

SWAHN Palliative Care Curriculum Study

Study of curriculum related to the entry-to-practice level across the SouthWestern Academic Health Network (SWAHN) region's educational institutions

Overview and Summary January 2021

In 2015, SWAHN established a formal Palliative Care Working Group to identify a project that would address a challenge highlighted in *Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership & Commitment to Action*, a document produced by Ontario's Local Health Integration Networks and the Quality Hospice Palliative Care Coalition in 2011. The challenge? The lack of standardized education and training among health professionals engaged in providing palliative care is hindering the ability to plan and provide quality end-of-life care for patients and families.

Early discussions concluded that participants from across the SWAHN region would focus their collective effort to study the gaps in education and training across programs for health providers that are typically engaged in palliative care core teams. These disciplines include physicians, registered nurses, practical nurses, nurse practitioners, social workers, personal and developmental support workers, pharmacists, and spiritual care providers.

The group established its project scope at the entry-to-practice level and developed an inventory of the then-current curriculum in palliative care for the aforementioned professions. The inventory was finalized in 2017. Upon review, the group, now known as SWAHN's Palliative Care Project Team, determined that its initial focus for its research study would be nursing and practical nursing programs. A Principal Investigator as well as Co-Investigators from each of the five institutions in the SWAHN region were determined. The formal research team included:

- Principal Investigator & Co-Presenter: Dr. Marie Savundranayagam, Associate Professor, School of Health Studies, Faculty of Health Sciences, Western University
- Co-Investigator & Co-Presenter: Dr. Kathryn Pfaff, Associate Professor, Faculty of Nursing, University of Windsor
- Co-Investigator: Ms. Kelly Butler, Professor, Nursing, Lambton College
- Co-Investigator: Dr. Sandra DeLuca, Chair, School of Nursing, Fanshawe College
- Co-Investigator: Ms. Thelma Riddell, Associate Director, Undergraduate Programs, Faculty of Health Sciences, Western University
- Co-Investigator: Ms. Linda Watson, Chair, School of Nursing, St. Clair College
- Project Team Co-Chair: Ms. Lisa Malbrecht, Director, Complex Care, Parkwood Institute, St. Joseph's Health Care London
- Project Team Co-Chair: Ms. Maura Purdon, Director, Palliative Care, ESC LHIN
- SWAHN Manager: Ms. Catherine Joyes

Other members of SWAHN's Palliative Care Project Team supported the research team and assisted in the study's design: a concurrent mixed methods study. The study included an online alumni survey for nursing and practical nursing programs, which was developed for alumni from 2015-17 (inclusive). The survey sought input on alumni perceptions around their formal education and training in palliative care, seeking commentary on needs and gaps in the current curriculum. The study also included focus groups with faculty members, facilitated by a Project Team Co-Chair.

In 2018, a research ethics proposal was submitted to Western University. Upon its approval, ethics submissions to the other four institutions were prepared including the University of Windsor and three colleges Fanshawe, Lambton and St. Clair. This process was completed by July 2019. As the ethics approvals were confirmed, alumni surveys were released and faculty focus groups were conducted. In the summer of 2020, Dr. Marie Savundranayagam and Dr. Kathryn Pfaff analyzed the data collected between September 2018 and March 2020 (inclusive).

The alumni survey captured seventy-eight responses from nursing and practical nursing alumni from across the region. Survey respondents thoughtfully shared their perceptions to the open-ended questions included in the survey. The responses revealed different perspectives between registered nurses and registered practical nurses. These data were triangulated with information gathered through focus group discussions with faculty to identify specific trends in perceptions related to needs and gaps in current entry-to-practice education in baccalaureate nursing and practical nursing programs.

When asked about the training specific to palliative care during their formal entry-to-practice health care education, 58.2% of respondents indicated that they did not receive this training. As part of the faculty focus group discussions, it was noted that there is a lack of emphasis on a palliative approach to care within the curriculum.

Registered nurses with baccalaureate education reported that their formal education and training did not prepare them well for working in a palliative care environment. Contrary to this data, registered practical nurses reported that they did in fact receive the necessary training to provide effective care. This discrepancy may be explained by the fact that practical nursing programs typically offer students more clinical placements in long-term care settings and palliative units than nursing programs. It may also explain why practical nursing alumni reported high levels of proficiency in their current work while nursing alumni rated their skills lower as "advanced beginners."

Topics highlighted by alumni as those not adequately addressed in their formal education were as follows:

- Pain and symptom management – assessments and medication, medicinal cannabis
- Communication - with families, doctors
- Community resources
- Distinction between palliative care and hospice
- Provision of post-mortem care with related scenarios (coroner's case)
- Medical Assistance in Dying (MAiD)
- Differences in palliative care in settings (long-term care homes, hospices, palliative units)

- Advance care planning
- Self-care
- Gerontology specific training

59% of alumni noted that they have not received any formal post-graduate palliative care education. Informal learning post-graduation has also been limited with only 28.4% of respondents noting on-the-job opportunities for education and training. Given the gaps in training, high levels of proficiency in the specific palliative care domains is difficult to achieve. The top three domains that alumni reported as areas for increased learning include loss and grief, end of life care/death management, and psychological care. However, when asked about ongoing development in palliative care competencies, only 41% of alumni reporting having a plan in place.

In the focus groups, faculty generally supported improving curricula and training within nursing/practical nursing programs across the SWAHN region. They also reported their perception of the strengths of the current curriculum:

- Valuing of palliative care
- Clinical faculty with palliative experience/certification
- Opportunities for certification (Lambton College) where some students take a “Fundamentals” training program post- graduation
- Simulation
- Curricular revisions will include concepts of palliative care

Faculty also noted gaps and challenges within the current entry-to-practice curriculum, highlighting a need for more content focused on pain and symptom management, pharmacology and pediatric end-of-life care. The need to debrief with students on placement about their experiences and emotional responses was also shared as a current gap, noting that not every nursing student is offered a palliative care clinical experience.

Faculty members also reported that time to address concepts and revise current curriculum is a major constraint given that the current curriculum is overflowing. An addition of palliative care competencies would mean a necessary deletion of other important content. The availability of placements in hospice and other palliative care settings was also cited as an issue to overcome.

Despite the challenges noted above, there are several opportunities that may be seized for improvement. Theory-to-practice integration could be improved by embedding palliative care content throughout the existing curriculum. Similarly, simulation could be enhanced to include palliative care scenarios, though recognizing that simulation is not a replacement for increased hands-on experience. Offering guest speakers, opportunities for interprofessional education, and additional faculty training in palliative care are also areas to consider prior to graduation.

Finally, enhancing post-graduate training opportunities, offering workshops, building individual development plans, and workplace supports (e.g., peer learning, mentoring) are also ways in which new nurses and practical nurses can continue to advance their competencies once completing their entry-to-practice education.