PROJECT SUMMARY

Enhancing Capacity for a Palliative Approach in Rural Nursing: Educational Innovations for Nurses and Healthcare Assistants

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Key Messages

- A curriculum designed to provide collaborative education for rural nurses and healthcare assistants was successful in improving self-perceived knowledge and confidence in a palliative approach. These improvements may be best sustained through ongoing opportunities to share and develop knowledge in a community of practice.

- Nurses and healthcare assistants who participated in the collaborative education reported an improved understanding of one another’s roles and enhanced communication with each other about care. These benefits could be maximized by providing the collaborative education in a workplace context.

- Healthcare assistants reported multiple benefits from the education including increased confidence in their contributions to the team. To enhance this confidence building process, healthcare assistants should be provided with baseline knowledge about a palliative approach and an orientation to diverse learning strategies prior to the collaborative experience.

- An innovative clinical experience in which student nurses and healthcare assistants visited adults living in the home with advanced chronic illness resulted in rich reciprocal learning. This innovation contributed to student learning while providing support to a population that is not currently receiving nursing services. Being clear about nursing and healthcare student roles during the experience is essential for successful learning.
Background
This practice-relevant research project addressed the problem of how to best prepare nurses and healthcare assistants in rural areas to provide a palliative approach to care for persons living with advanced chronic illness. An aging population with complex chronic illnesses requires a nursing workforce that is confident in delivering a palliative approach to care. However, in rural areas, nurses and healthcare assistants are called upon to provide this care as expert generalists, without the benefits of specialized palliative care teams or resources. Supporting rural nurses to become confident and competent in a palliative approach is an important factor in rural nursing workforce retention. In the context of this project, a palliative approach is defined as 1) an upstream orientation to care, 2) adaptation of palliative care knowledge and expertise and 3) integration and contextualization within healthcare systems.¹

Research Purpose and Objectives
The purpose of this project was to develop the capacity of nurses and healthcare assistants to provide a palliative approach to care for individuals and their families living with advanced chronic illness. The objectives of the project were the following:

1. To use the best evidence to develop, offer and evaluate a curriculum in a palliative approach that meets the needs of rural nurses in light of skill mix and staffing models across practice contexts of home care, residential care and acute medicine.
2. To pilot an innovative clinical experience in which home support and baccalaureate nursing students partner to provide care in a palliative approach for individuals and their families living with advanced chronic life-limiting illness in the community.

Methods
A curriculum was prepared for the collaborative education of nurses and healthcare assistants based upon the best evidence in palliative education, rural nursing, collaborative nursing education and a palliative approach. In phase 1, the education was provided to practicing registered nurses, licensed practical nurses and healthcare assistants. The education consisted of a one and a half day workshop and monthly follow up sessions over three to five² months provided through a blended delivery of face-to-face and distance technology. In phase 2, a modified curriculum of a two day workshop without follow up sessions was provided to baccalaureate nursing students and healthcare assistant students. A subset of students

² Participants were educated in two groups. The first group had follow up sessions for five months. Based upon lessons learned from this group, the second group had follow up session for three months.
participated in an innovative clinical experience with adults living in the home with advanced chronic illness who were not yet receiving home-based nursing services.

The educational intervention was evaluated using mixed method data collection strategies. A pre-test post-test design evaluated self-perceived knowledge and competence. In phase 1, measurements were completed prior to the education and at the conclusion of the education. Pre and post-test scores were also analyzed in relation to provincial normative data obtained through the iPANEL survey. In phase 2, measurements were completed prior to the education, immediately post education and at three months post education. Experiences of the education, and of the innovative clinical experience, were explored qualitatively using semi-structured interviews.

Results

The Curriculum

A curriculum was developed by a rural nurse educator with expertise in older adult and palliative care. Members of iPANEL consulted on content and design. Key concepts of a palliative approach were introduced and applied across chronic illness conditions and transitions. Emphasis was placed on an ‘upstream’ approach to care whereby anticipatory planning was central to addressing patient and family needs. Case studies were created to follow patients and families longitudinally from advanced chronic illness to death. In these case studies, emphasis was placed on those domains where nurses had indicated low self-perceived competence on the iPANEL provincial survey (e.g., spiritual and ethical/legal care). The curriculum included a resource binder containing tools to facilitate care planning among providers. The curriculum was delivered through didactic teaching, group case study discussion, breakout sessions catered toward the different scopes of practice and inductive sessions whereby participants shared their experiences in providing a palliative approach.

Self-Perceived Knowledge and Competence in a Palliative Approach

In phase 1, 22 nurses and 13 healthcare assistants took part in the educational intervention. Analysis of pre-and post-test scores demonstrated statistically significant gains in self-perceived knowledge and confidence for healthcare assistants and statistically significant gains in self-perceived knowledge for nurses. Scores on all domains that were below provincial norms on pre-test were equivalent or higher than provincial normative data on post-test.

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In phase 2, 21 baccalaureate nursing students and 21 healthcare assistant students took part in the educational intervention. Analysis of pre and immediate post-test workshop scores demonstrated statistically significant gains in self-perceived knowledge and confidence for baccalaureate and healthcare assistant students. However, post-test measurements conducted at three months indicated some gains were not sustained.

Qualitative evaluation of the educational intervention was overwhelmingly positive. Participants from both phase 1 and phase 2 reported a number of benefits including increased confidence in care, the opportunity to gain support around practice challenges, enhanced communication between care providers and a sense of the bigger picture of care.

**Collaborative Education of Nurses and Health Care Assistants**
The experience of being educated together had positive outcomes. Participants spoke of learning more about one another’s roles and the day to day practice challenges of each role. Common assessment instruments provided during the education facilitated important discussions about the importance and benefits of communication in practice. This had immediate direct benefits; participants suggested that their communication with one another in the clinical context was more frequent and of higher quality. Healthcare assistants in particular gained increased confidence through the education.

However, there were also a number of challenges. Healthcare assistants struggled with unfamiliar language and case study learning strategies. For some, this created an initial sense of discomfort. However, their confidence and engagement increased over the duration of the education. In future, the collaborative educational experience could be improved by providing some content and clinical experience to healthcare assistants prior to the collaborative education, by having preliminary discussions among participants about the process of being educated together and by ensuring that more of the curriculum focuses on the unique knowledge that healthcare assistants bring so as to maximize their contributions and confidence.

**Innovative Practice Placement to Support Older Adults**
Eight baccalaureate nursing students, 16 healthcare assistant students and 15 community clients participated in an innovative 12 week clinical experience. These community clients were not receiving nursing services in the home apart from this student placement. RN students completed 120 hours; healthcare assistant students completed 20 hours. Students conducted home visits with a focus on learning about the chronic illness experience, determining needs, connecting with resources and engaging in conversations around anticipatory care planning. The clinical experience included structured learning assignments to develop knowledge of a
palliative approach. Qualitative evaluation of the experience indicated that rich learning occurred for students and clients. Clients learned to think about their health in new ways, appreciated the opportunity to contribute to student learning and experienced positive benefits from relationships with students. Students learned about the development of therapeutic relationships and gained an intimate look at chronic illness management in the home. However, the innovative nature of this experience meant that there was some role uncertainty for both students and clients that could be better clarified in future offerings.

Conclusions

The curriculum created for this project was unique in its focus on a palliative approach and its collaborative process of educating nurses and healthcare assistants together. This approach is well-suited to the rural context where nurses are required to work as expert generalists in chronic illness/palliative care and where the team relies heavily upon the “family” of nursing.

The educational intervention evaluated in this study resulted in significant gains in self-perceived knowledge and confidence in a palliative approach for participants – gains that were greater for healthcare assistants than for nurses. However, for nursing and healthcare assistant students, some of these gains were not sustained to the three month measurement time. Further work needs to be done to ensure that the knowledge gained in the educational intervention is applied, developed and sustained. The model developed in phase 1 whereby nurses received follow-up sessions using a combination of case-based and experiential learning has the potential to ensure the development of ongoing knowledge.

Beyond the gains in knowledge and self-perceived confidence, the experience of being educated together had positive benefits for nurses and healthcare assistants. Participants reported greater understanding of one another’s roles and enhanced communication – benefits that were directly realized in clinical practice. These benefits could be maximized by providing this collaborative education within a workplace context where participants would have the opportunity to use common care planning tools and to solidify their knowledge in a community of practice.

The innovative practice placement trialled in this project was successful and has potential for further development. Clients were enthusiastic about the benefits of having students in their home, learned more about chronic illness management and were supportive of the placement continuing in their community. This innovative placement has the dual benefit of providing service to a potentially under-served population in the community while teaching students about relational practice and chronic illness management.
In summary, although the study sample was small, results from this research demonstration project suggest that these educational innovations be used more widely to enhance the capacity of rural nurses and healthcare assistants to provide a palliative approach. Based on our findings, the following recommendations could further improve the educational intervention:

1. Focus on those aspects of practice where shared responsibility among nurses and healthcare assistants in a palliative approach is critical (e.g., assessment, care planning) and structure learning opportunities where nursing care assistants can confidently contribute their knowledge.
2. Discuss the process of collaborative education with participants to enhance awareness of ways to promote the comfort and confidence of all participants.
3. Introduce healthcare assistants to learning strategies that may not be part of their basic education (e.g., case-based learning, inquiry-based relational practice) prior to the collaborative experience.
4. Connect learners in a community of practice within a workplace context so that knowledge continues to be developed and shared.
Appendix 1: Knowledge Translation

Knowledge translation was embedded at all levels of this project. The unique engagement of research-intensive faculty, teaching-intensive faculty, practitioners and students resulted in rich shared learning. Research faculty led the development of research-related skills. Teaching faculty led the development of the evidence-based curriculum. Two undergraduate nursing students at Selkirk College gained important research experience working alongside Tammy McLean as she led phase 2 of the project. All partners engaged in integrated learning around how to provide a palliative approach across contexts of practice in rural nursing. The following table reports on the knowledge translation strategies proposed in the grant.

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<th>KT STRATEGY</th>
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<td><strong>Pesut, B., Potter, G., Stajduhar, K., Sawatzky, R., McLeod, B., Drabot, K. Palliative Approach Education for Rural Nurses and Health Care Workers: A mixed-method study. Accepted by the International Journal of Palliative Nursing October 29, 2014</strong></td>
<td>Findings from this study will be incorporated into the iPANEL findings synthesis that will develop key messages and tailor them to specific audiences.</td>
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<td><strong>Potter, G., Pesut, B., Hooper, B., Erbacker, L. Team-based education in a palliative approach for rural nurses and nursing care providers. Submitted to Journal of Continuing Education in Nursing June 24, 2014. Revised and resubmitted August 15.</strong></td>
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<td>Research Briefs</td>
<td>Four page brief submitted to MSFHR for public dissemination</td>
<td>Research brief to be posted on iPANEL website</td>
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<td>Presentation will be made to Interior Health Palliative and End of Life working committee</td>
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<td>Media Releases and Social Media</td>
<td><strong>McLean, T.</strong> “Educating student nurses about chronic illness care in rural communities.” Interview conducted with CBC Daybreak December 17, 2013.</td>
<td>Media story planned for Spring 2015 Dissemination through iPANEL Facebook and Twitter accounts</td>
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<td>Knowledge Exchange Forums</td>
<td><strong>Pesut, B., McLeod, B., Stajduhar, K., Sawatzky, R., Erbacker, L.</strong> (2012, May 2). <em>Best practices for educating healthcare providers in palliative care: A scoping review.</em> Oral presentation at CIHR sponsored symposium: Translating Knowledge for Palliative approach in Nursing, Kelowna, BC.</td>
<td>Thinking outside the box meeting entitled “Supporting Quality of Living and Dying in Rural BC: Moving Care Upstream” scheduled for April 21, 2015</td>
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