

# Integrating palliative care content into a new undergraduate nursing curriculum: The University of Notre Dame, Australia – Sydney experience

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## KEYWORDS

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## Summary

**Background:** The majority of society's deaths occur in a health care environment. Regardless of whether a death occurs in acute care, hospice, residential aged care or community settings, nurses are the health professionals that will spend the largest proportion of time with the patient who has a terminal condition and their families. As few nurses have specialist palliative care qualifications it is essential that nursing education prepares graduates to achieve the core capabilities required for the delivery of best evidenced based palliative care. This reality makes the integration of palliative care content into the undergraduate nursing curricula an important priority.

**Aim:** This paper aims to describe how palliative care content has been embedded throughout the three-year University of Notre Dame Australia, Sydney (UNDA) undergraduate nursing degree.

**Method:** The School of Nursing at the University of Notre Dame Australia, Sydney campus is committed to ensuring that students graduate with the capabilities to deliver appropriate care to people with requiring end-of-life care. The establishment of this new School of Nursing coincided with the release of the 'The Palliative Care Curricula for Undergraduates Program' (PCC4U) learning resources. These resources have been integrated into relevant units across the three-year nursing curricula.

**Discussion:** The nursing curriculum has been design to supports the integration of palliative care knowledge into clinical practice. The Palliative Care Curricula for Undergraduates Program

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learning resources offer engaging palliative care case studies and scenarios for academics to utilise. Adopting an iterative approach where palliative care content is spiralled across multiple units provides opportunities for undergraduate nursing students to sequentially build and consolidate their palliative care capabilities.

*Conclusion:* Developing a new curricular provided an ideal opportunity to integrate and embed palliative care content into the undergraduate nursing degree. The next stage of the curriculum development is to explore inter-professional palliative care education opportunities. Evaluating the palliative care capabilities of our nursing graduates is also an important consideration.

*Implications for practice:* This paper provides practical suggestions for integrating palliative care education into an undergraduate nursing curriculum.

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## Background

Death, dying and palliation are common themes within today's health care system, with somewhere between 50–70% of all deaths occurring in the acute care setting (Al-Qurainy, Collis, & Feuer, 2009). Whilst palliative care is considered a speciality, the vast majority of patients who die in acute care will be cared for by health professions for whom managing dying is not their primary area of expertise (Al-Qurainy et al., 2009). This burden of disability and death requires that nursing graduates have the competencies and capabilities to deliver a palliative approach in order to improve the quality of life for people with a terminal condition and their families. A palliative approach aims to improve comfort and dignity through the early identification, assessment and treatment of pain, as well as recognising the patient's other physical symptoms, psychological and/or spiritual concerns (Australian Department of Health and Ageing and National Health and Medical Research Council, 2006). This type of care commences well before the terminal phase of illness and acknowledges the family's needs.

Nursing graduates need to be prepared with foundation palliative approach knowledge and capabilities as they are the discipline most likely to spend the greatest amount of time with patients and their families at the end-of-life (Gibbins, McCoubrie, Maher, & Forbes, 2009; Wallace et al., 2009). The delivery of a palliative approach requires all nurses to have the capabilities to identify when patients with complex palliative care needs would benefit from specialist input and to be able to provide best evidenced based end-of-life care (Australian Department of Health and Ageing and National Health and Medical Research Council, 2006). Sound communication skills underpin all of these capabilities. Nurses providing palliative care need to be able to respond appropriate to the patient's and families needs, reflect on the interaction, understand what is not being said, identify and address any conflict and effectively answer any questions patients or their families may have (Fisher, 2002).

Yet, insufficient numbers of nurses have received palliative care education as undergraduates or through continuing professional development learning opportunities (Schlairet, 2009). Consequently nurses and student nurses frequently report feeling underprepared to address the complicated physical, psychological, legal, ethical, and spiritual issues that patients with a terminal condition often experience (Corner & Wilson-Barnett, 1992). Limited access to appropri-

ate palliative care learning experiences may in part explain why deficiencies in end-of-life nursing care practice continue to be reported (Schlairet, 2009). The multi-faceted nature of palliative care and its associated complexities makes palliative care an important theme for undergraduate nursing education (Adriaansen & van Achterberg, 2008). Despite the recognised importance of palliative care capabilities there is wide variability in the level and quality of palliative care content taught to undergraduate health professionals (Field & Wee, 2002; Oneschuk, Moloughney, Jones-McLean, & Challis, 2004; Van Aalst-Cohen, Riggs, & Byock, 2008). However, in nursing there is emerging evidence that global efforts to increase palliative care education in undergraduate curricula are gaining momentum (Ferrell et al., 2007). A recent UK study suggests that palliative care content is now generally included in the majority of undergraduate nursing courses, with 45 hours on average devoted to palliative care learning with the majority of students participating in these units (Dickinson, Clark, & Sque, 2008). Despite this positive progress there are a number of notable barriers that can effectively limit the integration of palliative care content into the undergraduate curricula, including an overcrowded curriculum, lack of a local champion, content not being linked to identified need, limited access to specialist palliative care clinical placements, general reluctance to allow students to engage with a frail and vulnerable patient population and limited organisational support (Gibbins et al., 2009; Lloyd-Williams & Field, 2002).

In response to these concerns, the Australian Government Department of Health and Ageing (2005) funded the 'Palliative Care Curriculum for Undergraduates' (PCC4U) Program to improve the palliative care capabilities of the emerging Australian health care workforce. The PCC4U Program has produced a suite of learning resources built around four modules focusing on: (1) principles of palliative care; (2) communicating with people with a life limiting illness; (3) palliative assessment and intervention; and (4) optimizing function in palliative care (Australian Government Department of Health & Ageing, 2005). The PCC4U Program also provides practical support to Universities to enable them to better integrate palliative care content into their medical, nursing and allied health curricula (Australian Government Department of Health & Ageing, 2005). The PCC4U Program has been designed to maximize its potential to act as an external catalyst for change, whilst supporting Universities to reorganize their curricular

to allow for the integration of new palliative care content.

## Aim

This paper aims to describe how palliative care content has been embedded throughout the three-year University of Notre Dame Australia, Sydney (UNDA) undergraduate nursing degree.

## Method

Developing a new nursing curriculum is an exciting but challenging endeavour as competing priorities are identified and appraised for their relevance to society's current and future health care needs. Ensuring that UNDA graduate nurses have the capabilities to address care needs of patients with terminal conditions and their families was identified as an important priority at the outset of the curricula development. The development of the UNDA nursing curriculum is underpinned by the PCC4U recommendations that all health professionals achieve the following graduate capabilities:

- 'Effective communication in the context of an individual's responses to loss and grief, existential challenges, uncertainty and changing goals of care.
- Appreciation of and respect for the diverse human and clinical responses of each individual throughout their illness trajectory.
- Understanding of principles for assessment and management of clinical and supportive care needs.
- The capacity for reflection and self evaluation of one's professional and personal experiences and their cumulative impact on one's self and others' (Australian Government Department of Health & Ageing, 2005).

An environmental scan along with a review of the literature was undertaken concurrently to determine how palliative care content had been integrated into other nursing curricula and to identify what was possible within the UNDA nursing degree. Based on this data a decision was made not to have a discreet palliative care unit but rather to integrate the palliative care content both vertically and horizontally by spiralling it across the entire nursing curricula. Adopting this approach has allowed for the teaching of palliative care to be undertaken in many contexts and integrated across the curriculum at both the pre-clinical and clinical level. Implementing an iterative spiralled approach to learning has allowed for palliative care concepts to be introduced, repeated and sequentially built upon until the desired graduate capabilities are attained (Fig. 1).

Throughout the undergraduate course various modes of delivery, such as lectures, tutorial, clinical practice units and palliative care clinical placements are used to engage nursing students in the palliative care learning experience. The PCC4U learning resources are utilised across various units (Table 1). The three-year UNDA nursing curriculum offers students a palliative care learning experience that commences in their first semester and is repeated, expanded and spiralled through to their last semester in third year. This iterative approach allows the palliative care content to be spiralled across multiple units and provides ample

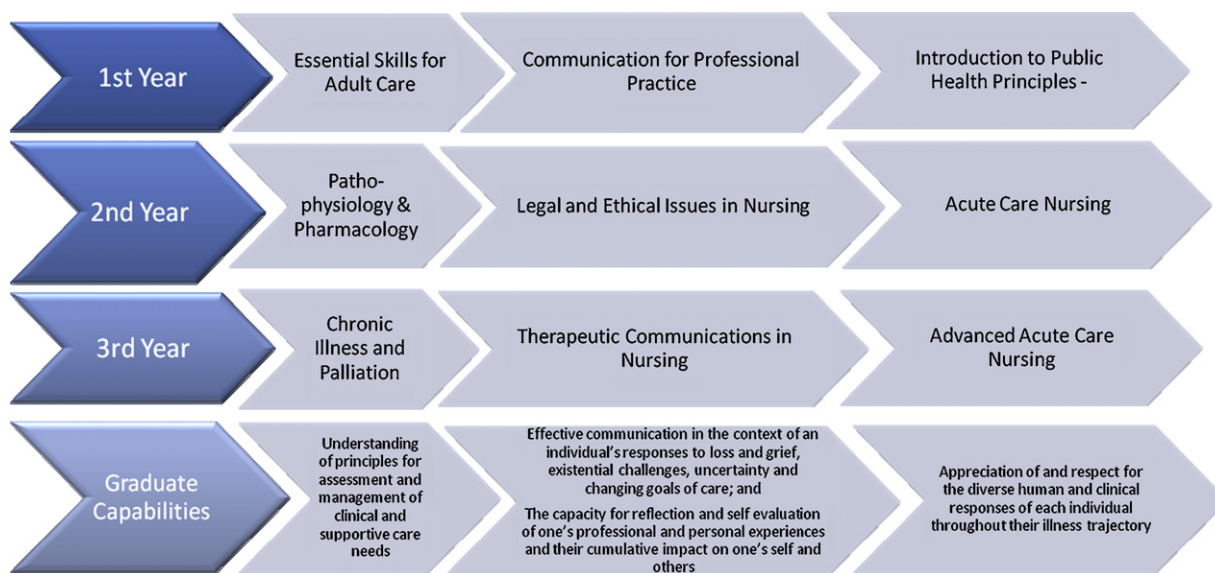
opportunity for UNDA students to consolidate their palliative care learning experiences. The consolidation of experience is considered essential for developing the graduate capabilities required to deliver qualified palliative care in the clinical setting (Gibbins et al., 2009).

At the commencement of the three-year undergraduate nursing course the foundation palliative care and professional communication concepts, including bereavement and grieving theory are introduced. This content provides students with an understanding of the psychosocial-cultural basis of nursing practice in relation to spirituality, death, grief and loss (Geldard & Geldard, 1998). The communication unit tutorials encourage students to consider the theoretical learning material in a safe and reflective environment. These facilitated learning encounters allow students to explore and link the content to their own potential coping behavioural responses to death, dying, grief and loss and to consider what their nursing role is likely to encompass when caring for people who are dying. First semester clinical practice time introduces new nursing students to the competencies required to care for the dying patient and the deceased. This includes demonstrating an understanding of the clinical signs of impending and actual death and the procedure of last offices. Integrating this practical content into the curricula at this early stage ensures that all nursing students have been introduced to the foundation end of life care issues and the change associated with death and dying prior to their first clinical placement.

Over the subsequent semesters an expanding and spiralling body of palliative care knowledge and competencies are linked into the general development of nursing students. During the second year there is significant palliative care content focus which enables students to explore a range of complex contemporary legal and ethical issues related to advanced directives and end of life care issues in the 'Legal and Ethical Issues in Nursing'. This unit focuses on building students knowledge around the legal rights of patients, as well as developing a comprehensive understanding of the relevant legal principles in healthcare and their impact on nursing practice. Via the use of case studies, students discuss the legal and ethical perspectives of advanced directives and end of life care.

Delivered concurrently during second year is the 'Pathophysiology and Pharmacology' unit where 16 tutorial hours are devoted to palliative care content. A range of teaching strategies are employed during these case based tutorials allowing nursing students to actively engage with the PCC4U learning resources whilst providing scope for specific palliative care scenarios encountered during their clinical placements to be discussed. The interactive nature of a tutorial forum and smaller class sizes help to create a supported, reflective environment with the capacity to bridge the theory practice gap. A third of this unit's mark is generated from palliative care assessments, with the major assignment requiring the student to apply their patho-physiology, pharmacology and clinical practice knowledge to a complex palliative care case study.

In addition to this palliative care content, second year students are also subtly required to reveal their palliative competencies in the 'Acute Care Nursing' unit. This unit builds on student's understanding of patient care from their first year of study and establishes a basis of theory and prac-



**Figure 1** Integration of the PCC4U learning resources into the UNDA undergraduate nursing degree.

tice that will be further developed in their third year of studies. Students demonstrate their use of the nursing process to assess, plan and evaluate care using case studies for acute surgical intervention for cancer and disorders of both oxygenation and perfusion that either arise from an acute process or as a consequence of a chronic disease. The main assessment involves an end-stage heart failure case study, where students undertake the care of this patient using the nursing process and look at issues which may arise for the deteriorating patient including their transition into palliative care. Spiralling palliative care content across the units in this way provides opportunities for the

students to link and apply the content to a new area of learning.

During their third and final year students undertake an ‘Advanced Acute Care Nursing’ unit which supports the development of the advanced physical assessment and nursing management competencies required to manage acutely deteriorating patients. The case based learning components of this unit reinforce the theoretical content and addresses clinical assessment, problem and solving clinical decision making. During this unit nursing students are required in one case study to demonstrate the competencies required for the management of a patient who has undergone an

**Table 1** Overview of the palliative care content in the UNDA nursing curricula.

	Year 1	Year 2	Year 3
Unit	Essential skills for adult care	Patho-physiology and pharmacology	Chronic illness and palliation
Content	Care of the deceased. Psychosocial–cultural aspects of death, grief and loss. Coping behaviours	Links palliative care content to the PCC4U modules during 16 h of tutorials	Explores the nature of chronic illness and palliation. Utilises relevant on-line learning resources from: PCC4U, EdCaN and cancer learning
Unit	Communication for professional practice	Legal and ethical issues in nursing	Therapeutic communications in nursing
Content	Receiving bad news and communication needs at the end-of-life	Advance care planning, legal & ethical issues in end-of-life care	Utilises the PCC4U module 2 – communicating with people a terminal condition
Unit	Introduction to public health principles	Acute care nursing	Advanced acute care nursing
Content	Introduction to the burden of chronic illness and palliation	Care of the acutely ill patient. Acute care case studies involving people with terminal conditions	Advanced physical assessment and management of deteriorating patients, including those with terminal conditions

anterior resection for advanced bowel cancer and who has subsequently developed pneumonia during the post operative period. In this case study, there is an expectation that nursing students will have the necessary foundation knowledge to link and apply their palliative care competencies to this acute care scenario.

Third year nursing students also have an opportunity to undertake an elective in 'Therapeutic Communication'. During this elective, basic counselling skills are taught and students examine in greater detail various grief and loss communication and counselling issues. They develop the competencies to facilitate a family conference communicate. The PCC4U learning resources, which focus on communicating with people with a life limiting illness underpins the palliation and end-of-life care scenarios integrated into this counselling unit.

One of the student's final compulsory subjects is a 'Chronic Illness and Palliation' unit. When this unit commences in 2011 it will allow for greater exploration and consolidation of the care needs of people with malignant and non-malignant diseases requiring chronic disease management and ultimately palliative care. The importance of multi-disciplinary team work as well as the systems required to support people in the community are included throughout this unit. Relevant palliative care learning resources produced by the National Cancer Nursing Education (EdCaN) Project (Cancer Australia, 2009) and the multidisciplinary team work modules available from Cancer Learning (Cancer Australia, 2008) will be incorporated into the units lectures. The clinical laboratory sessions associated with this unit aim to allow students to practice the clinical assessment skills deemed necessary for the early identification, assessment and treatment of pain and other physical, psychological and spiritual needs of people with various chronic illness and those with a terminal condition. Within this unit students will also be exposed to the different inter professional approaches to management of chronic illness and palliative care needs, and the roles and responsibilities of multidisciplinary team members.

## Discussion

There is limited research about the timing and teaching of palliative care content in undergraduate health courses, which is reflective of the widespread variability in the way this content is dealt with (Lloyd-Williams & MacLeod, 2004). Despite this gap, previous research has identified that nursing students have anxieties about death, dying, and caring for dying patients (Mallory, 2003). As many nursing students will be confronted with death and the care of the dying during their first clinical placement it is essential that they have adequate clinical and emotional preparation so that their first placement is a positive experience (Kwekkeboom, Vahl, & Eland, 2006). It is largely for this reason that the foundation palliative care concepts focussing on dealing with the dying process are introduced at the commencement of the UNDA undergraduate nursing course. This was an important consideration as many students' first clinical placement will be in a palliative care or aged care environment, where they are likely to encounter the death of a patient.

It has been suggested that undergraduate nursing students' palliative care learning needs are best addressed through a multifaceted approach (Brajtman, Higuchi, & Murray, 2009). Palliative care content has the greatest effects on nurses when it is conducted over several weeks, involves a mix of didactical methods and facilitates the exploration of multiple themes which are integrated with practical experiences and then reflected upon (Adriaansen & van Achterberg, 2008). These adult education principles have been integrated into the undergraduate nursing course at UNDA to ensure that students are exposed to a variety of palliative care learning formats during their three-year degree, including: virtual, face to face and clinical scenarios that are linked to the students' practicum experience (Brajtman, Hihuchi, et al., 2009).

Integrating relevant on-line resources from PCC4U, EdCaN and Cancer Learning into the course content and the tutorial structures enhance the students learning experience. These dynamic learning resources provide students with an opportunity to address real-life clinical problems associated with palliative care from both a nursing perspective and also as a member of the multidisciplinary team (Brajtman, Hihuchi, et al., 2009). Wherever possible the UNDA students' palliative care practicum experiences are linked into this learning process. Adopting a multifaceted learning approach allows nursing students to develop the cognitive skills required for effective palliative care clinical decision making (Brajtman, Hihuchi, et al., 2009). While real-life learning experiences facilitates the development of the competencies required to better support patients' with a terminal condition and their families to deal with the death and dying experience (Dickinson et al., 2008).

Patients with terminal conditions expect nurses to be able to provide psychological and emotional support through excellent communication as well as possessing the ability to provide good symptom control (Jarrett, Payne, Turner, & Hillier, 1999). Palliative patients as well as their families require information in order to manage and cope with the terminal illness, its symptoms and associated disabilities and to plan for their future. Nursing students need to be well prepared so that on graduation they have good communication techniques to be able to readily identify and package the information that each patient and family requires it in a manner that best suits their unique needs. Students also need to be able to accept the feelings that are elicited by their patients in different speciality areas, including those requiring palliative care (Bor, Gill, Miller, & Evans, 2009).

On entry into clinical practice nursing graduates are likely to encounter numerous complex palliative care situations. As members of the multidisciplinary team they will be required to contribute to decision making processes regarding 'not for resuscitation', withdrawal or withholding of life supporting treatment, advance care planning, breaking bad news and managing multidisciplinary team conflict (Lloyd-Williams & MacLeod, 2004). This makes the integration of communication skills across the nursing curricula and linking real-life case studies to learning opportunities an important priority. In the long term, having better prepared nursing graduates with these palliative care capabilities will help to stem some of the end-of-life care complaints in the clinical setting associated with poor communication (Al-Qurainy et al., 2009).

Quality palliative care is dependent upon the creation of a multidisciplinary team who is equipped to address each patient's unique care needs which makes a multifaceted inter-professional approach to learning an important consideration because of its capacity to link collaborative learning to collaborative practice. A recently released [World Health Organisation report \(2010\)](#) advocates inter-professional education so that nursing and medical graduates are better prepared to function effectively and collaboratively as multi-disciplinary team members. Adopting an inter-professional education approach utilises skilled group-based learning, interactive assessments and inter-organisational processes and practices to develop better functioning health care teams ([World Health Organisation, 2010](#)). Palliative care, with its focus on multidisciplinary care lends itself to combined medical and nursing students learning sessions ([Lloyd-Williams & MacLeod, 2004](#)). Allowing for side by side shared multi-professional learning to occur ([Bowers, 2006](#)).

The co-location of students on the UNDA Sydney campus adjacent to Australia's oldest hospice suggests that the University is ideally placed to explore the potential for inter-professional palliative care education.

As the UNDA nursing course has evolved it has been important to provide academics with time, relevant opportunities and resources to develop the competencies required to support the theoretical and experiential learning of students in palliative care ([Brajtman, Fothergill-Bourbonnais, Fiset, & Alain, 2009](#)). The strategies that have been identified as being critical to enhancing the teaching of palliative care content to undergraduate students, include: ensuring that relevant teaching staff participate in palliative care continuing professional development learning opportunities; engaging specialist clinicians in the learning program and facilitating regular face to face faculty sessions to promote the sharing of learning activities and their palliative care teaching expertise ([Brajtman, Fothergill-Bourbonnais, et al., 2009](#)); along with promoting inter-professional palliative care education opportunities ([World Health Organisation, 2010](#)).

## Limitations

The undergraduate nursing course at UNDA is yet to be formally evaluated. However, it is acknowledged that a rigorous evaluation to appraise the impact the current approach has on nursing students, knowledge, skills and attitudes is needed. Additionally, measuring the degree to which UNDA nursing graduates are able to meet the palliative care graduate capabilities is an important area for future research.

## Conclusion

There is compelling evidence that palliative care concepts need to be integrated into nursing curriculum to produce nurses with graduate capabilities to deliver a palliative approach and to better meet the needs of an ageing population and rising consumer expectations. The three-year UNDA nursing curriculum offers students a palliative care learning experience that commences in their first semester and is repeated, expanded and spiralled through to their last semester. This iterative approach ensures palliative care

content is integrated across multiple units. This spiralled approach provides ample opportunity for UNDA students to consolidate their palliative care learning experiences. The next stage of the curriculum development is to explore inter-professional palliative care education opportunities and to evaluate the palliative care capabilities of our nursing graduates.

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