed as; lack of time to establish a therapeutic relationship, experienced nurses took less time to deal with ethical and emotionally charged issues, lack of protected learning time and the amount of time actually spend at the bedside. The time spent at the bedside is one area that practicing palliative care nurses must advocate for. Nurses must lobby healthcare administrators and policy makers that more time must be devoted at the bedside (in all healthcare settings) when caring for terminally ill persons and their families.</p>
<p>Nursing Standards of Practice set boundaries and act as a guiding force for hospice palliative care nursing practice and education.</p>
<p><i>The Canadian Nurses Association's (CNA) Policy Statement (1998) encourages nurses to use professional standards in their specialty area of practice in order to practice safely and competently. The CNA now recognizes Hospice Palliative Care Nursing as the twelfth specialty area in nursing.</i> Nurses found the standards to be valuable and comprehensive. Also nurses commented that reading the standards made them aware of their areas of strengths and weaknesses and now they could work on weaker areas of knowledge. To access a copy of the Hospice Palliative Care Nursing Standards of Practice for educational program development please visit http://www.chpca.net or http://palliative.info</p>
<p>Responding to nurse's learning needs in ways that are relevant to them is the most effective way of facilitating change in their behavior.</p>
<p><i>White, Coyne, and Patel (2001) strongly suggest that identifying nurse's educational needs is the first step toward changing practice.</i> Survey respondents listed the most common education delivery method for all standards by viewing a video and then mentoring and role playing. However, small group discussions, on-line courses, team conferences, self-learning modules, workshops and case studies were also frequently mentioned. Nurses viewed workshops as a venue for sharing skills and that case studies provided in sight into experienced nurse's problem-solving abilities and techniques.</p>
<p>Evaluation</p>
<p><i>Ferrell (1998) pointed out that in order to ensure that palliative care nursing education is effective evaluation initiatives need to be undertaken.</i> In past research focused on how education and training should be provided but failed to show what education and training needs would improve the quality of patient care. Future research direction must focus on valid and reliable evaluation tools to determine if the palliative care nursing continuing education guideline was a valuable tool for nursing educators.</p>
<p>Any questions or inquiries you may have regarding this guideline please contact Darlene Grantham at 467-2339 or email grantham@mb.sympatico.ca</p>