



# Stakeholders

- Project Team
  - Interview facilitators: Catherine Joyes, Lisa Malbrecht, Maura Purdon, Kathy Pfaff
- Participant Institutions
  - BScN
    - Western University
    - University of Windsor
  - RPN
    - St. Clair College
    - Fanshawe College
    - Lambton College

# Overview of Presentation

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Methods

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Demographics

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Competence/Proficiency

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Palliative Care Education

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Learning Needs

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Program Strengths

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Gaps, Challenges & Opportunities

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Summary

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# Methods

- Concurrent mixed methods study
- Online survey of recent graduates of nursing programs in the SWAHN region
  - Survey developed by project team
  - Open field for qualitative comments
- Focus groups with faculty teaching in same nursing programs
  - Face-to-face; audio-recorded, transcribed verbatim
  - Interpretive descriptive (Thorne, 2009)
  - Content analysis (Hsieh & Shannon, 2005)
- Data collected September 2018 – March 2020
- REB approval
  - Western University, University of Windsor, Fanshawe College, St. Clair College, Lambton College

# General Demographics

(N = 78)

Item	%
Nursing Designation	
RN	64.1
RPN	35.9
Gender	
Female	91.0
Male	7.7
Non-binary	1.3
Location of Formal Entry to Practice Education	
Fanshawe College	20.5
Lambton College	7.7
St. Clair College	9.0
Western University	51.3
University of Windsor	11.5

# Years since completion of formal education

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Percentage			
	RN and RPN	RN	RPN
Less than one year	20.5	32.0	0.0
One to two years	34.6	34.0	35.7
More than two years	44.9	34.0	54.3

# Years in practice - current health care role

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	Percentage		
	RN and RPN	RN	RPN
Less than one year	30.8	40.0	14.3
One to two years	30.8	30.0	32.1
More than two years	38.5	30.0	53.6

# Location of health care setting

	Percentage		
	RN and RPN	RN	RPN
Not applicable	1.3	2.0	
Rural, not close to an urban area	9.1	6.1	14.3
Rural, close to an urban area	15.6	14.3	17.9
Urban area	74.0	77.6	67.8

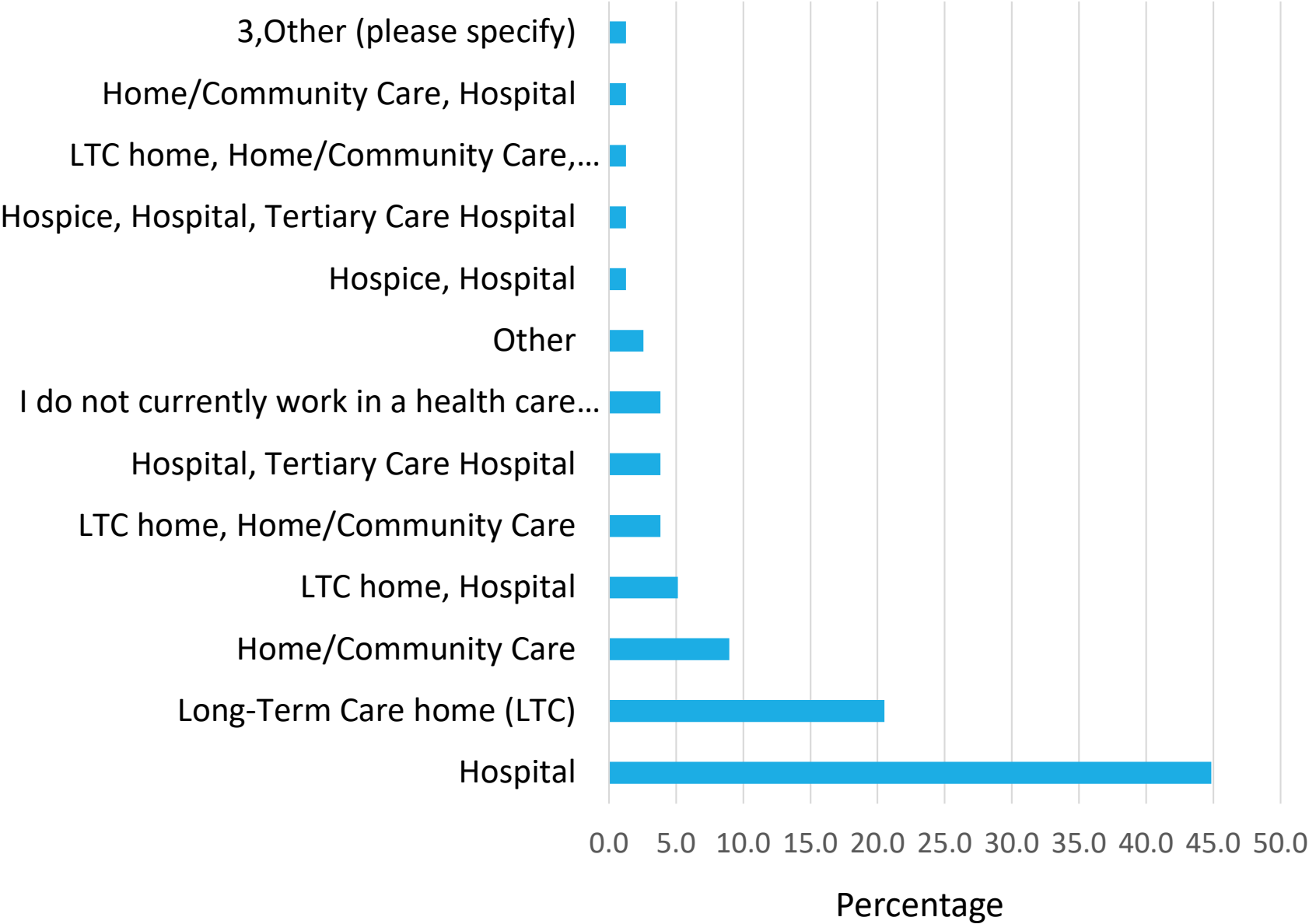


# Classification of health care setting

	Percentage		
	RN and RPN	RN	RPN
Not working in a health care setting	2.6	2.0	3.6
Specialist setting	30.8	34.0	25.0
Generalist setting	59.0	58.0	60.7
Other setting	7.6	6.0	10.7



# Health care work environment





# Palliative Care Education

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# The SWAHN Curriculum Inventory

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At the time of the study, our curriculum inventory was perceived by educators to be accurate in terms of recording the current state of training information related to RN and RPN education.

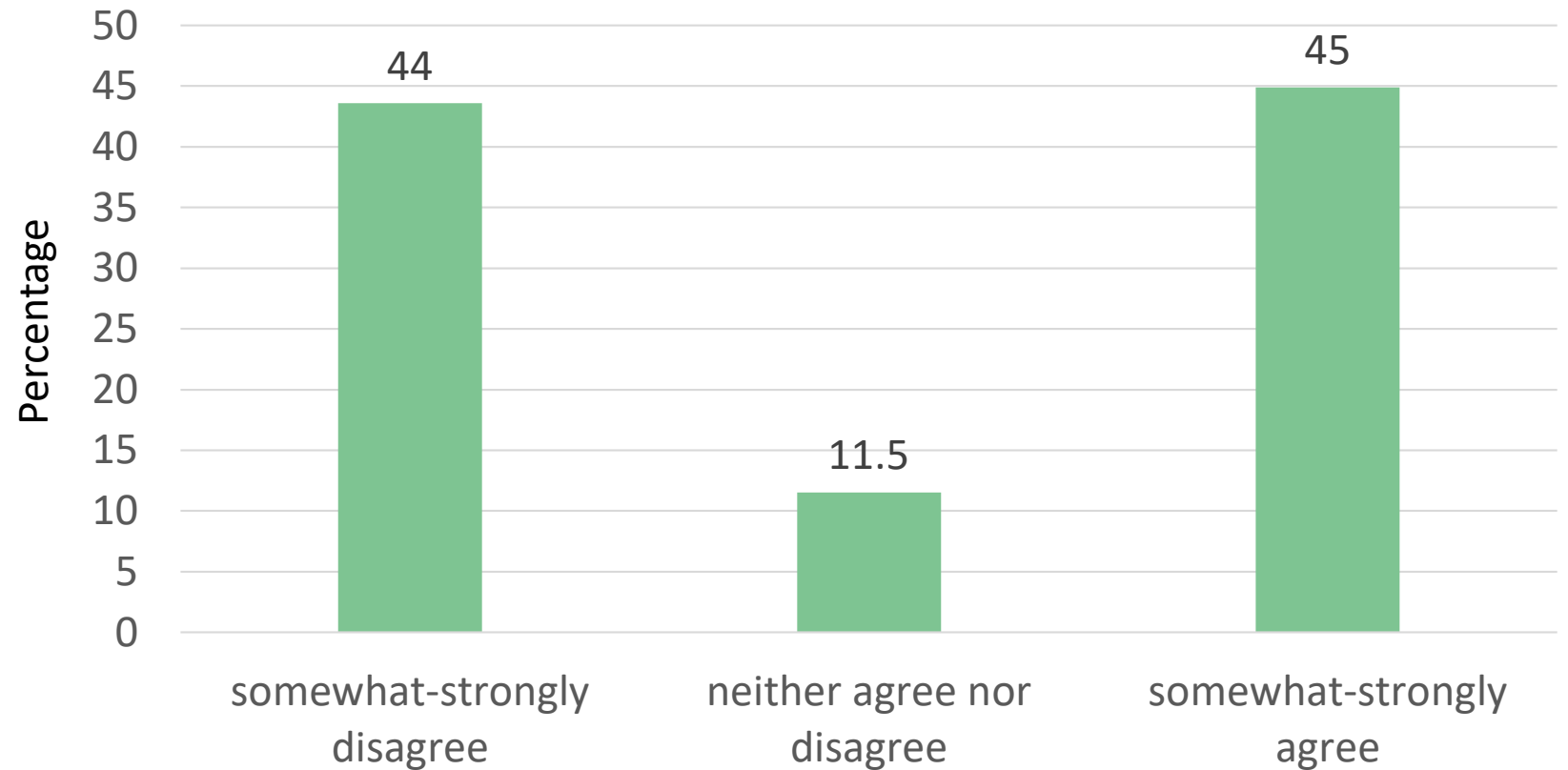
There is a general support for improving curricula and training among nursing faculty in the SWAHN region.

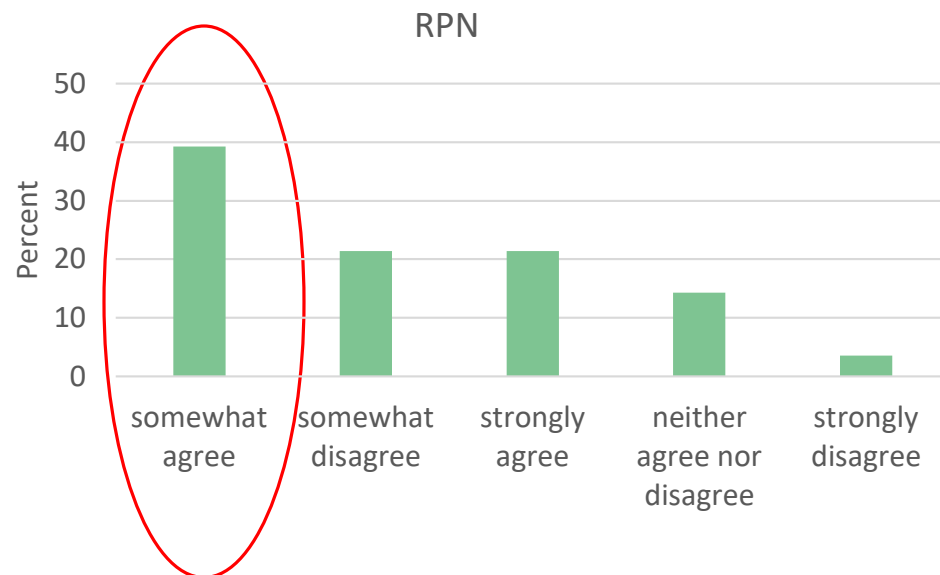
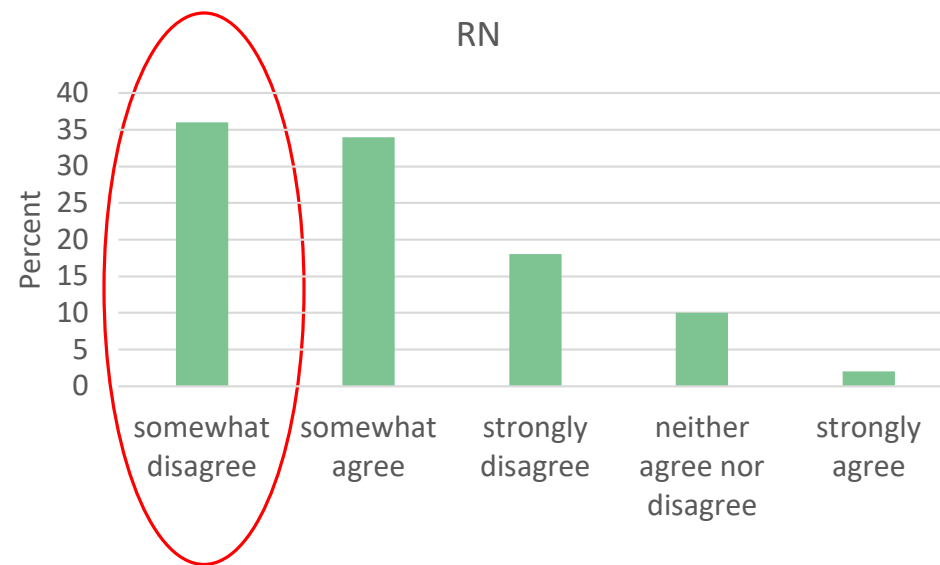


# Graduate perspectives: Received necessary training to work in palliative care environment

“They are just humans learning the pathways themselves...”

(FC faculty)





## RN and RPN perspectives: Received necessary training to work in palliative care environment

More placements in long-term care  
and in palliative units.

“All students do achieve a clinical  
placement on palliative care at  
Bluewater Health...We have two  
clinical instructors who are very  
versed in palliative care ...their  
questions alleviate any fears.” (LC  
faculty)

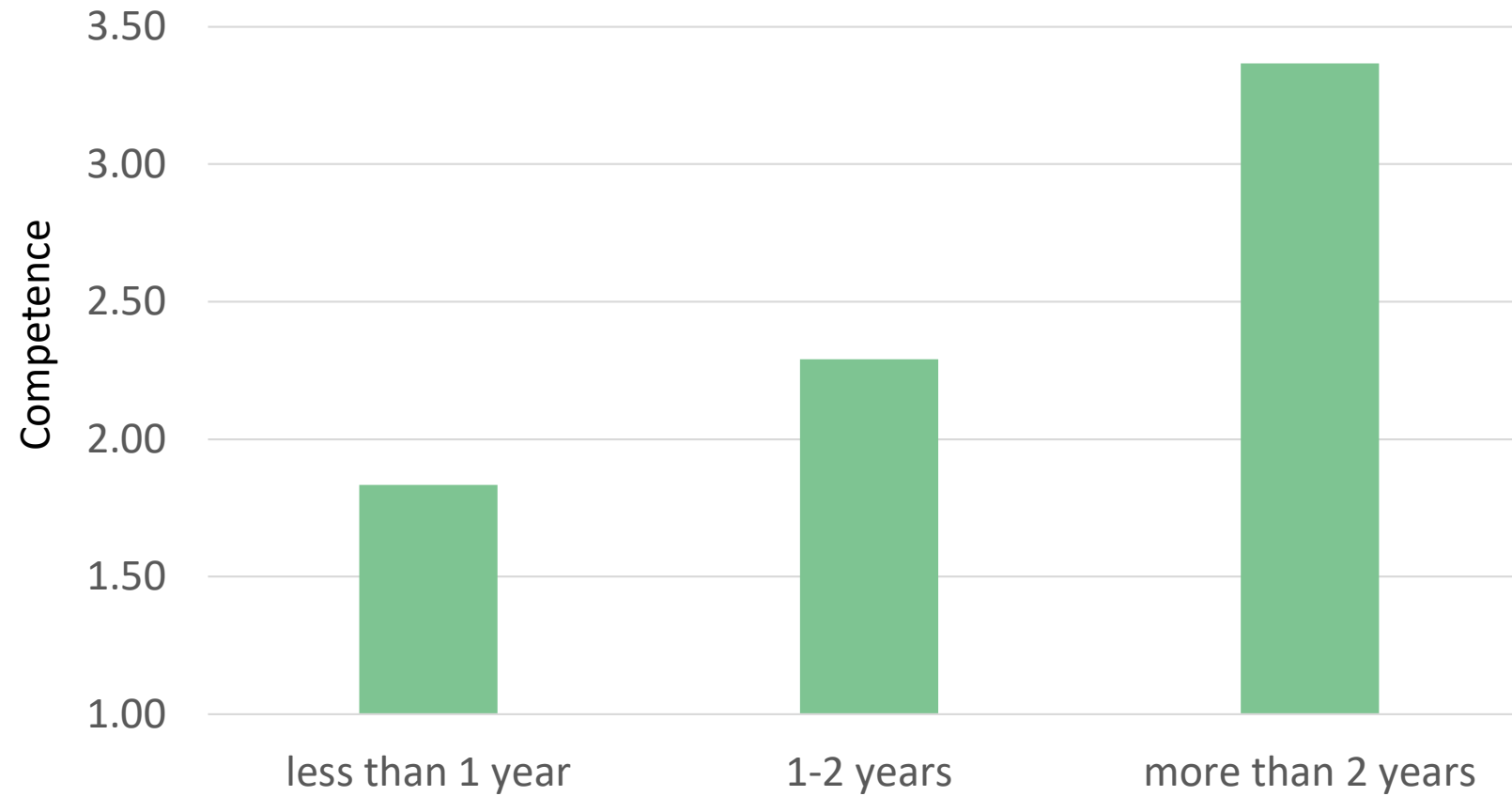


# Perceived proficiency in hospice palliative care

Percentage			
	RN and RPN	RN	RPN
Novice	17.9	22.0	10.71
Advanced beginner	33.4	38.0	25.1
Competent	25.6	22.0	32.14
Proficient	20.5	16.0	28.57
Expert	2.6	2.0	3.57



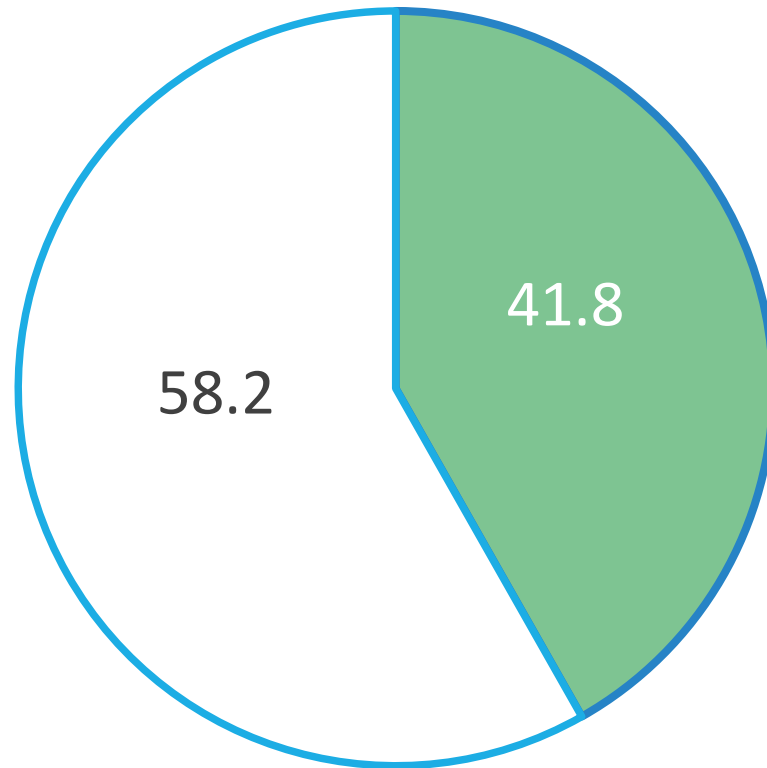
## Competence by Work Experience (across both RN and RPN)







# Training specific to palliative care during your **formal** entry-to-practice health care education



■ yes ■ no

There is a lack of emphasis on a palliative approach to care

The terminology...is that if they're in the last 48 hours of of life, they're palliative, but before that, they're not..." ( U of W Collab faculty)



# Learning during formal training

Textbooks/readings

Required courses - Nursing theory courses, intro to palliative care

Clinical preceptorship/placement on palliative floor (ranging from 2 weeks to 3 -month rotations on palliative care unit)

Elective courses - thanatology, human meaning of death, “lifting the lid off the coffin”

Visited hospices and palliative care units

Attending palliative care conferences

Palliative care simulation


Fundamentals

CAPCE

Communication skills, coping strategies, pain medication, grief

Clinical In-services (long term care and community placements)

Staff orientations and organizational palliative care resources (spiritual care)

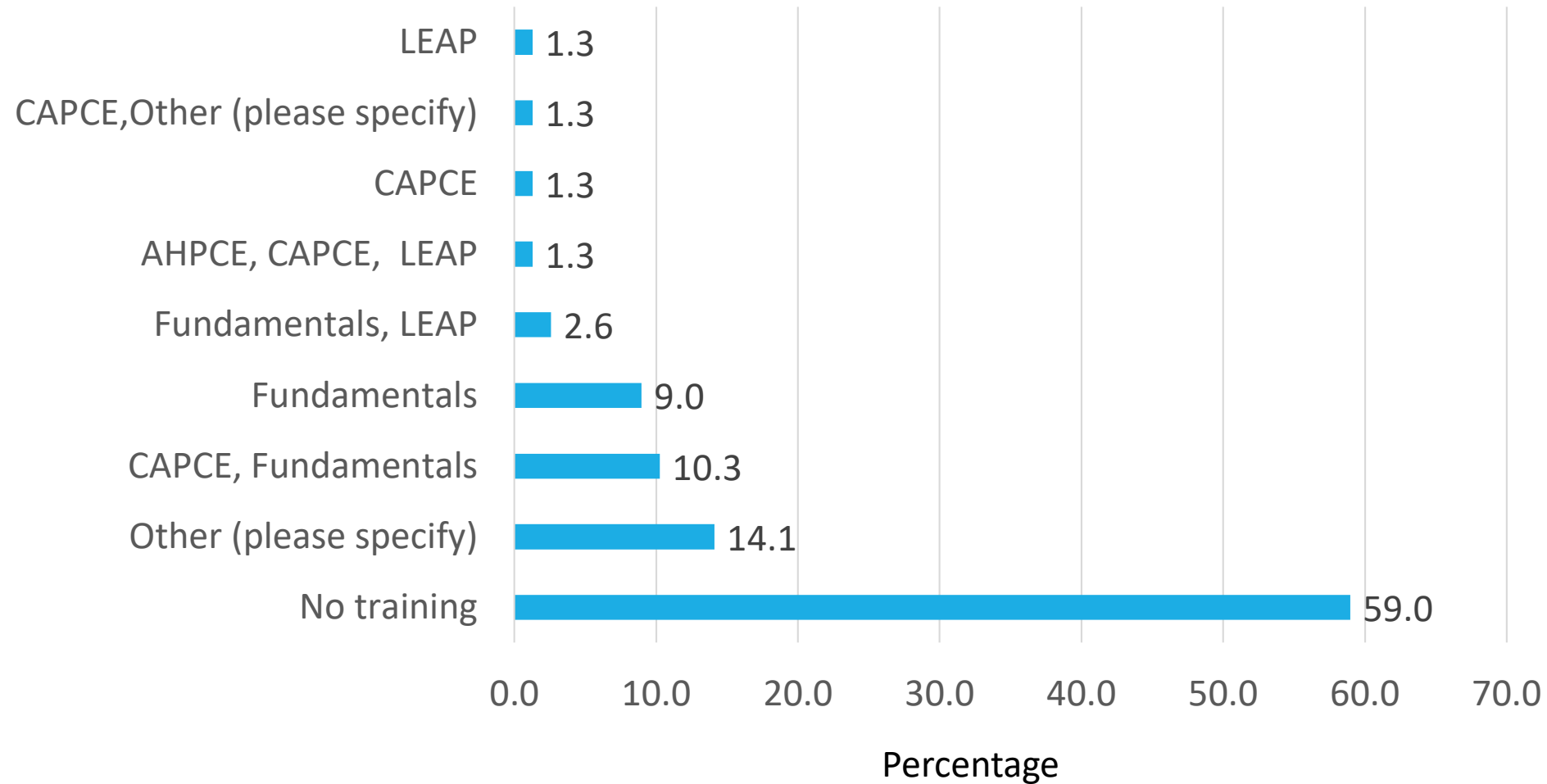


Top areas  
specific to  
palliative care  
where you feel  
you **did not**  
**receive**  
**education** and  
where that  
education  
would have  
been helpful  
to you today  
(N=50)

1. Pain and symptom management – assessments and medication, medicinal cannabis
2. Communication - with families, doctors
3. Community resources
4. Distinction between palliative care and hospice
5. Provision of post-mortem care with related scenarios (coroner's case)
6. MAID
7. Differences in palliative care in settings (LTC, hospice, palliative floor)
8. Advance care planning, DNR
9. Self-care
10. Gerontology specific training

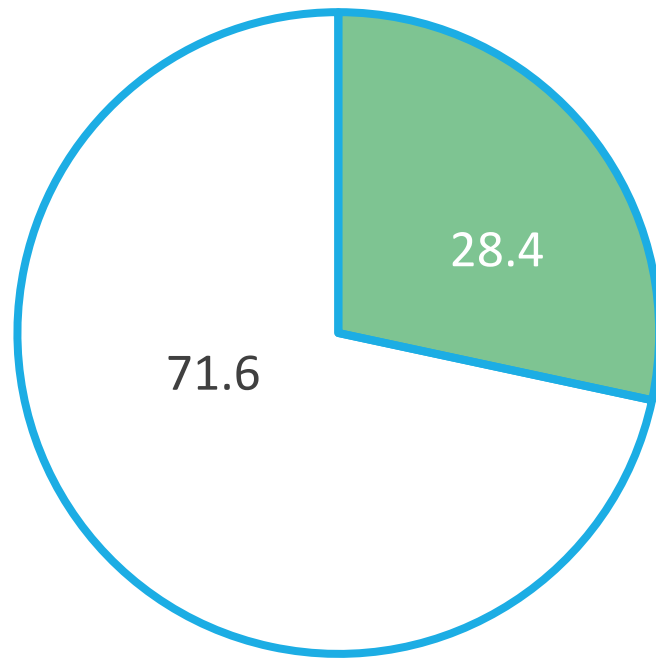


# Post-graduate **formal** palliative care education





# Post-graduate **informal** palliative care learning



■ yes ■ no

## Examples of informal learning

Pain management in-service

On the job training/shadowing

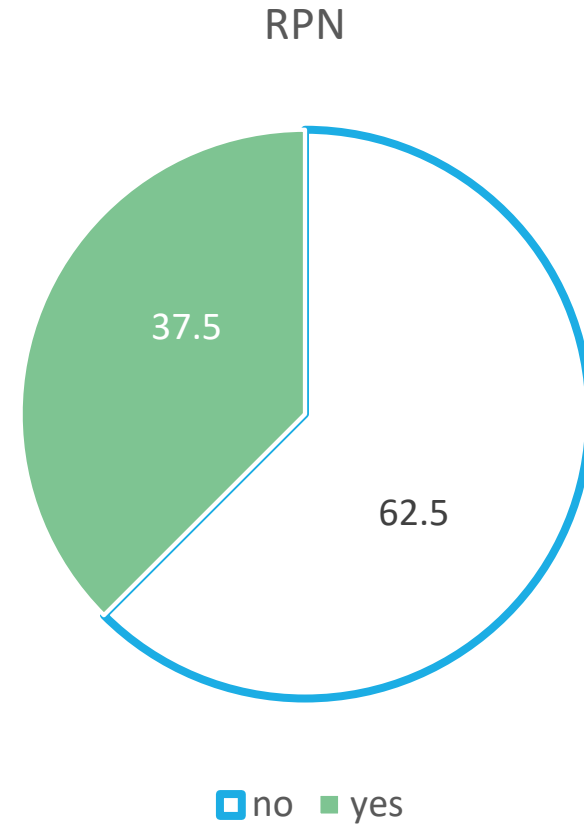
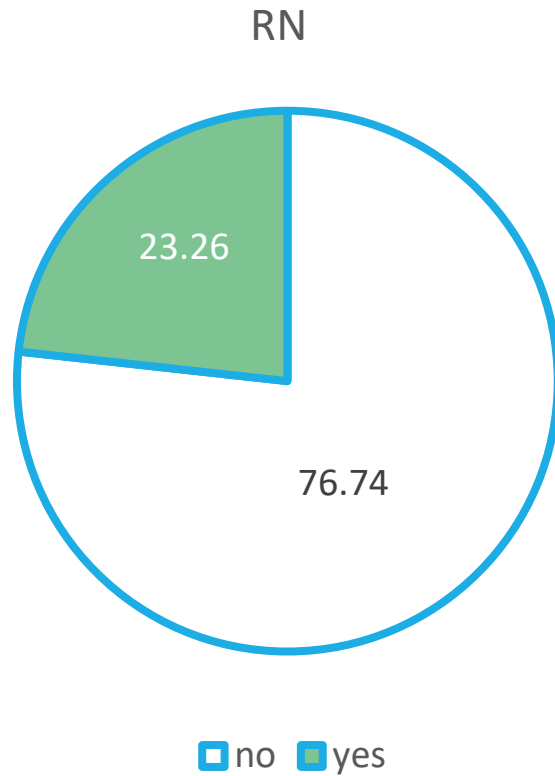
Hospice care programs

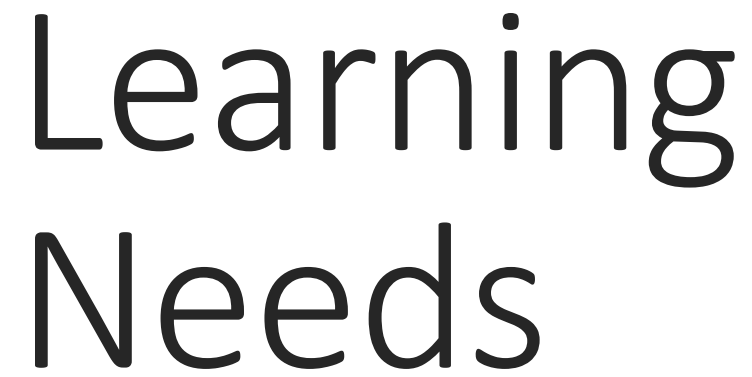
Health Force Ontario new grad initiative

MAID

Hospital workshops

# Participation in **informal** palliative care learning





# Learning Needs



# Proficiency in palliative care domains

	RN and RPN	RN	RPN
Spiritual care	2.24	2.13	2.43
Social care	2.27	2.10	2.57
Psychological care	2.40	2.18	2.78
Loss and grief	2.44	1.97	2.78
End of life care/death management	2.44	2.21	2.83
Disease management	2.53	2.33	2.87
Practical care	2.77	2.59	3.09
Physical care	2.87	2.72	3.13

“People are arriving in their clinical roles without the ability to be able to comprehend, appreciate, and work within those domains.”

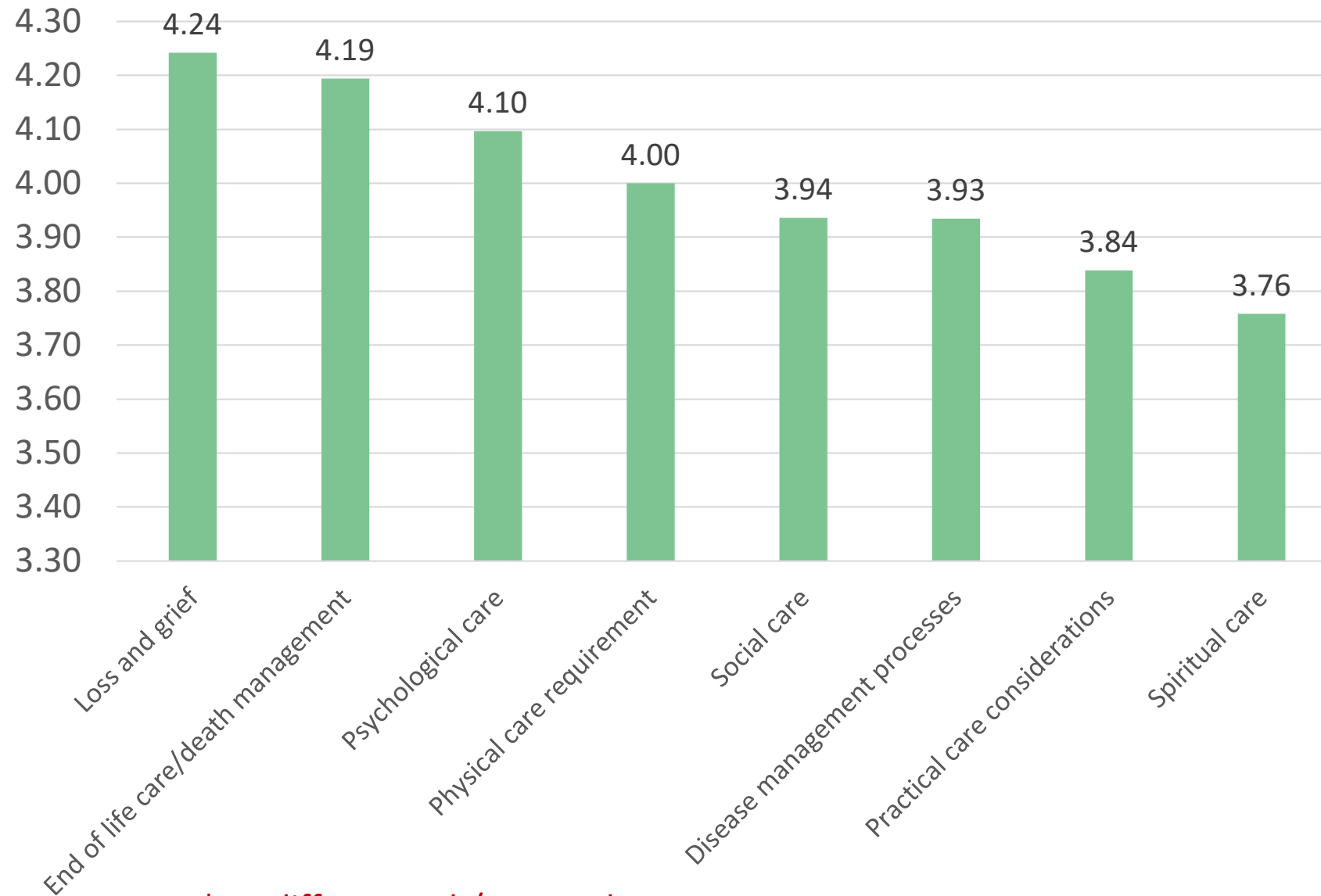
(Western faculty)

1 = novice; 2 = advanced beginner; 3 = competent; 4 = expert





# Learning needs



“Provide a standard education on emotions in dying, grief, medications for specific concerns (pain, secretions, anxiety, fevers, etc.), coping with dying patients, interacting with families. Provide case scenarios to walk through.”  
(nursing graduate)

\*No differences b/t RN and RPN



# Additional learning needs & considerations

## **Age**

- High aging population requiring more palliative care
- Younger populations & trauma support

## **Multicultural populations**

- Spiritual care
- Cultural and religious views on death and palliative care
- Indigenous populations

## **Rural**

- Few educational workshops
- People know each other; get more than family support

**Limited availability of online courses and upgrading options**

**MAID education**

**Care coordination between multiple care settings**

**Unexpected deaths in ER**

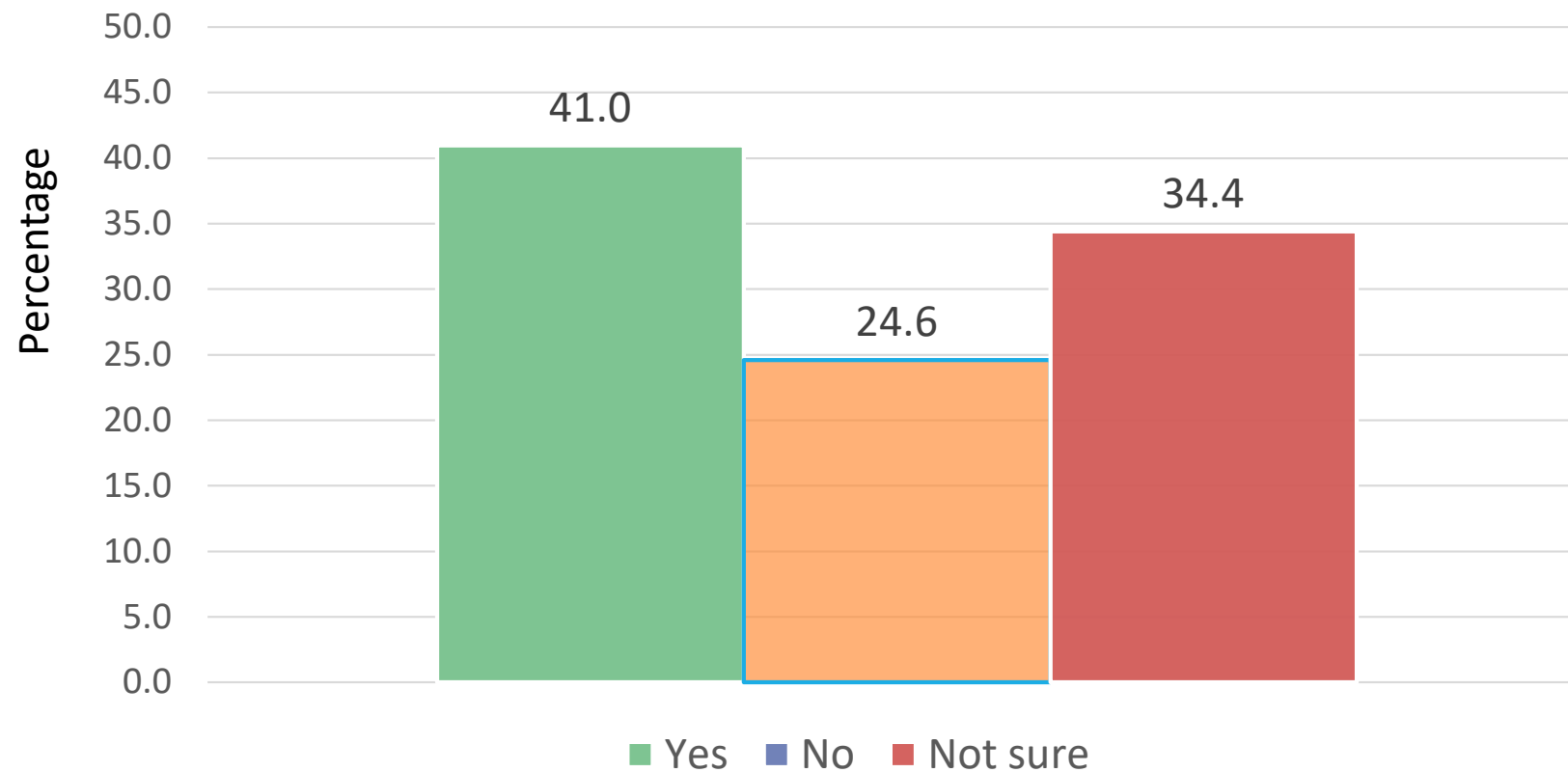
**Cannabis use**

I think education needs to happen within the community, within agencies...what services can we offer? ...I think there is sometimes a disconnect.” (FC faculty)



# Plan for ongoing development of knowledge and skills in palliative and end of life care

No differences between RN and RPN





# Curricular Strengths

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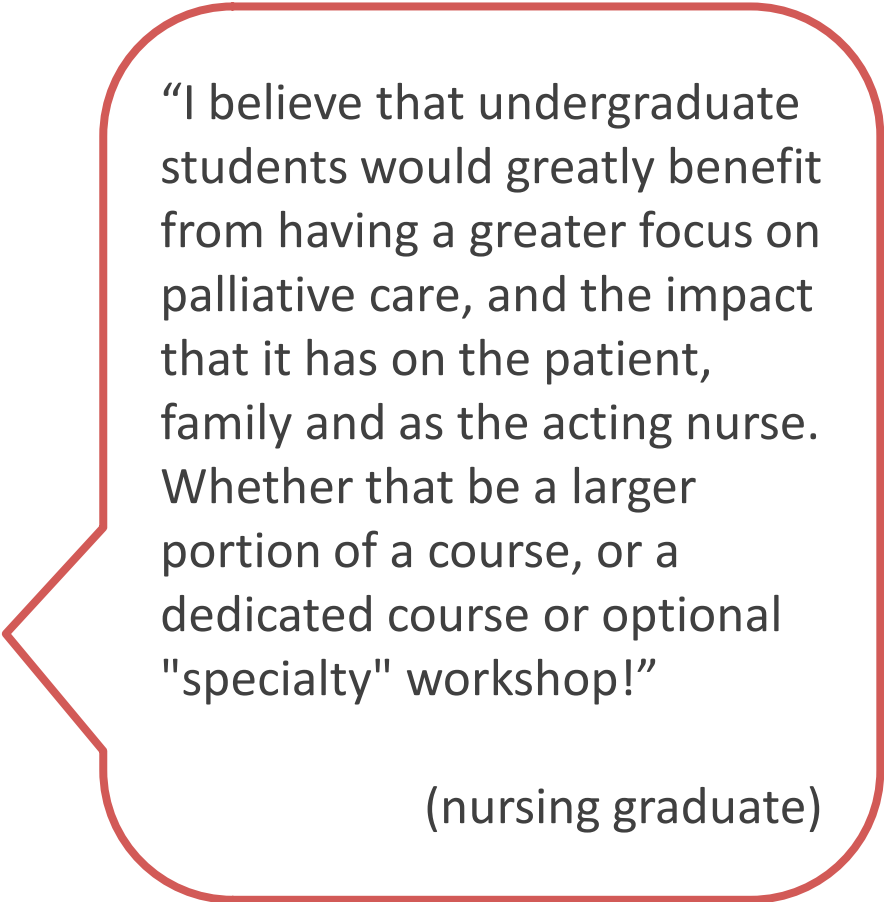
Valuing of palliative care

Clinical faculty with palliative experience/certification

Certification (Lambton College); some students take Fundamentals post-graduation

Simulation

Curricular revisions to include concepts of palliative care



“I believe that undergraduate students would greatly benefit from having a greater focus on palliative care, and the impact that it has on the patient, family and as the acting nurse. Whether that be a larger portion of a course, or a dedicated course or optional "specialty" workshop!”

(nursing graduate)

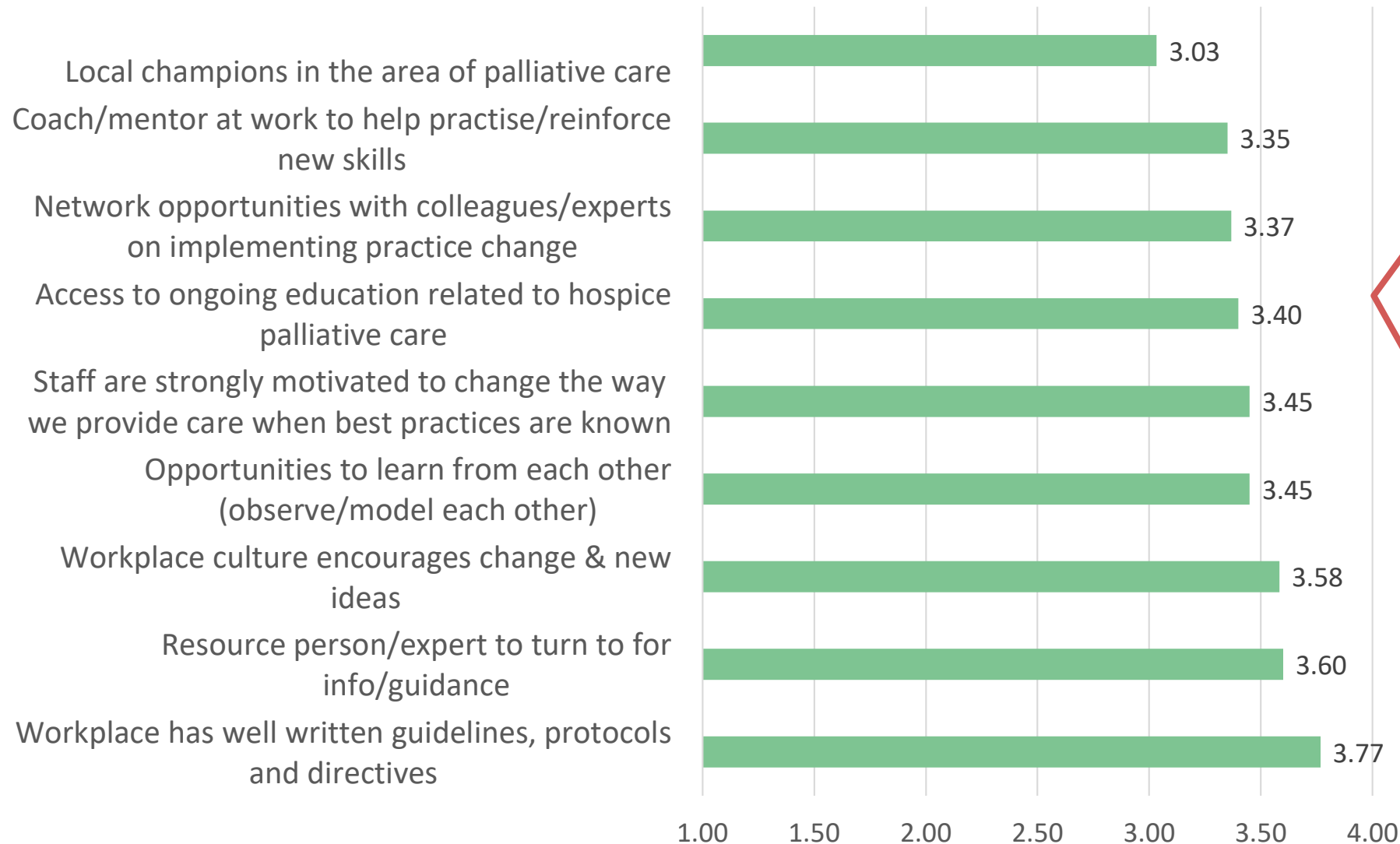
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## Strengths

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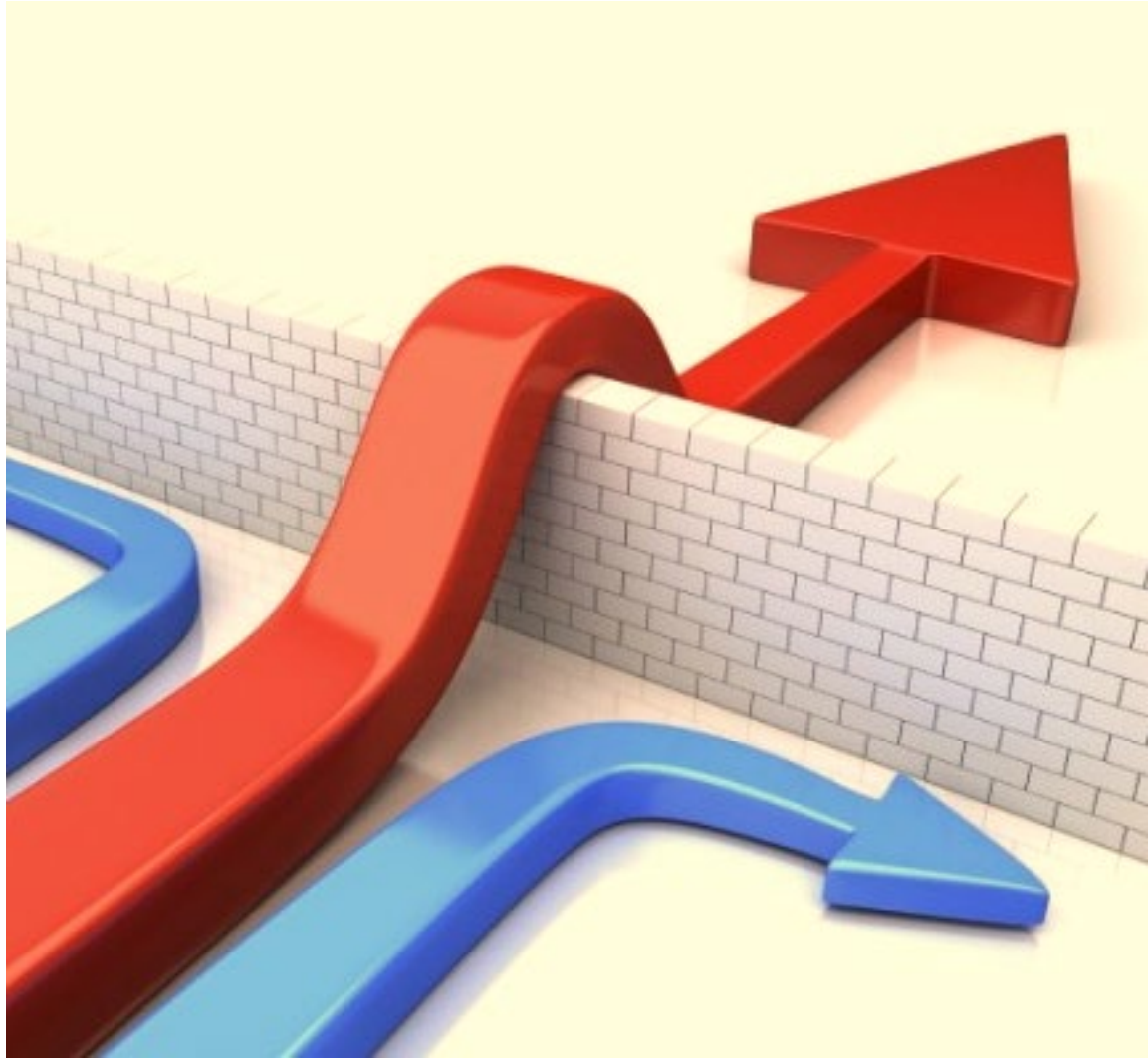


# Workplace support for palliative care practice



Engaged Community Partners

HDGH Palliative unit;  
Hospice of W-E;  
Parkwood, LHSC, St.  
Joseph's Hospice,  
Bluewater Health, VON,  
St. Elizabeth, funeral  
homes



# Gaps, Challenges & Opportunities

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“I don’t think they’re prepared. We’ve had feedback from our students that ‘we didn’t learn how to care for palliative patients’...they just don’t have the tools, the knowledge, the skill or the ability...”  
(U of W collab faculty)

Content – pain and symptom management, pharmacology, pediatric end-of-life

Emotional responses – debriefing and grief support

Communication – patients/families/interprofessional

Not every BScN student gets a palliative clinical experience

## Gaps & Challenges



“How do you standardize content between the collaborative programs?...What concepts and what theory and what constructs do we attach to these competencies?...Do we have someone come from the LHIN?...Do we talk about the [palliative care] gaps in the system?...do we have time for that?

(Western faculty)

## Time

- to address concepts
- to revise curriculum/content

So we had to...cherry pick what we felt was most important to put out to the students...(SCC faculty)

## Content-driven curricula that is overflowing

- “To formally implement something within the curriculum...it comes at the expense of something else...” (FC faculty)

## Availability of hospice placements

## Expectations – employers, students, CNO (skills, ETP competencies)

- “We really need some competencies....if the CNO would even address palliative and end of life...” (LC faculty)

# Gaps & Challenges



## Curriculum

- Fundamentals, Two-day LEAP – would need to address costs
- Improve the theory - practice integration
- Thread/embed concepts throughout curriculum
- Transitions in care
- Aging/gerontology

“Giving them [students] a little bit more, sooner, those communication pieces, those strategies and just an understanding of what palliative care is...not just dying, but the management piece.” (LC faculty)

“We need a larger focus on it in our formal education programs, especially considering the increasingly huge older adult population” (nursing graduate)

## Opportunities



## Enhanced Simulation

- “We have just started a simulation, essentially a 4-four hour) crash course for palliative care.” (SCC faculty)

## Capacity Development

- Faculty training
- Guest speakers/experts
- Interprofessional
- Clinical settings – long-term care, community, visiting nursing, Cancer Centre

“More hands-on experience IN palliative care settings (simulation is not realistic when it comes to these extreme situations)”

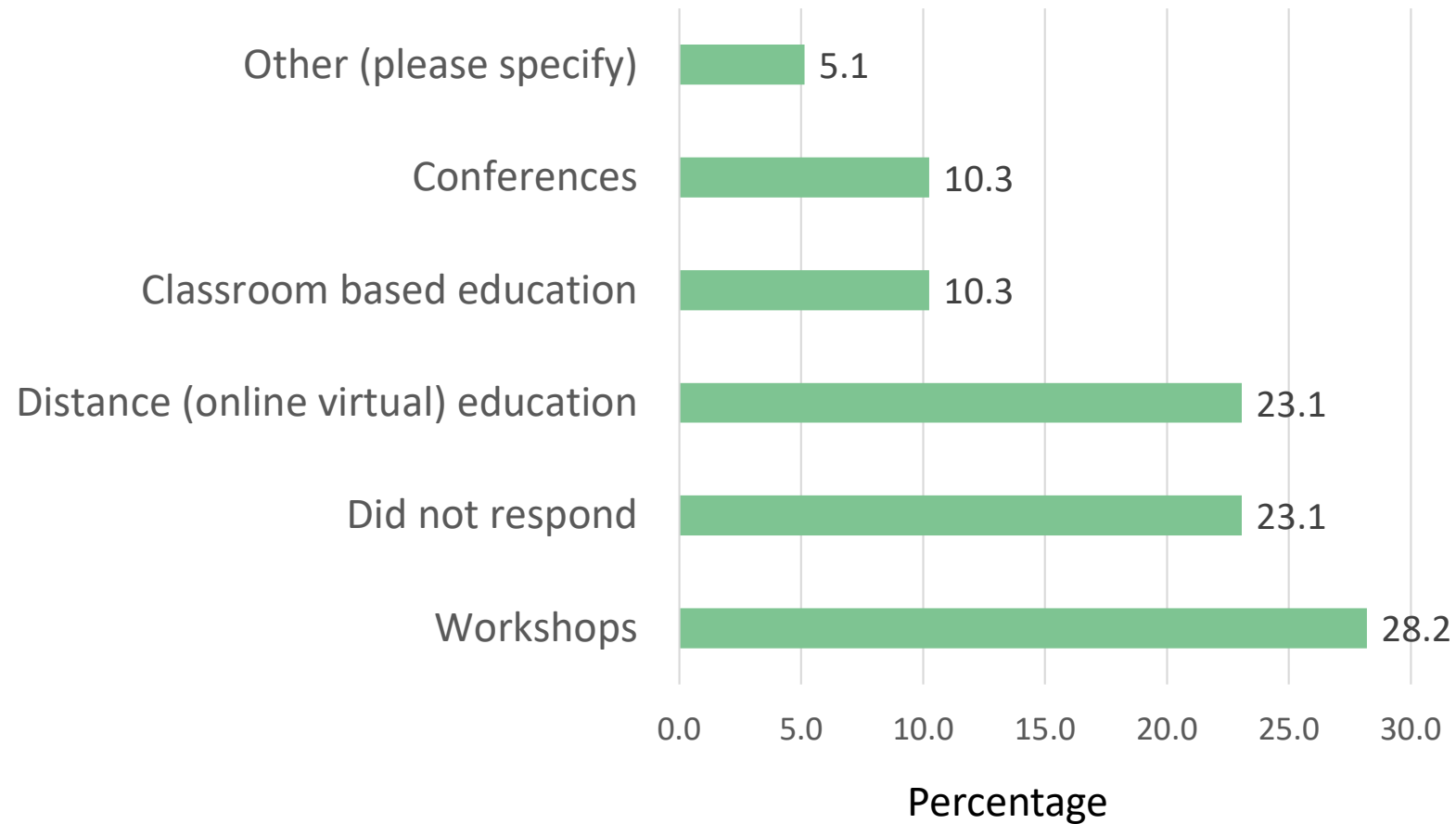
“We need a larger focus on it in our formal education programs, especially considering the increasingly huge older adult population”

Nursing students need to have the opportunity to learn from experienced nurses in the field of palliative care.  
(nursing graduates)

# Opportunities



# What forms of palliative care education would you most likely participate in?



# Summary

## Palliative Care Education

- There are opportunities to enhance formal training in palliative care
  - 44% felt they did not receive necessary education, 11.5% felt neutral
  - 58% did not receive formal palliative care education prior to graduation
  - 59% received no formal training after graduation

## Learning Needs

- Content/experiential needs: Psychological care, communication, loss and grief, pain and symptom management, pharmacology, pediatric end-of-life
- Needs by region: age groups (esp. older adults), multicultural and rural populations, communication skills, MAID, cannabis, coordination across care settings

## Supports

- Enhanced post-grad training: Only 41% reported they have a plan for ongoing development
- Workplace support: participants want written guidelines/protocols, resource person, innovative workplace culture, peer learning, work with others who are open to change

## Learning Methods

- Workshops and distance learning
- Hands-on learning

Comments?  
Next steps?

