Improving end of Life Nursing Knowledge

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Abstract

Background: The American Hospital Association reports there are 6,146 hospitals in the United States, as the people population continue to grow older, more illness persists to rise from community to health care (AHA, 2020). As illness increases, people tend to seek care from interprofessional healthcare providers. Specifically, for end of life (EOL) care options. Over the past decade, more than 1,000 in hospital based palliative care programs have been formed. In 2000, 25% of the United States hospitals with more than 50 beds had a palliative care team, by 2010, two-thirds of these United States hospitals offered palliative care. Depending on the facility, access to the palliative care services range from 20 to 100 percent (Hughes & Smith, 2014)

Problem: As the population rises and people continue to live longer, the need for palliative care increases (Hughes & Smith, 2014). New nurses are not prepared to discuss EOL care options with patients and families. This included case study demonstrates the nursing skill to do so is needed. Curriculums in nursing programs does not routinely include EOL care.

Purpose: To establish if undergraduate nurses prepared to give end of life care to palliative care patients? Has the education provided to the baccalaureate nursing students prepared them for the essential care that may be required? According to research nursing students lack the required education needed to establish the amount of knowledge needed to care for palliative care patients. Should nursing education require a curriculum that would prepare nursing students the knowledge to care for end of life patients?

Methods: Nursing students in their final (senior) year of nursing school were recruited to voluntarily complete the evidence-based End of Life Nursing Education Consortium Modules for Undergraduate Nursing students. Pre/post knowledge assessment was performed using the

Palliative Care Quiz for Nursing (PCNQ) tool to measure understanding of EOL care before and after the ELNEC training.

Results: There was a significant increase of the results post survey following the required partaking of the ELNEC end of life modules. This survey concluded the need for increased education for nursing students prior to graduation.

Conclusion - In EOL nursing education, teaching strategies must provide significant correlations between the student, course content, useful experience, and the dying patient. The ELNEC modules sufficiently provides this type of training for nursing student sand can easily be incorporated into nursing curriculum.

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Improving end of Life Nursing Knowledge

Case Study — Mr. Johnson had been complaining of abdominal pain for one week, after tiring of hearing the fuss, his daughter decided to take him to the emergency room (ER) for an evaluation. Upon his arrival and exam, the ER physicians decided to order a computed tomography (CT) of his abdomen. Results revealed small bowel necrosis, which led to his admission to the medical surgical unit of the hospital. Within a couple of days, Mr. Johnson had undergone surgery in which he gave his own consent. During surgery, his kidneys were injured, this caused further complications. The next morning the patient had to be returned to surgery due to the excessive bleeding, the daughters were never informed. After his second day in the ICU, Mr. Johnson's blood pressure was unable to be sustained within normal limits without the assist of intravenous (IV) medications. The vasopressors and the surgical complications caused an acute kidney injury (AKI). Mr. Johnson was being prepped for a third surgery to have a permacath placed, he was being prepared for dialysis treatments. Again, the daughters were not informed of the changes to their father. After calling the initial unit four days later to speak with their father, they were informed that he had been moved to the Intensive Care Unit (ICU), no further information could be given over the phone for violation of the Health Insurance Portability and Accountability Act (HIPAA) rules. During the time the surgeons were prepping Mr. Johnson for the third surgery, the daughters arrived and asked what was happening to their father. Upon arrival in the unit, the women noticed their father on life support and hooked up to a monitor at the bedside. They had just spoken to him four days prior. The surgeons informed the daughters that he was being taken to surgery to have a dialysis catheter placed for treatment. The daughters were given explanations to why he was having surgery, but no explanations were given of what led to this form of treatment. They were only told that this would make him

better. The loved ones wanted a better explanation. The nurse that was caring for their loved said she would inform the nurse practitioner (NP) of their request for information. The NP gave them the complete events of the past four days and the prognosis of his potential for a full recovery prior to walking away and leaving them with thought. The daughters asked the bedside nurse, what would you do if this was your father? The nurse replied to them that she could not inform them of a decision to make, but she could ask them a few questions to think about. Once they were able to figure out those answers, they would know what treatment decisions to make for their father's care. The most important questions included: What would your father want? Would your father want to spend the rest of his days in a nursing home? Then the final statement from the nurse made it clear that the end of life planning is likely: as you both know if he pulls through this, he will never go home. Some calls were made to their brother in New York, and long discussions took place, in the end all decided that their father would not want to live in this condition and to make him a Do Not Resuscitate with Comfort Care (DNR-CC), no surgeries, no dialysis, comfort measures only. The nurse informed the critical care team of their decision and orders were written as such, and the surgeons were informed. The surgeons went to the family and told them comfort care measures were not an option, they were taking him to surgery. They also told the critical care team, not to speak with the family regarding end of life decisions again. The daughters were upset and had no idea what could be done. The nurse witnessed all that took place at the patient's bedside. She informed the family that she would call someone from the ethics committee and call the social worker. The team spoke with the family and informed them that they had the right to tell the surgeons that they no longer want them involved in their father's care, and not to approach them again regarding surgery. The daughters wanted their father to be kept alive long enough for their brother to arrive, and then they would allow him to be

removed from life support. Their wishes were granted, but the brother did not make it in time, Mr. Johnson died with the daughters at his bedside. Prior to leaving the hospital, they thanked the nurse for her help in making their father comfortable and assisting them with the end of life decision-making resources to make their fathers passing more bearable.

Introduction

According to the Department of Health and Human Services (DHHS) 2019, patients have the right to make decisions regarding their healthcare, including refusal of treatment. Unfortunately, healthcare organizations along with physicians neglect to inform patient and families of these rights. Ethical issues in the healthcare system has progressed since the 1980s with the focus of nurses advocating for their patients. As time continues, the focus on patients becoming more involved with their own healthcare decision-making has created an essential need for palliative care teams and ethical committees (Hajibabaee, F. Joolaee S., Cheraghi M., Salari P., & Rodney P., 2016) Such committees have since moved forward to adding additional assistance of a patient advocate. Diversity, cultural requirements, and specific beliefs have become more emphasized when providing care within hospitals.

As caring for patients becomes more complex, a call for unity among the interprofessional team including physicians, nurses, and social workers is needed to address the various needs for patients. The assurance for patients to receive high quality care at the end of life has drawn attention as an important health care goal. Patients and families have been taking control of their loved one's dying process out of need and obligation. The new terms dying with dignity, comfort care, and celebration of life have replaced the old verbiage of, death and dying, demise, or resting in peace (Fink-Samnick, 2016)

Background

In 1986, Professor Patrick Wall stated that the old method of care needed to be reevaluated, and new modern medicine need to refocus their goal towards pain therapy for the dying (author, year). The care that is given must have an evidence-based approach (Saunders, 2001). Care could no longer be based on the 1964 concept of pain (author). Nursing should involve the mental, physical, and emotional aspects of the patient (author). According to the California Hospice and Palliative Care Association (2019), over 90 million Americans are living with chronic and serious illness; this number will continue to increase over the next couple of decades as baby boomers continue to age. The California Hospice and Palliative Care Association (CHAPCA, 2019) believe palliative care should be discussed during the time a person is diagnosed with a serious illness (2019). Palliative care could be beneficial to approximately one-third of this aging population (CHAPCA, 2019). Palliative care resulted from the hospice movement founded by Cicely Saunders in 1963. In 1948, Cicely Saunders began working as nurse in London with terminal ill patients. She continued her education and in 1957 she earned her medical degree. In 1967, she founded the St. Christopher's Hospice for the terminally ill and later began the movement for palliative care. Dr. Saunders recruited Dr. Elisabeth Kuber-Ross to assist with care of the dying patient. After many interviews with patients dying at home and in the hospital, Dr. Kuber-Ross wrote her first book in 1969, which covered the topic of death and dying with dignity and the patient's right to make decisions regarding their end of life care (CHAPCA, 2019). The movement was recognized in the United States (US) in 1974, with continued denials by legislature to allow benefits to be paid for hospice and palliative care patients. According to the National Hospice and Palliative Care Organization (NHPCO), hospice care was not enacted or approved in the US until 1986 (NHPCO, 2020).

Knowledge gap

The PIOT statement for the project serves as the basis for establishing the need for nursing student education by asking, Are nursing students (P) prepared to discuss EOL care options (I) with patients/families upon graduation (O) of a two-year program (T)? Are prelicensure nursing programs preparing nursing students for EOL care, specifically addressing spiritual and emotional needs, healthcare specialists have found the future nurses are under prepared (AACN,1998: Robinson & Epps, 2017; Westwood & Brown, 2019, Rosseter, 2020). This raises the question about nursing programs preparing students for end of life care (Robinson & Epps, 2017). Nursing students' lack of knowledge with death and dying has and continues to be of concern of critically ill patients requiring palliative care. The Peaceful Death: Recommended Competencies and Curricular for End of Life Care, a publication by the American Association of Colleges of Nursing (AACN) was first introduced in 1998 (Robinson & Epps, 2017). These recommendations led to the development of the End of Life Nursing Education Consortium (ELNEC) project and subsequent curriculum guide for baccalaureate education of nurses (Nordgren, 2020). The ELNEC project was designed for universities to use while preparing nursing students to care for patients during a vulnerable time, specifically during the time of death. The ELNEC course is designed to prepare students to provide holistic and compassionate care during this time of need (AACN, 2019). Graduates of a baccalaureate nursing program that include palliative care subject matters are better prepared to care for patients with critical illnesses, to promote quality of life and the patient's best possible function (Nordgren, 2020). Evaluating the outcome of palliative care courses used in this DNP's student scholarly project may reflect the need to reassess the curriculum at the target institution.

This information is important to faculty because six to twelve percent of the questions on the National Council Licensure Examination (NCLEX) refer to care of dying patients (NCLEX, 2020). In this section of the NCLEX-RN examination, students will be expected to demonstrate their knowledge and skills of end of life care (NCLEX, 2020):

- Identify the EOL needs of the patient
- Assist the patient in resolutions of EOL issues
- Provide EOL care and education to patient
- Recognize the need for and provide psychological support to the family members
- Assess the students' ability to cope with EOL interventions

These are a few of the questions that students may encounter regarding palliative care, and they should be prepared to do so successfully by the undergraduate program faculty. The target institution had NCLEX pass rates for 2018 and 2019 that were below the 95% pass rate of the national benchmark that was set forth by the National Council of State Board of Nursing (Oles, 2020).

Purpose of Project

To improve student nurses understanding of end of life care. If nurses are to care for terminal ill patients they must be prepared in theory and in practice, if they continue to receive minimum education about the care of a dying patient, a disservice will continue for the students and their eventual patients (Westwood & Brown, 2019).

Specific Aims

Make recommendations regarding implementation of ELNEC training after Pilot if supported by findings. Measure nursing students understanding of EOL content pre/post ELNEC

training. Prepare students for EOL questions on NCLEX. Identify and recognize the barriers of fear the student may feel about the dying process.

Theoretical framework

ELNEC College of Nursing

The ELNEC model (Appendix A) was introduced in 1999 to focus on improving care for patients with serious to terminal illness. The curriculum was funded by the Robert Wood Johnson foundation as a faculty development to improve palliative care (Nordgren, 2020). Since the launch of the curriculum the foundation has partnered with AACN and the City of Hope to reach nursing educators across the US and 99 countries across the world (Rosseter, 2020). Since the launch of ELNEC, the mission to increase EOL awareness among nurses has continued to provide reasoning for additional education in baccalaureate nursing education (Nordgren, 2020). Many sources note the need to prepare nursing students in caring for the death and dying is present and eminent given the presence of COVID-19 and upsurge in COVID related deaths. According to the AACN, more than 24,000 nurse clinicians, administrators, educators, and researchers have attended one of the 230 national/international ELNEC train the trainer courses (2020). Following their certification, the nurses returned to their healthcare institution to present the ELNEC content to over 726,000 nurses and interprofessional to date. The ELNEC project has created an ELNEC- Undergraduate online curriculum that has given access to over 330 school of nursing since 2017 (AACN, 2019). Among those 330 nursing schools, 21,000 students have completed the course (AACN, 2019). In 2019, ELNEC launched their ELNEC graduate curriculum, for graduate nurses who wish to increase their knowledge of palliative care. After 20 years the curriculum continues to thrive (Rosseter, 2020).

Theory (ACE Star Model)

The ACE Star Model (Appendix D) was developed by Kathleen Stevens in 2001, at the Academic Center for Evidence Based Practice, University of Texas Health Science Center in San Antonio, Texas. The ACE Star model focuses on the knowledge of transforming research into clinical practice. The model also serves as an organizer on how evidence-based practice (EBP) is examined and applied from the old to new concepts of nursing. The five-star model methodically places evidence into stages of knowledge transformation. The first stage is knowledge discovery, followed by evidence synthesis, translation into practice recommendations, integration into practice and the final stage is evaluation (Stevens, 2013). The model provides a relationship of the transformation of knowledge from previous nursing practice to the process of the new way with EBP. This transforms and results in a better outcome of healthcare through a series of stages.

Application of theoretical underpinning

According to the American Nurses Association (ANA, 2017), nurses need to begin the transformation of Palliative Care. The areas of concern are practice, education, administration, policy, and research. Recommendations by the ANA recommend ELNEC should be a standard part of the educational curriculum for undergraduate nursing students (ANA, 2017). There has been an appeal for the National Council for State Boards of Nursing to increase palliative care content on the NCLEX-RN and NCLEX-PN examinations (NCSBN, 2018). Piloting the ELNEC course for senior baccalaureate nursing students using the foundation of the ACE Star Model from the first stage by piloting the ELNEC modules aids knowledge discovery. The pre and post surveys will help evaluate evidence synthesis, translation into practice recommendations, and possibly integration into practice while partially completing the final stage of evaluation

(Stevens, 2013). NCLEX scores of this group will also in part, determine if there is a need for palliative care to be added to the curriculum at the target institution.

Literature Search and Review

A review of the literature on EOL care and student nurses preparation of palliative care include the following databases: PubMed, Cumulative Index of Nursing and Allied Health Literature, and Google. All databases were searched for the terms “treatment consent”, and “palliative care”, “end of life care and student nurses education”. “Communication tools”, and “ELNEC.” Inclusions criteria were as follows: randomized controlled trials, and survey research published within the last 10 years. This revealed 250 articles. Articles were excluded if they focused on pediatrics or graduate level nursing. After exclusions, 40 articles were left to review.

Literature Review

In 1963 medical networks were established between the United Kingdom (UK) and the United States (US) to assist each other in the development of palliative cancer due to the increased deaths of cancer patients. During this era, specialized care for end of life patients was nonexistent. Many patients suffered mental distress and were neglected due to unrelieved pain, death was inevitable (Saunders, 2001). After seven years of pharmacological research in the 1950s, pain control was finally developed. New York and Connecticut became the first states to set up modern day palliative care (Saunders, 2001). After such establishments, the continued goal was to increase awareness and change the medical interprofessional attitude towards end of life care (Saunders, 2001).

Improving end of life care has been a national discussion for the past two decades (Saunders, 2001; Stevens, 2013; Crist, 2017, ANA, 2017; Nordgren, 2020). During our lifetime

people will be affected by chronic illness through self, network of friends and family, or acquaintances by association (Nordgren, 2020). According to Crist (2017) nearly thirty-seven percent of Americans have advanced directives for EOL care if they become unable to make healthcare decisions. In 2016, Medicare began reimbursing physicians for counseling patients for advance directives (Gelband, 2001). The purpose was to proactively relieve loved ones of the pressure and stress of decision-making concerning end of life care. The Institute of Medicine (IOM) recognized the lack of knowledge not just among nursing students, but among other health professionals as well (Gelband, 2001**)**. In their 1997 educational report, the IOM describes a system full of professionals who lack the expertise with end of life care in crisis situations. The report was a set of recommendations for implementation, to initiate change for end of life care in the educational institutions (Gelband, 2001). The change in curriculums would ensure that practitioners, educators, graduates, and undergraduates have the pertinent knowledge and attitude to care for the terminally ill patient (Gelband, 2001). The following deficits were included in IOM's 1997 educational report for physicians, nurses, and social workers:

- A curriculum in which death is visible by its relative absence
- Education materials that are notable for their inattention to the end stages of most diseases and their neglect of palliative strategies
- Clinical experience for nursing students and residents that largely ignore dying patients

According to (Li et al., 2019), per previous studies the community feels as if nurses are not prepared to take care of patients in a palliative care setting. Nurses lack the confidence and the knowledge to assist patients through this transition of care (Li et al., 2019). A student survey revealed that BSN programs in the United States provide minimal education on end-of-life care. Data collection that was completed by the American Association of College of Nursing

(AACN) in 2016, shows out of 3 million nurses in the US only 615,000 completed the ELNEC training (AACN, 2019).

In 2010, the West Virginia University School of Nursing began integrating the ELNEC curriculum into their undergraduate nursing program (author, year). The ELNEC curriculum consisted of eight modules covering the following content: (1) overview of palliative care, (2) pain management, (3) management of patient symptoms, (4) ethics, (5) cultural, (6) communication, (7) grief, and (8) the final hour. In Li et al.'s study, (2019), the curriculum was threaded and dispersed into semesters versus one singular delivery timeframe. The first module was completed at the sophomore level; the second through third module in their junior level, the final four through eight modules was presented during their senior level (Li et al., 2019). At the end of the curriculum, nursing students were asked to complete a survey regarding their experience with the online modules (Li et al., 2019). The study method used was a teaching evaluation using mixed research quantitative and qualitative measures. The Likert scale was chosen for the survey response (Li et al., 2019). A modified systemic review of research was performed using data extraction (Bassah et al., 2014). The search was to determine if palliative care courses were offered in nursing education, the length of course, topics that were integrated within the course, and the effectiveness of the program. The research was measured by using the Frommelt Attitude Towards Care of the Dying (FATCOD) scale. The scale was used to determine the knowledge students obtained from the course. These students in Bassah et al.'s study, (2019) did not use the ELNEC online course models.

A cross-sectional survey design was used in this study to determine if the ELNEC modules used in the BSN curriculum at a US school of nursing program were sufficient. This survey was conducted using the context, input, process, and product (CIPP) evaluation model

(Lippe et al., 2017). The purpose of the survey was to determine if the course was appropriate at the senior level of the program, or should it be offered at an earlier level of the program (Lippe et al., 2017). The program was designed without end-of-life and palliative care education. The questionnaire was focused on the students and the faculty opinions of the modules if the curriculum should be moved to the sophomore versus senior level.

Project Design and Model

Project Design

This ELNEC model project focused on introducing and improving the knowledge of baccalaureate student nurses with palliative and end-of-life care. The ELNEC model was designed to be piloted in a small private university college of nursing for student nurses in their senior semester. The proposed pilot was planned for August 2020 implementation. An invitation to participate was sent to twenty senior nursing students at the target institution, The project invite resulted in recruiting 8 voluntary students (n=80) on a first come basis, via flier and emails that was sent through the student web address. Interested students were asked to RSVP prior to a specified deadline due to space limitations. A pre-ELNEC training survey was completed by participants prior to viewing the modules. The pilot ELNEC education consisted of six modules which covered: 1) introduction to palliative nursing, 2) communication in palliative care, 3) pain management in palliative care, 4) symptom management in palliative care, 5) loss, grief, and bereavement, and 6) the final hours of life (Nordgren, 2020). A structured communication tool was introduced within the modules to guide the students for conversation with the physicians and their colleges during shift report (Appendix C). A post ELNEC training survey was distributed to each participant. Each participant completing all the steps in the process was presented with a gift card valued at $15.

Project Site and Population

This project took place on the campus of a private university setting in Northwest Ohio. This area is in a community setting with a surrounding area of a local hospital and small catholic churches. The University has approximately 1400 students obtaining minor and major degree in various fields nursing accounting for approximately 200 of the registered students (www.lourdes.edu, 2020). Currently, the ELNEC are not part of the current undergraduate nursing program curriculum. This DNP student focused on undergraduate nursing students in their fourth and fifth semester of the prelicensure nursing program. Senior nursing students were invited to participate in an educational pre and post survey and ELNEC end of life care modules. Participation was voluntary. The survey was based on the past and present education of the participant on patient end of life care. It was anticipated that those who participate may have lost a loved one that may have been placed in palliative or hospice care which may account for an emotion to be evoked while participating. Exclusions were non-nursing students and nursing students that have not reached the level of education required. Participation was limited to no more than 15 students with 10 be the targeted goal.

Facilitators and Barriers

After meeting with the BSN program co-director regarding the project, an email was sent to nursing students asking for volunteer participation by an undergraduate faculty facilitator. Barriers were anticipated as a varying degree of scholarly, clinical, and personal experience with end of life care, and various communication techniques with care will exist among students and may influence the pre survey portion of this project. An additional barrier is that the students will be participating remotely due to summer break from on campus sessions. However, online access and resources were available for the students to complete the surveys and modules. Proactive

planning to alleviate further barriers include an in-class visit planned in the fall for additional volunteer request if necessary. Additionally, to incentivize completion, those completing the entire process would receive a small gift card at the conclusion of the project.

Ethical Considerations/Human Subject Protection

This DNP student obtained approval from the University's Institutional Review Board (IRB) prior to initiating DNP project. A waiver of consent request was obtained from all persons volunteering to participate in project. A response per email was considered the consent for the participants. The requirement for the project was stated on the flier that was emailed to all fourth and fifth semester students. No personal information was collected. All email addresses were deleted by the Relias representative once module tokens were sent to the participants. There was minimal risk to the study and no legal risk pertaining to this study.

Implementation Plan and Procedure

Once the initial project proposal was approved by the IRB, the DNP student met with program leaders and shared an IRB approved informational flier for participants. The flier (Appendix B) was sent via an undergraduate faculty facilitator per email to the students to request volunteers from fourth and fifth semester nursing students. Participants were asked to send their acceptance to the DNP student email or phone contact. The DNP student prepared the pre and post survey for the participants to complete online. The pre survey was sent to each individual student. The required ELNEC modules (Appendix A) were then completed online by each student following the completion of the pre survey. An ELNEC representative was given email addresses of the participating students, at this time the students received a virtual token to gain access to the specific modules pertaining to palliative care. Once the modules were

completed, a post survey was sent to the student for completion. Upon submission of the post survey a thank-you note, and a $15 gift card was sent to each participant.

Cost Benefit and Analysis/Budget

Most of the cost was made on behalf of the DNP student (Appendix E). The cost of the six-hour palliative modules $239, for the total of 11 modules. Gift cards were for the students time and participation, the cost was $168.38. Each student received a $15 gift card after the completion of the modules and pre and post surveys. The modules and survey were done online, therefore, no monetary printing cost was required. Set up time of this DNP project was part of the student's role. This DNP students hope to increase the knowledge of palliative care to nursing students, and to add the ELNEC modules or specific course on end of life care to the nursing student curriculum.

Measurement Instrument

To evaluate the outcomes of this project, volunteers were asked to complete a pre and post questionnaire type survey that focused on their knowledge and level of comfort when giving end of life care to a patient. The survey also focused on the level of education received in their baccalaureate nursing program, in preparation of caring for patients and families in need of palliative care assistance. According to Prem, Karvannan, Kumar, Karthikbabu, Syed, Sisodia & Jaykumar (2012), to address a professionals' knowledge of palliative care, is to address their level of comfort and education. This will identify the deficits that is needed to improve the quality of care to end of life patients. Using a self-reported questionnaire was the more appropriate source for this survey.

Comparison was performed using the *t paired* analysis of pre and post completion of the ELNEC modules. The survey answers were in the form of total disagree, disagree, neutral, agree and total agree in their knowledge of caring for patients during their end of life stages.

Data Analysis and results include a power analysis

To measure the outcome of this project, using the same questions for the pre and post survey were compared using graphic details using Microsoft Excel. The responses were compared answer versus answer to measure the volunteer's knowledge in caring for persons requiring palliative care. The question and answers were to test their knowledge pre and post the ELNEC modules, to measure the level of education received prior to the modules, and to determine if the ELNEC modules changed the knowledge and comfort level for the caring of end of life patients.

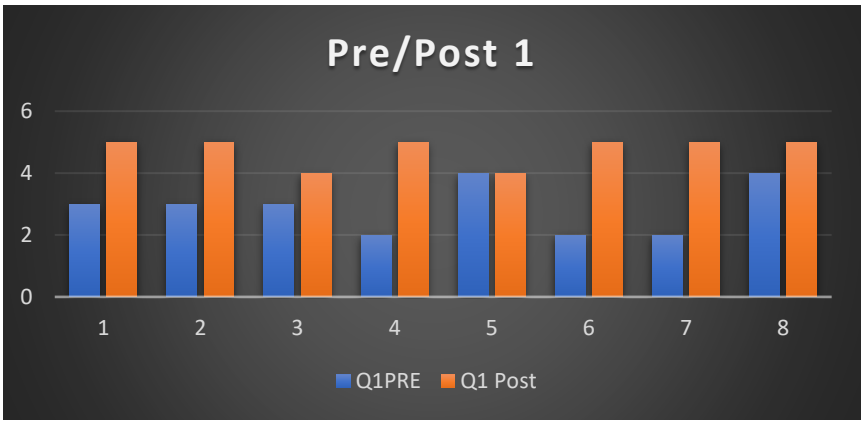
Interpretation and Discussion include limitations

A total of eight volunteers participated in the education of the ELNEC modules. The survey was initiated in the mist of summer break from college and the Covid epidemic placing contagious risk with persons gathering in large bodies, thus the low response. The participants were all adults and baccalaureate nursing students in their fourth and fifth semester year at a Northwest Ohio College. All the students had some level of knowledge in a healthcare organization. Also, all the students had some knowledge what care of the end of life patient may entail. The level of experience differed per person, based on field of work.

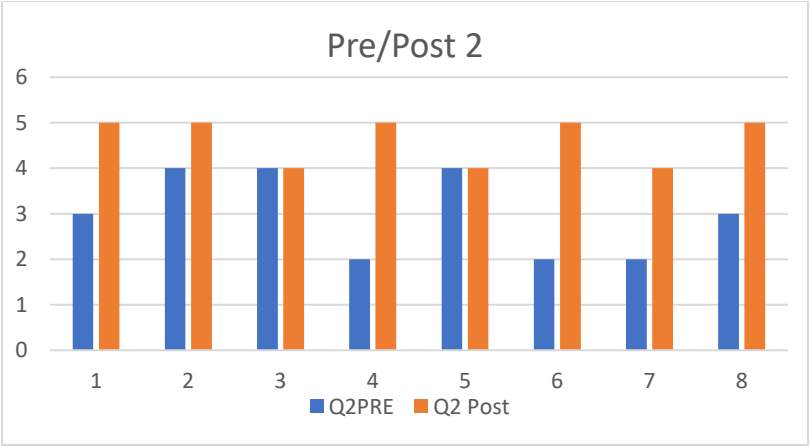
Results

The participants were asked if the education they have received thus far prepared them to meet a dying patient. Prior to completion of the modules 37.5% response was neutral, 37.5% disagreed and 25% of the participants agreed of the readiness to meet a dying patient post

nursing education. Upon completion of the ELNEC modules, 75% of the participants stated that they were in total agreement and 25% in agreement regarding their preparedness with meeting a dying patient (figure 1).

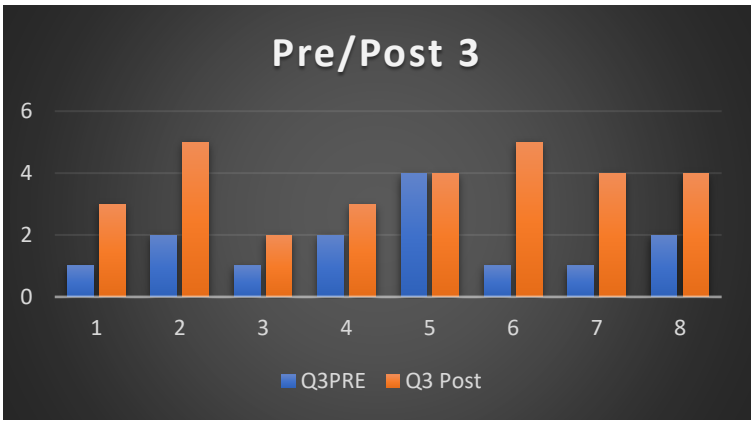


The next question they were asked, did the education received prepare them to care for a dying patient. The response was 25% neutral, 37.5% agreed and 37.5% disagreed. After the modules were completed 75% were in total agreement and 25% agreed with caring for a dying patient (figure 2).

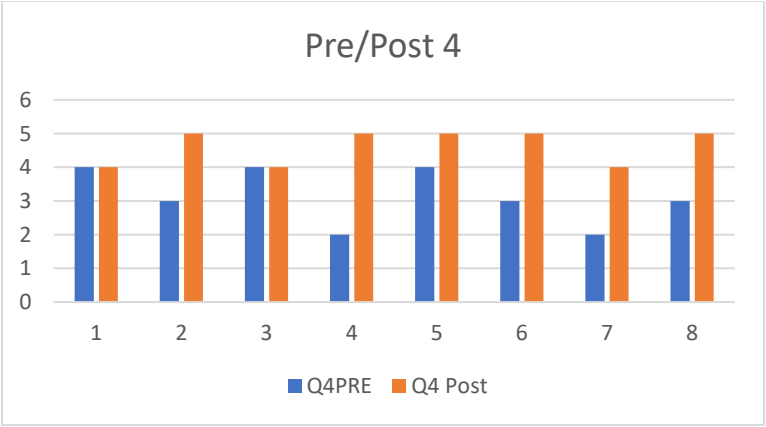


The question of their education readiness to care for a dead body had the worst response of all of the questions, pre modules 50% were in total disagreement in the education that was received, 37.5% were in disagreement, and 12.5% was in agreement of the education received for readiness. After each nurse completed the specified module the response did bring a

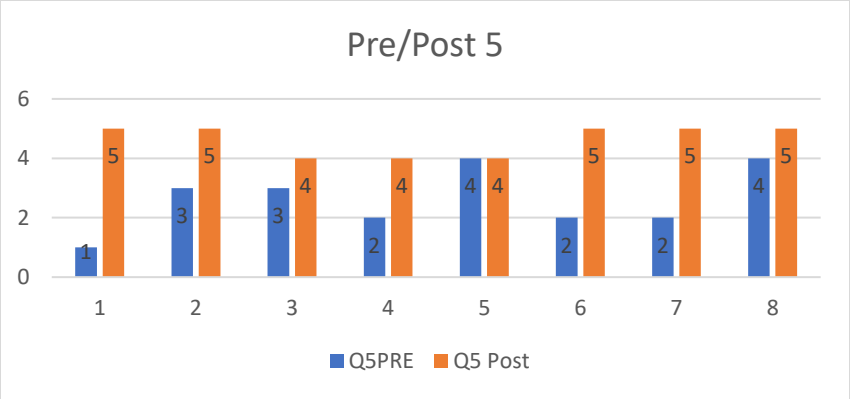
significant change in answers, 25% felt they were in total agreement of the education the modules gave, 37.5% were in agreement 25% remained neutral, and 12.5% continued to disagree (figure 3).



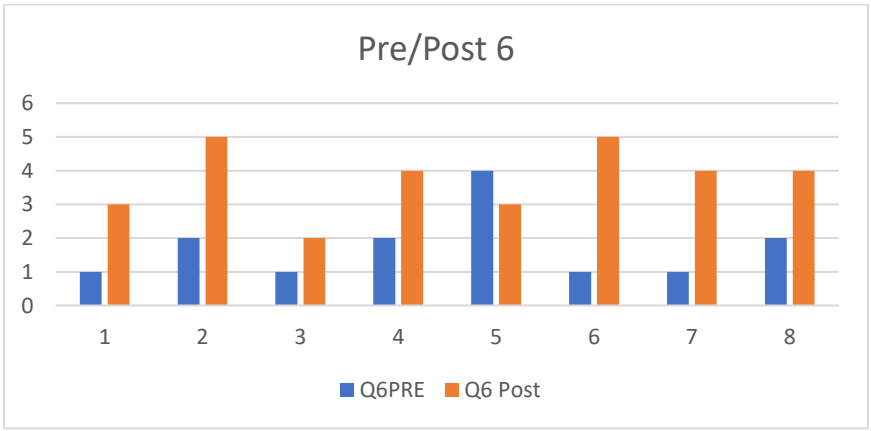
The education received has prepared me for taking care of the family in palliative care. The participants results were 37.5% agree and 37.5% remained neutral whereas 25% disagreed. Once the modules were complete 37.5% agreed and 62.5% were in total agreement as far as being prepared (figure 4).



When asked if the education received had given them enough support to meet a dying patient, the following replies were made. The results were 25% in disagreement, 25% were neutral and 50% agreed. After the completion of the ELNEC modules the following replies were given, 37.5% agreed and 62.5% answered totally agreed (figure 5).

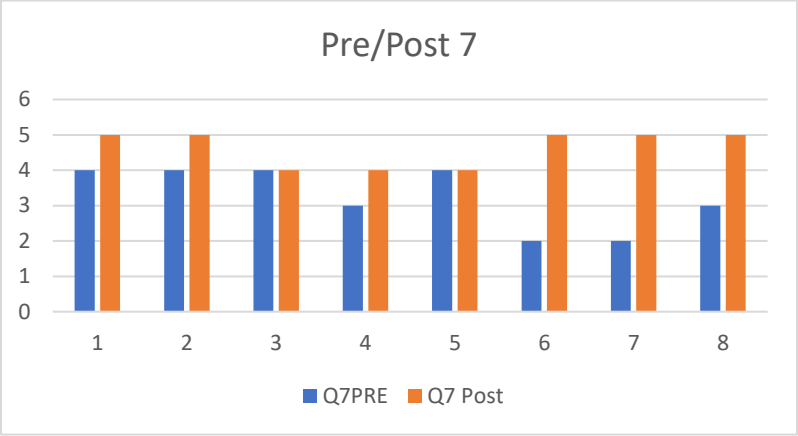


Another question that was put towards the volunteers was, did they feel the education received had given them enough support to care to for a dead body. The response was 50% in total disagreement, 37.5% disagreed, and 12.5% agreed that the education received from their college had given them the support to care for a dead body. After the ELNEC modules were completed there was a change in response to 25% total agreement, 37.5% agreed, 25% of the participants were neutral and 12.5% disagreed (figure 6).



The final question of the survey was there enough educational support given to meet the family of the patient receiving end of life care. The response prior to the ELNEC modules were 25% disagreed, 25% were neutral, and 50% agreed. Following the module completion, the answers were 62.5% in total agreement and 37.5% agreed (figure 7). Overall, the results show an significant increase in post survey after the participants completion of the EOL modules,

versus the pre survey. When reviewing individual participants, respondent number five remained consistent with no changes pre or post survey throughout the questions, until question number six. Question six there was a significant increase in the results in the post survey response, except for participant number five. In reviewing prior answers, this was the only question this partaker's answer varied. The answer given, was a decreased versus the same as other questions, or increase as the others. There is no explanation to be given for this change.



Implications of Nursing

According the ANA (2017), it is the responsibility of nursing leadership and educators to ensure that patient receive quality palliative care in all nursing healthcare settings. Nurses should have the knowledge to practice, educate and administer end of life care to patients and their families. Without the knowledge and education that is required for these skills, nurses will not be able to give the service that end of life patients require. This would be a disservice to our students nurses as the move forward to prepare for their NCLEX and to become future nurses.

Conclusion

In conclusion the results determined that there is a need for increased education for nursing students in end of life care for the dying patients. Nursing students will obtain the

knowledge required to care for the patient and the families that require end of life or palliative care.

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Appendix A

RELIAS ACADEMY

ELNEC

ELNEC for Undergraduates Module Titles, Objectives, & Information

Module 1: Introduction to Palliative Nursing

- Define the philosophy and principles of palliative care and hospice.
- Describe the role of the nurse, as a member of the inter-professional team, in providing quality palliative care for patients with serious illness and their families.
- Identify common symptoms and concerns associated with serious illness that affect the physiological, psychological, social, and spiritual domains of quality of life.

Module 2: Communication in Palliative Care

- Discuss the role of the nurse in communication with the patient, family, and interdisciplinary team across the serious illness trajectory and at end of life.
- Describe active listening and mindful presence as essential skills for providing empathic care of patients with serious illness and their families.
- Identify three communication techniques that the nurse can use to help patients and families discuss difficult topics in palliative care and at end of life.

Module 3: Pain Management in Palliative Care

- Explain the biopsychosocial and spiritual nature of pain.
- Describe the essential components of a comprehensive pain assessment.
- Describe pharmacological and non-pharmacological interventions used to relieve pain.
- Discuss the role of the nurse in pain assessment and management of patients with serious illnesses.

Module 4: Symptom Management in Palliative Care

- Apply the biopsychosocial/spiritual model of pain assessment and management to other symptoms associated with serious illness.
- Describe the assessment of common symptoms affecting patients with serious illness.
- Identify pharmacological and non-pharmacological interventions for management of common symptoms

Module 5: Loss, Grief and Bereavement

- Describe loss, grief, and bereavement as it relates to quality palliative care.
- Identify the nurse's role in assessing and supporting grieving patients and families.
- Develop an awareness of one's own reaction to loss and expressions of grief.
- Identify healthy coping strategies you can use to deal with cumulative loss and prevent compassion fatigue and burnout

Module 6: Final Hours of Life

- Discuss the role of the nurse in preparing the patient and family for death
- Describe management of symptoms common at end of life
- Identify cultural and spiritual components of quality end-of-life care
- Describe the nurse's role in providing care for the body after death and bereavement support for the family

Appendix B

Attention 4th and 5th year Nursing Students

In need of 10 students

by June 1, 2020 to help

assist in making change

for future educational needs

How comfortable are you with caring for patients requiring Palliative care?

Let us test your knowledge and impact change for future nursing students

Students are needed to take pre and post surveys and complete ELNEC education modules regarding your knowledge your education with palliative, how much do you know?

The planned survey will be taken the first week of June, followed by 6 ELNEC modules to be completed by the end of August, each module may take about an hour or six hours total for the completion of all modules. Afterwards, a completion survey will be required.

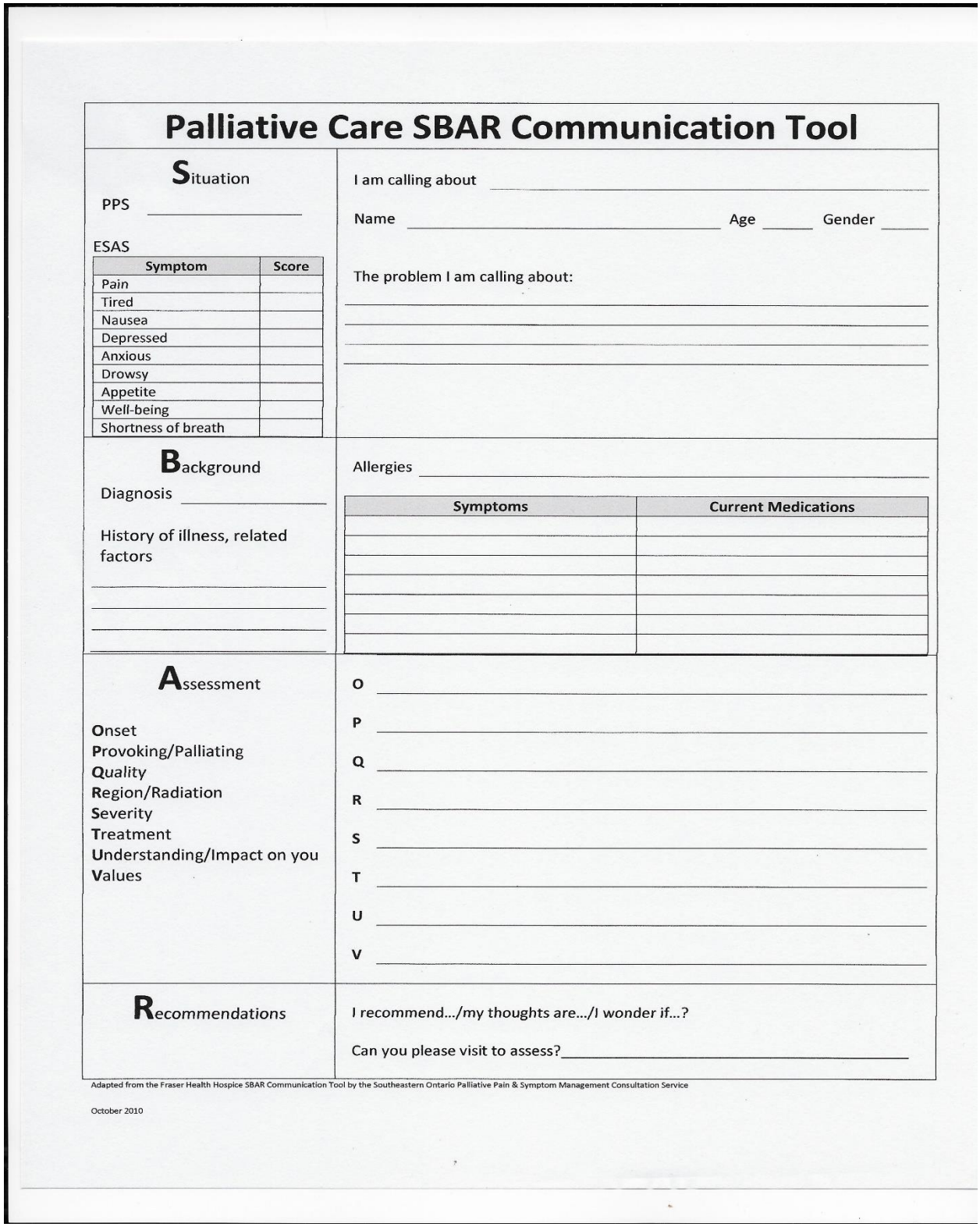
Upon completion of the pre and post educational survey and the 6 modules a $15.00 gift care will be mailed to you as a token of appreciation for your time.

Email me asap to get started!

Thank you.

Tina L Foster MSN, RN
DNP Student
tina.foster@mymail.lourdes.edu
419-460-3541

Appendix C



Palliative Care SBAR Communication Tool

Situation

PPS _____

ESAS

Symptom	Score
Pain	
Tired	
Nausea	
Depressed	
Anxious	
Drowsy	
Appetite	
Well-being	
Shortness of breath	

I am calling about _____

Name _____ Age _____ Gender _____

The problem I am calling about:

_____

_____

_____

_____

Background

Diagnosis _____

History of illness, related factors

_____

_____

_____

_____

Allergies _____

Symptoms	Current Medications

Assessment

Onset
Provoking/Palliating
Quality
Region/Radiation
Severity
Treatment
Understanding/Impact on you
Values

O _____

P _____

Q _____

R _____

S _____

T _____

U _____

V _____

Recommendations

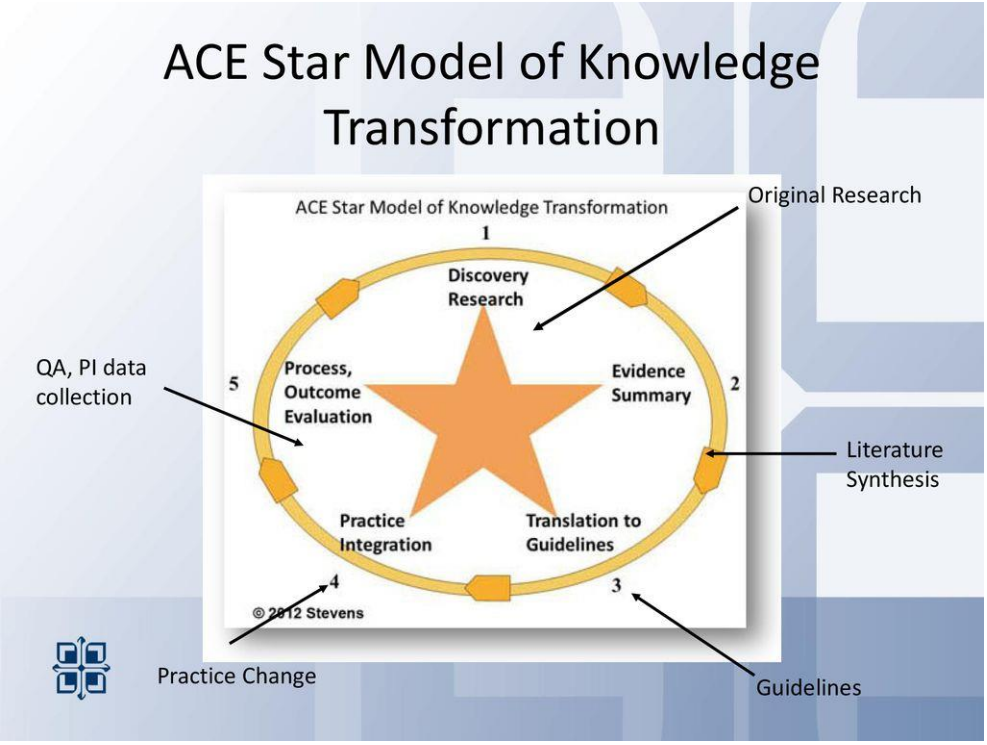
I recommend.../my thoughts are.../I wonder if...?

Can you please visit to assess?_____

Adapted from the Fraser Health Hospice SBAR Communication Tool by the Southeastern Ontario Palliative Pain & Symptom Management Consultation Service

October 2010

Appendix D


ACE Star Model of Knowledge Transformation
ACE Star Model of Knowledge Transformation
1
Discovery Research
2
Evidence Summary
3
Translation to Guidelines
4
Practice Integration
5
Process, Outcome Evaluation
© 2012 Stevens
Original Research
Literature Synthesis
Guidelines
Practice Change
QA, PI data collection

Appendix E

Cost Breakdown

	Cost
Recruitment	
Paper for fliers	
ELNEC Modules	$239
Pre/post survey materials	
Gift Cards	$168.38
Total	**$407.38**

Appendix F

Pre and Post Palliative care survey

1. The education received has prepared me for meeting a dying patient				
Total disagree	Disagree	Neutral	Agree	Total agree
2. The education received has prepared me to care for a dying patient				
Total disagree	Disagree	Neutral	Agree	Total agree
3. The education has prepared me to care of a dead body				
Total disagree	Disagree	Neutral	Agree	Total agree
4. The education received has prepared me for taking care of the family				
Total disagree	Disagree	Neutral	Agree	Total agree
5. The education has given me support to meet a dying patient				
Total disagree	Disagree	Neutral	Agree	Total agree
6. The education has given me support to take care of a dead body				

Total disagree	Disagree	Neutral	Agree	Total agree
7. The education has given me support to meet the family				
Total disagree	Disagree	Neutral	Agree	Total agree