University of the Highlands and Islands
Oilthigh na Gàidhealtachd agus nan Eilean

Co-designing palliative and end of life care education in the BSc Nursing curriculum

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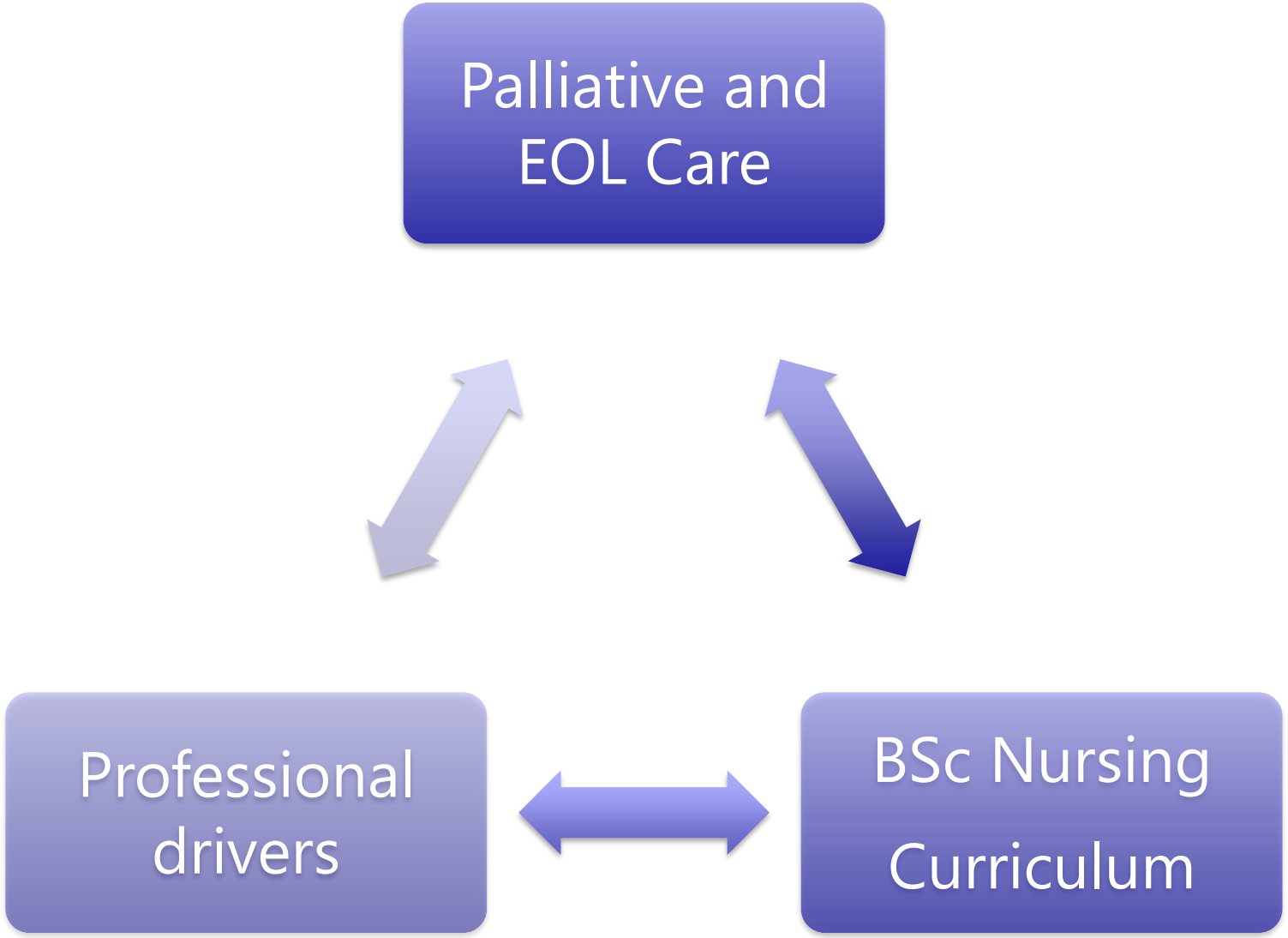
By the end of the workshop attendees will be able to:

- Understand the contextual drivers for co-design of palliative and end of life care education in the BSc Nursing Curriculum.
- Report on the key findings from the project.
- Discuss implications for curriculum co-design.

Understanding Context



Palliative and End of Life Care

PALLIATIVE CARE
is holistic care aiming for quality of life

'applicable earlier in the course of the illness in conjunction with other treatments' and 'to help patients to live as actively as possible until death and to help the family to cope during the patient's illness and in their own bereavement'

END OF LIFE CARE
has the aim of allowing patients to 'live as well until they die throughout the last phase of life and into bereavement'

BSc Nursing curriculum

Learning to learn

Perspectives of Health and Wellbeing

Health Sciences for Nursing

Foundations in Nursing Practice 1 & 2

Legal and Ethical Issues in Health and Social Care

Prioritising People: Promoting Health and Wellbeing

Alterations in Health & Implications for Nursing Care 1 & 2

Leadership and Management in Health and Social Care

Managing Complexity in Nursing Practice 1 & 2

Transitions to Professional Practice

Communities of Practice 1

Communities of Practice 2

Communities of Practice 3

Communities of Practice 4

Communities of Practice 5

Communities of Practice 6

Academic qualification (BSc Nursing) & Professional registration with Nursing Midwifery Council.

BSc Nursing Curriculum: Communities of Practice Modules

ONGOING ACHIEVEMENT RECORD (OAR)
Scotland

Student's Name: _____

University: University of the Highlands and Islands

University ID: _____

Programme: BSc Nursing (Mental Health)

Year of Intake: 2018

Academic Lecturer: _____

University of Glasgow
Queen Margaret University
University of Stirling
GCU Glasgow Caledonian University
University of Dundee
University of the West of Scotland UWS
University of the Highlands and Islands
The University of Edinburgh
Edinburgh Napier University
Abertay University
The Open University
Robert Gordon University Aberdeen

- Practice Learning Experience
- Essential Skills Clusters (ESCs)
- Alternative fields of practice
  - People with mental health needs
  - People with a learning disability
  - Children and young people
  - Maternal health
  - People with a long term condition

Professional Drivers

NHS Education for Scotland (NES) educational framework for palliative and end of life care (PEOLC) outlines four knowledge and skills levels for health and social care professionals: informed, skilled, enhanced and expert.

All new BSc Nursing graduates should have an informed level of knowledge and skills in PEOLC.

What's the problem?

Undergraduate nursing students and newly graduated nurses report a lack of knowledge and skills in PEOLC *(Bassah et al. 2014; Croxon et al. 2018)*

Didactic methods predominate in undergraduate curriculums *(Dickinson et al. 2008)*

Paucity of pedagogical research in PEOLC to inform curriculum design within UK Higher Educational contexts *(Bassah et al. 2014)*

The new NES educational framework provides no definitive guidance on pedagogical approaches to teaching and learning in PEOLC *(NES 2018)*

A new UHI BSc Nursing curriculum is being developed for 2020 to ensure compliance with the new NMC Standards Framework for Nursing and Midwifery Education *(Nursing and Midwifery Council 2018)*

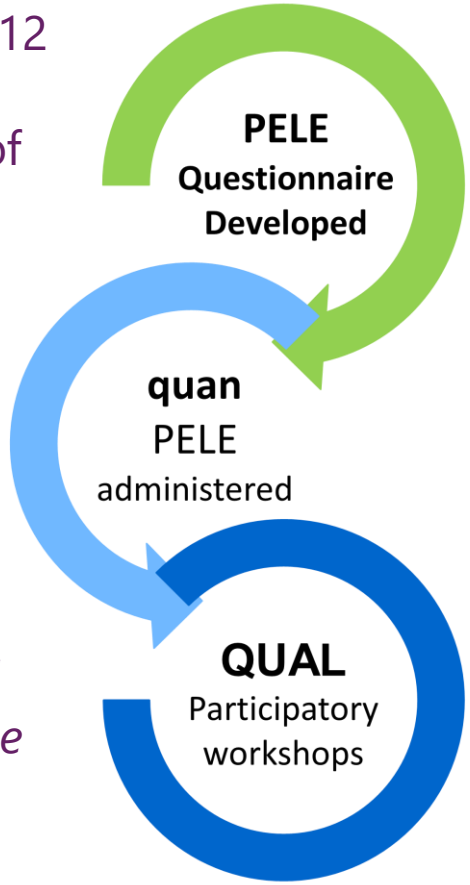
What do we want to know and why?

What are student nurses' perceptions of their current teaching and learning relating to palliative and end of life care and how can any identified unmet needs be met through curriculum co-design?

Findings will ensure that the new 2020 curriculum is evidence-based, congruent with students' needs and will enable graduates to meet current national standards to promote quality in care.

Project design

To use the NES PEOLC framework to derive 12 knowledge & skills ability areas to develop the PELE Questionnaire (Palliative and End of Life Education Questionnaire).



A cross-sectional survey of student nurses' perceptions of their knowledge and skills in palliative and end of life care. *Findings will inform the next phase by identifying strengths and weaknesses in current curriculum design.*

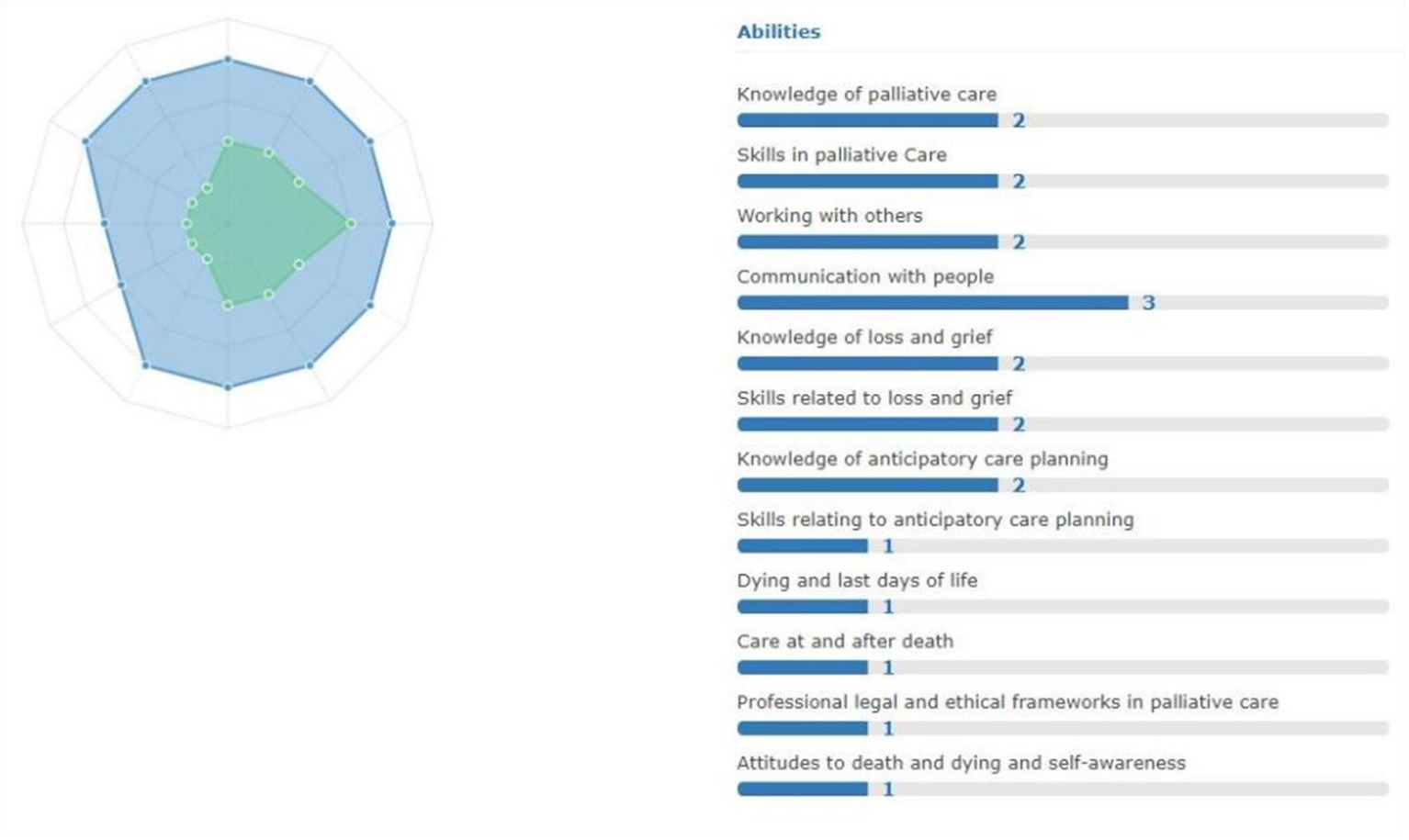
Participatory research workshops.
Findings will shape consensus on 'when' and 'how' PEOLC education is delivered across the BSc nursing curriculum to develop a co-designed curriculum.

Project Findings

Phase 1:The PELE Questionnaire

PELE was self-administered using bespoke software design used on the ERASMUS AToM project.

Completion of PELE generates an infographic indicating participant's scores in the 12 ability areas of PELE.



12 knowledge & skills ability areas.

Each ability area has six descriptor levels (0-5).

Phase 1: results

	Year 1 (n=130)	Year 2 (n= 107)	Year 3 (n=97)
Applied	12	12	3
In-progress	3	5	1
Un-suitable	8	6	2
Suitable	1	1	0

Poor response rate

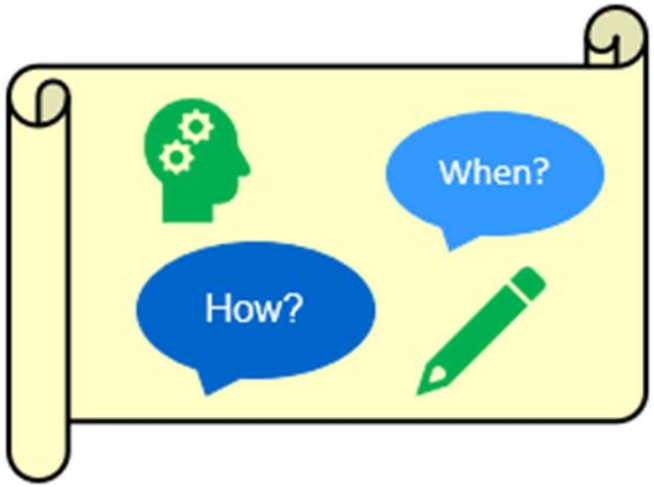
Why?

Phase 1:results

Ability	Students achieving (%)
Knowledge of Palliative care	44
Skills in Palliative Care	50
Working with others	44
Communication with people	56
Knowledge of loss and grief	33
Skills related to loss and grief	28
Knowledge of anticipatory care planning	22
Skills relating to anticipatory care planning	28
Dying and last days of life	56
Care at and after death	28
Professional legal and ethical frameworks in palliative care	14
Attitudes to death and dying and self-awareness	39

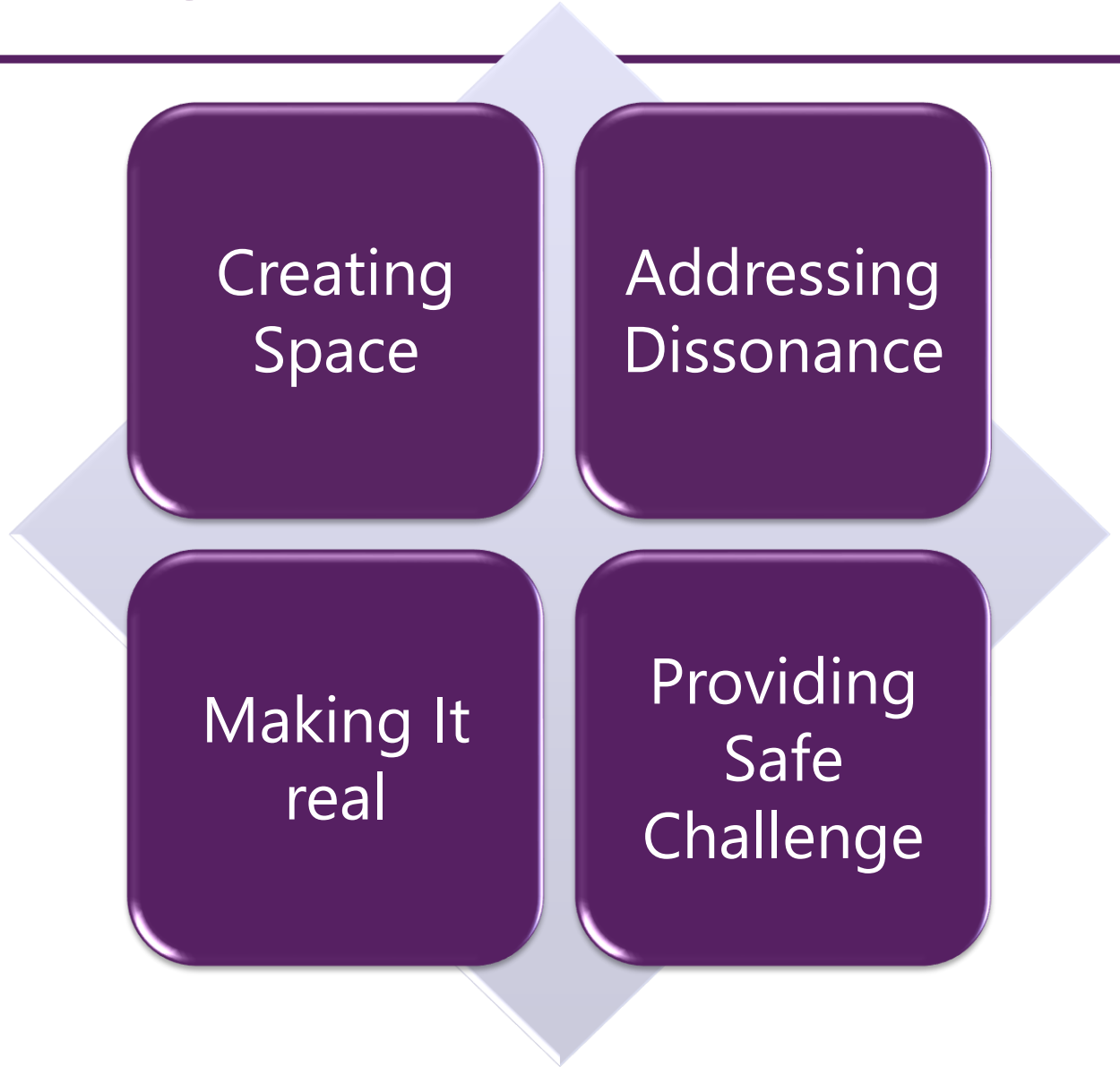
Phase 2: methods

Participatory research workshops using focus group and storyboarding.



42 undergraduate BSc nursing students.
First year students (n=18, 2 workshops), second year students (n=12, 1 workshop) and third year students (n=12, 2 workshops).
Focus group data was analysed using thematic analysis (Braun and Clark 2006) .

Phase 2: findings



Creating space

Students want

- dedicated space for PEOLC teaching and learning
- discursive space for shared experiential learning
- safe space for emotional self-care

dedicated space for PEOLC teaching and learning

…because death is a big part of being a nurse and it is just as important to be able to deal with that as giving an injection or whatever…

dedicated space for PEOLC teaching and learning

The problem is, on the practical side of it, it's a lottery whether you get those opportunities or not [PEOLC].

I think some people have better luck than others, it also depends on who your mentor is, how supportive they are of you having other visits [hospice].

I asked if I could [participate in last offices] and it was sort of like 'are you sure you want to do this?'...I think there's a lot of older ladies [qualified nurses] and I think it's a motherly thing to try and protect younger people, just because they maybe don't want to expose you to that kind of thing [death].

dedicated space for PEOLC teaching and learning

If it [PEOLC teaching] was done like DEEPE– if you have a section for specific topics …you'll learn like you do in DEEPE sessions [embedded dementia education package].

It's almost like you need a clinical skills tick-list so that they can then actively – you wouldn't get these scenarios where people [mentors] are trying to be protective, actually then the whole mindset has shifted, they are trying to get students to gain those skills.

dedicated space for PEOLC teaching and learning

F8: Could it not be – you know how we've got those blue sheets at the front of our OAR…

F1:That's what I was thinking.

F8: And if they do have to be signed off then that's probably…a better….

F1: And then you do the reflective account on it and you learn often a lot more in the reflective than…

F6: There's one on that sheet to do with children and would it not be more…of course children and supporting mothers and children is really important, but could that one maybe be replaced with palliative? Because we're doing adult nursing. …it's more important, well not – I say more important but I say it in the chance of coming across – giving palliative care and end of life care is higher than us meeting children and young people and certainly on all my placements, I haven't even met anyone that's that young, I've not really met a child.

discursive space for shared experiential learning

...so if that's almost an undercurrent, a taboo and we don't go there, because there's less openness about it [death and dying], is that harder to generate discussion about it...

Because it's an emotive subject, I think you need to speak to other people and get other people's points of view, it's not something that can be taught, do a 'learn pro on palliative care'!

[NHS computer learning package]

discursive space for shared experiential learning

Discussions as well because obviously a lot of people do experience, maybe personal experience from having to care, if they've got family members and that, and even getting their insight of how maybe the nurses did it right or did it wrong and then you can learn from that and go 'that nurse didn't do…maybe that wasn't good for you', learning from other personal situations.

safe space for emotional self-care

...it's not a nice experience to deal with [death] and it can have like an after effect, so you have to kind of prepared in what to expect in that situation and how to deal with it yourself and how to treat yourself after, even going home that day...

...it's coping skills that I don't think we're taught and that's what we should have before we go out [into practice]...

...but when it came to the more personal side of the experience of the last offices and things, there was no conversation between me and her [mentor] about how I felt with that situation...

safe space for emotional self-care

…something like offloading to each other and making…that would make us feel better about …maybe we can… if someone else has gone through something similar or an experience or something, then it might help to know how they felt at the time or to know how they dealt with it or are they still dealing with it, kind of thing.

Addressing dissonance

Students want to address perceived dissonance in the ‘timing’ of teaching (perceived as too late) the ‘content’ of teaching (perceived as too little).

I think that it’s [PEOLC] been non-existent in the curriculum.

…because it [PEOLC] has just all had been left until the end, sort of thing…[semester 6]

Addressing dissonance

There was plenty students that went out on placements and did experience a death and didn't quite know how to deal with it because we didn't cover it in class beforehand.

...you feel that you are outwith your competency level and you think if the staff, your mentor, is asking you about certain aspects of care that you are not competent in or know much about, you feel that maybe you are not as advanced as you should be...so....it knocks your confidence a little bit.

I think that may be covering a little bit, giving people a break and then coming back and covering a little bit more. I feel like consecutive sessions [in semester 6] was too much.

Addressing dissonance

...they've done introductions with some of them [other topics] and then they are like 'you'll get more of it in second year', and we're like, 'oh right, okay, that's fine.' So we've been introduced to it at the basic level and then we carry it on eventually so I think that that could maybe be done with palliative care as well...

I find it useful because when you have an introduction it's not so scary because you are not looking at the whole thing from the get-go...so you've got that basis and you are working from that and moving on to something else so I find it useful because then you can think, you can see your own progress...

Addressing dissonance

Using the storyboard students identified content and mapped this across the three years.

It's not just death, it's how to deal with their families…but you have to support the family. And how do you know that, if you are not told it?

Making it real

Students want relatable case-based and simulation-based teaching approaches delivered by practising clinicians or authentic lecturers.

Well there's a place for the theory but there's no point in the theory if you can't understand how it actually relates to what you are really doing because then it's a bit meaningless.

Making it real

...it's so useful in lectures though, to have professionals who work in the actual area because it's different having someone go over the theory but you are covering it and you are sitting as a student and you are thinking 'I'm not sure I get that..' but you are not going to say anything. Or if someone asks and you have the same question but the answer that's given...it didn't really fully answer your question and you are like 'I don't want to ask again because that's just been covered!' But then you get someone who works in the area and you don't even have to ask because these are things that they encounter on a daily basis, so they cover it. And you are like, 'Oh, that makes sense now. '

Making it real

I find it easier [with external clinical speakers] because I can just say, 'Have you ever come across this…' rather than, 'I don't understand that, can you explain that..' so then I'm not the focus or my ability to understand or apply what's been said; I can just ask 'tell me about your experience' and if they have, when they explain, then I go 'okay, that makes sense.'

Making it real

...if somebody has got a case and it's like, 'well that's really interesting, how do you deal with that?' or they can come and say 'I don't know what to do, what would you do in that situation?' Especially when we've got x [clinically active lecturer] and y [clinically active lecturer] and it's learning about your experiences, that's the classes we do actually enjoy, because you are telling us your experiences and how you deal with those situations and it makes it more real for us, if that makes sense?

Making it real

F6: It would make you more aware [using case studies] and it would make you actually think 'right, what legislation applied to this person, do they need an adult incapacity form filled in, how is that affecting them, what's the family doing?' … So if they can incorporate it in a case study to make you think…

F2:It makes it more real.

F4:Yes, makes it more relatable to practice.

F2:Maybe there's better ways of doing these things that we have to do, you know, like incorporating them into scenarios and case studies, you can relate to them in practice rather than…slide show after slide show.

…it should be a lot more practical, because it goes in more. It's more real.

Providing safe challenge

Students want to be challenged by simulation-based teaching approaches to rehearse communication and clinical skills they perceive as difficult and by thought provoking case-based teaching to encourage them to apply their learning, advance their decision-making and develop professionalism.

...we're now dealing with that as a nurse, it's different....than as a care assistant, so we're having to re-learn a different way, different language, different responsibilities in dealing with it...

Providing safe challenge

I think the practical exam that we did on breaking bad news, like a lot of situations, they weren't as extreme as somebody passing away, it's kind of like somebody being admitted into a care home or something. I think if you are kind of equipped of almost the script in your head of how to deal with more difficult things.

If you didn't have that [Breaking bad news framework] then you'd just sort of be flailing around on your own and you know, it's just another level of difficulty that you are giving yourself, on top of the information that you have to deliver and the stressful environment, it might be stressful for the family but it's stressful for you, so if you have that framework to work from...so I know that, at least, I was as professional as I could be in that situation.

Providing safe challenge

I think actually it's quite beneficial [challenging simulated case studies] because you get used to addressing things critically, if you were thrown into that situation in clinical practice straight away, you would be, well I think I would be very over-whelmed and reluctant to give my views and everything and I'd be – I'll just consult a more senior nurse or speak to my mentor about it. Because I've sort of encountered that challenge before, in a learning setting…I still experience those emotions and I sit in class …then you go over it [case study] and you think 'okay, so my approach wasn't correct but now I understand why and what I would do differently if I came across something like that in practice, I'd be more willing to say 'this is what I think.' You know, I'd be more willing to accept constructive criticism if my way of working wasn't correct.

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So what….?
Now what…?

So what?

Co-design matters!

Approaches underpinned by experiential and transformative learning theories are desired by students.

Now what?

Share with departmental colleagues and plan how to implement student wants and needs.

Map PEOLC education across the three years.

Ensure PEOLC is taught in first semester and students are prepared for first practice learning experience.

Adopt teaching approaches congruent with students needs and wants.*

Liaise with practice education facilitators to explore if students' suggestions can be adopted in practice learning experiences.

Strengthen mechanisms to support emotional self-care.

Disseminate findings.

Thank you

- Questions?

References

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