Faculty Poster Presentations

Portland, OR

A Workshop for Faculty Development in Palliative Care Education

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Recognition

Bridging Undergraduate Nursing Education Gap in Pain Management with Palliative and Hospice Based Care Studies

Katherine Adams, DNP, RN, CHSE[1];Lisa Cross, PHD, RN, CNE, CRRN, CHPN[2]

MCPHS University School of Nursing, Manchester, NH;[1] Salem State University School of Nursing, Salem, MA[2]

BACKGROUND

- Undergraduate nursing students struggle with understanding pain management, especially pharmacological methods for palliative and hospice patients
- There are limited resources available to nurse faculty to assist with teaching this content
- The ELNEC modules provide a pain management resources, however, students still struggle when they enter the nursing workforce
- New nurses indicate needing more instruction and experience in pain management and ethical dilemmas surrounding pain management
- Historically, new nurses learn new skills during orientation, however, increases in patients presenting with complex conditions require more time and support than orientation permits
- Misconceptions in nursing practice roles make it difficult for new nurses to feel comfortable in delivering quality pain management

PURPOSE

The aim of this project is to develop four setting-specific cases to bridge the palliative care gap in undergraduate nursing education:

1) Long-term care GIP
2) Community / Residential
3) Medical-Surgical
4) Emergency Department

METHODS

- A review of nursing databases guided the development of the four cases
- Key terms:
  o Palliative care
  o Undergraduate nursing
  o Case-based learning
  o Competencies
  o Pharmacology
- Sixteen articles were reviewed to create cases
- The AACN Essentials and CARES Competencies were used as a guiding framework to align cases to undergraduate baccalaureate curricula
- CARES competencies align to AACN curricula

CASE 1: Long-Term Care

- Mrs. P, 86, preferred pronoun she/her, DNR, allergic to sulfa
- Background: Long term care resident admitted to hospice 3 months ago for ESRD with a GFR 11
- Current Situation: Requiring increased visits from hospice nurse for symptom management for the past week. Status updated to GIP.
- Relevant HCP Orders:
  o Morphine sulfate 5 mg/5mL: 5 mg SL q2h prn pain
  o ABH gel 1 mg-12.5 mg-2 mg/mL: apply 1 mL topically q4h prn agitation
  o Atropine 1% ophthalmic solution: give 2 drops SL q1h prn secretions
  o Focus of case: Purpose of medications, qualifying standards for GIP status, relationship of hospice within LTC, end of life procedures in LTC
- CARES competencies: 2, 5, 7, 9, 11, 12, 13, 14, 15

CASE 2: Community

- Mx. H, 62, preferred pronoun them/their, Full Code, allergic to tiotropium
- Background: Recent COPD exacerbation. PMH of diabetes mellitus type II & HTN. Lives with spouse and two cats
- Current Situation: Returned home yesterday with home health nursing & palliative evaluation (consideration of morphine)
- Relevant HCP Orders:
  o Prednisone 40 mg PO QD x 3 days, then return to prednisone 20mg PO QD
  o Various respiratory medications
- Focus of case: Purpose of medications, palliative care consultation process, culturally sensitive care, nursing care in the residential setting
- CARES competencies: 1, 4, 5, 7, 8, 11, 12

CASE 3: Medical-Surgical

- Mr. S, 77, preferred pronouns he/him, Full Code, allergic to midodrine
- Background: Presented to the ED yesterday with fever and shortness of breath. Eight year history of parkinson's disease.
- Current Situation: Admitted to medical surgical unit antibiotics for aspiration pneumonia and, wound care/pain management for stage III sacral wound, Patient requesting chaplain.
- Relevant HCP Orders:
  o Levodopa/carbidopa 25 mg/100 mg: one tab PO four times daily
  o Levofloxacin 750 mg IV q 24h
- Focus of case: Purpose of medications, palliative care procedures, medication adjustment, managing declining status
- CARES competency: 1, 3, 5, 7, 10, 11, 12

CASE 4: Emergency Department

- Dr. L, 58, preferred pronouns he/him, DNR, allergic to oxycodone
- Background: Served as MD in gulf war sustained multiple trauma injuries. Long term MS Contin use.
- Current Situation: Presented to the ED this morning with refractory pain in residual limb. Patient is unhomed and seeking stable environment and adjustment in current pain regimen
- Relevant HCP Orders:
  o Morphine sulfate controlled release: 90 mg PO every 12 hours
  o Morphine sulfate 5 mg/mL: give 1-2 mL SL q3h prn BTP
- Focus of care: Purpose of medications, refractory pain management, social determinants of health, hospice house qualifications
- CARES competencies: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 15

DISCUSSION

- Case studies align with the CARES competencies for use in undergraduate nursing baccalaureate pharmacology courses
- The cases will allow students to demonstrate competency and confidence in pharmacological pain management mapped according to the AACN Essentials
- Traditional delivery in community and public health courses limits students' ability to acquire and apply information to other levels of care
- Utilizing these cases, students will have baseline pharmacokinetics and pharmacodynamics knowledge needed for pain management reinforcement with realistic patient case information designed from experience
- While the focus of the case studies are pain management, previously learned medication classes will be reinforced allowing for further application of materials

RECOMMENDATIONS

Due to the advanced concepts utilized, the case studies allow for formative student assessment:

o Intended for initial prelicensure pharmacology course
o Nurse faculty will guide discussion using reflective techniques
o Discussion will synthesize past nursing knowledge and expand to include the logistics of patient care in the various settings, ethical considerations, and medication education

RESOURCES

References available upon request:
Katherine.Adams@mcphs.edu
LCross@salemstate.edu

The Impact of the ELNEC Online Curriculum on Undergraduate Nursing Students' Confidence in Providing Palliative Care

Aimee Burch, DNP, APRN-CNS, CMSRN, SCRN; Joely T. Goodman, PhD, RN; Whitney Van De Graaff, MSN, RN, CPN;
Jo Anne Genua, PhD, MN, BScN, RN, CCHNC; Amanda J. Kirkpatrick, PhD, RN, FAAN, FNAP

Creighton UNIVERSITY
College of Nursing

PROBLEM:

- Palliative & end-of-life care (PEOLC) are essential to nursing education[1,4,5,6].
- Nursing programs integrate PEOLC; consistency & quality vary.
- American Association of Colleges of Nursing (AACN) endorsed EOL Nursing Education Consortium (ELNEC)'s online curriculum[2].
  - Meets need for consistent, high-quality PELOC education.

BACKGROUND & SIGNIFICANCE:

- Nurses are instrumental to provision of holistic, culturally sensitive care[2].
- Nurses play pivotal role supporting patients/families through decision-making preceding death[4].
- Work to create competencies started over 25 years ago.
  - 1997: AACN created "Peaceful death: Recommended competencies and curricular guidelines for end-of-life nursing"[2]
  - 2014: Institute of Medicine noted improving quality & availability could enhance quality of life and care system sustainability[6]
  - 2015 Revised AACN CARES document- incorporate PC into competencies; expand PEOLC nursing education[2]
  - 2016 ELNEC undergraduate program created[2]
    - 2019 added new graduate nurses[2]
  - 2018 graduate program (G-CARES)[2]

PURPOSE AND INTERVENTION:

This study examines nursing students' confidence with palliative and EOL care after completing the ELNEC curriculum.

METHODS:

- ELNEC curriculum integrated in senior-level practicum courses throughout traditional and accelerated (ABSN) undergraduate nursing programs at a midwestern Jesuit university.
- Upon completion of all six modules, students completed Primary Palliative Nursing Care-Competency Assessment Tool (PPNC-CAT)
  - retrospective pre-/post-confidence giving EOL care before and after program
  - 9 domains; 33 competency statements
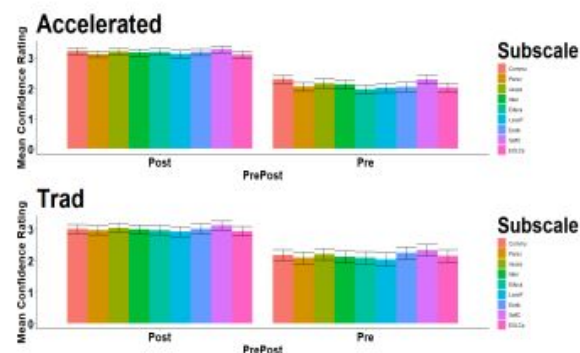 - Likert scale from "Not Confident" to "Very Confident"

Figure 1

Figure 2

		Both programs	ABSN	TRAD
Age				
	21-25	76.03%	62.4%	100%
	26-40	22.95%	36%	N/A
	Over 40	1.02%	1.6%	N/A
	Mean Age (years)	24.7	26.4	21.8
Campus				
	Grand Island	0.7%	0.7%	NA
	Omaha	50.7%	14.4%	36.3%
	Phoenix	48.6%	48.6%	NA
Gender				
	Female	83.6%	83.2%	87.7%
	Male	15.1%	16.7%	11.3%
	Other/prefer not to say	1.4%	2.1%	0.9%
Ethnicity				
	White	67.5%	56.5%	86.8%
	Asian/Native Hawaiian/Pacific Islander	14%	17.2%	8.5%
	Black	5.1%	8.1%	N/A
	Hispanic	4.8%	7.5%	0.9%
	Other/prefer not to say	8.6%	10.8%	3.8%
Religion				
	Catholic	34.2%	25.8%	49.1%
	Christian	21.6%	23.7%	18.9%
	Spiritual/Other/None	44.2%	50.5%	32.1%
Experience				
	Any experience with death/EOL	86%	85.5%	84%
	No experience with death/EOL	14%	14.5%	16%

RESULTS:

- Comparative analysis revealed significant positive changes in confidence for students in both programs ($p < 0.0000$)
  - roughly equivalent to changing from "Somewhat Confident" to "Confident"
- Students in both programs rated themselves similarly across most subscales with significant gains post-ELNEC curriculum ($p<0.0000$).
- Post-course confidence ratings, ABSN students rated themselves significantly higher than traditional students on all subscales (Figure 1).
- Demographic data seen in Figure 2.
  - Majority of students in all programs
    - 25 years of age or younger (76.03%)
    - Female (83.6%)
    - White (67.5%)
- Lowest domain mean score pre-course was Education (2.15); post-course was Care Nearing End of Life (3.14)
- Highest domain mean score pre-course was Communication (2.4); post-course was Self-care & Reflection (3.27)
- Largest domain percent change was Education subscale (48.1%; 2.15-3.19); smallest percent change was Communication (33.9%; 2.40-3.21).

References and PPNC-CAT

IMPLICATIONS

- ELNEC curriculum positively impacts nursing students' self-perceived skill/confidence in PEOLC
- Further reinforcement through interactive & experiential learning supports student knowledge
- Opportunities to stress patient education earlier in the nursing programs and focus on patient care when they are near the end of life
  - Education: signs and symptoms of imminent death
  - Care nearing end of life: adjusting care to rapidly changing needs during the imminent death period
- Educators and clinicians might consider how ELNEC's programming can be leveraged to promote palliative care competency among nursing professionals.

AI-Driven Personas
Enhancing Serious Illness Communication Skills Training for DNP Students

Kelli Duarte, MSN-ED, RN, CNE, Hannah Farfour DNP, AGPCNP-C, Ashley Thompson, BSN, RN, Matthew Keating, MS-Ed.
Arizona State University, Phoenix, AZ

**ASU Edson College of Nursing and Health Innovation**
Arizona State University

Abstract

Opportunities to practice therapeutic communication with diverse clients are limited for pre-licensure and DNP nursing students, yet such experience is essential to their development. Our AI-powered ChatBots solves this by creating realistic client personas for immersive training scenarios. Developed collaboratively and tested extensively, the platform builds clinical competence and cultural awareness through scalable, interactive experiences.

Purpose

To develop an AI-driven simulation tools that incorporates evidence-based competencies for enhancing therapeutic communication training. This approach complements high-fidelity simulations while offering **unlimited attempts**, **immediate feedback, consistent experiences, and remote access.**

Background

- The project evolved from acceptance in the ASU AI Innovation Challenge through initial development using OpenAI's custom GPTs, transition to ASU's in-house MyAI Builder platform, and culminated in classroom testing at ASU.
- Tessa, the Difficult Conversations ChatBot, was created after testing capabilities of the GPTs for the prelicensure program.
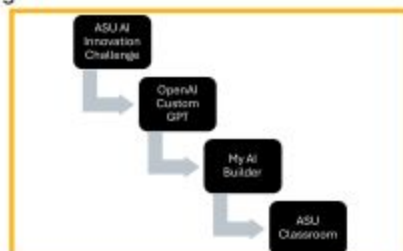

Methods

An interdisciplinary team of nursing faculty, instructional designers, and emerging technology specialists developed the AI tool through three key phases.
- **Needs Assessment:** Identified current communication skills training gaps.
- **Development:** Created diverse client personas through multiple design cycles using RACCCA Framework.
- **Testing & Refinement:** Extensive iterative testing from internal pilots to stakeholder validation.

Results

The project successfully produced multiple specialized GPTs with distinct personas representing diverse client backgrounds and health conditions tailored to different healthcare programs.
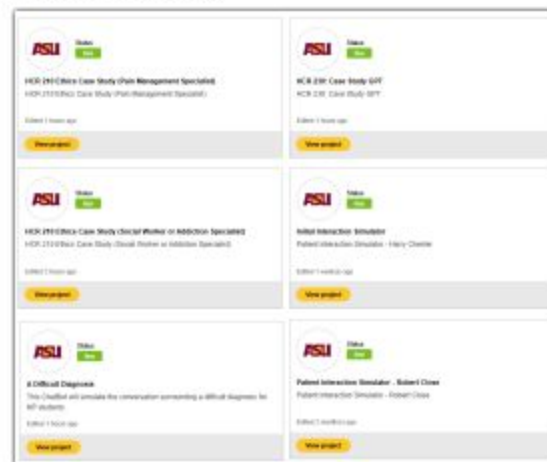
Recommendations

- **Integrate AI strategically** within nursing curricula as pre-simulation orientation exercises and post-simulation reinforcement activities.
- **Target underserved practice areas** including therapeutic communication, culturally diverse client encounters, and population-specific skill development.
- **Leverage immediate feedback** to assess therapeutic communication, cultural sensitivity, key competencies, and clinical reasoning - critical for enhancing the learning process and student development.

Next Steps

- **Enhance AI simulation capabilities** through increased scenario complexity and integration with other learning technologies.
- **Scale across programs** including pre-licensure students practicing initial client interactions, DNP students delivering challenging news, and Healthcare Innovation programs focusing on interprofessional communication.
- **Enhance broader healthcare education** with a scalable AI tool that evolves with advancing capabilities while addressing diverse learning needs across all education levels.

Acknowledgements

For More Information

A Branching Narrative as an Evidence-Based Learning Strategy for Graduate Students Enrolled in an Introductory Palliative and End of Life Care Course

THE OHIO STATE UNIVERSITY
COLLEGE OF NURSING

Christine A. Fortney PhD, RN, FPCN, FAAN, Danielle Orozco, PhD, & Jay Hsiao, MLT

Introduction

- A branching narrative is an interactive learning tool that presents learners with realistic scenarios that require decisions at key points.
- Each choice leads to new developments while helping students understand the potential outcomes of decisions.
- This approach is particularly effective for teaching complex skills such as clinical reasoning, situational awareness, and soft skills like communication and conflict resolution.

Rationale

- A branching scenario from a previous course for RN-BSN students required updating for interdisciplinary graduate students and clinicians to provide more complex decisions and opportunities for higher-level thinking.

Design/Methodology

- Over 6 weeks, the faculty instructor worked with two instructional designers to expand an initial adult scenario and develop a pediatric scenario.
- The activity was planned utilizing paths that would expose students to an array of decisions that a patient might encounter and potential choices that a patient might make.

Design/Methodology, con't

- A template was used to create the paths on paper, which were then transferred and built in Twine.
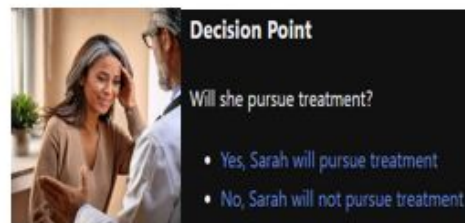- Scenario images were AI-generated with the help of Adobe Express.

Application

- Students receive instructions on how to access and complete the activity.
- They are advised that the scenarios are intentionally complex and may be emotionally challenging.
- The cases use real-world situations, letting students practice supporting patient decisions that reflect patients' own goals, even if they differ from the student's choices.
- Each case includes relevant background information and clearly defined decision points with available options.
- Students progress through the scenario, making decisions as prompted and observing the outcomes of their choices.
- Students are encouraged to complete the activity more than once to explore different patient decisions and outcomes.

Example Case Scenario

"Sarah is a 45-year-old married mother of two young children (ages 7 and 9). She works part time as a teacher and has a strong support system. She has no prior history of cancer but has family history of breast cancer (maternal grandmother). She initially noticed a persistent breast lump but attributed it to hormonal changes. Over the past six months, she has experienced worsening bone pain (lower back and pelvis), fatigue, and unintentional weight loss. Diagnostic imaging revealed metastatic lesions in the lumbar spine, liver, and left lung. Core needle biopsy of the breast lump confirmed invasive ductal carcinoma ER+/PR+/HER2-(hormone receptor-positive, HER2-negative). Sarah's prognosis is guarded, but with modern therapies, she may achieve stable disease for 2–5+ years. Survival depends on response to treatment should she chose to pursue."

Decision Point

Will she pursue treatment?

- Yes, Sarah will pursue treatment
- No, Sarah will not pursue treatment

The case covers topics like treatment options, advance care planning, supportive resources, adjusted lines of therapy, transition to hospice care, and grief, loss, and bereavement resources.

Conclusion

- After completing the branching narrative activity, students will respond to post-case reflection questions to 1) process their thinking and feelings while completing the activity and 2) consider decisions and care choices for adult and pediatric patients and their families.
- Example questions:
  *What strategies or interventions can healthcare providers employ to facilitate shared decision-making for patients facing complex choices, especially when emotional distress or uncertainty is high?
  *How might early integration of palliative care principles, such as symptom management and psychosocial support, have altered outcomes for the patient and family in the scenario?
  *How might your own biases influence your critique of decisions made by patients and families?

Future Plans

- The activity will be utilized and evaluated in the course in Autumn 2025.
- Development of more scenarios is planned.

Improving Undergraduate Nursing Students' Self-Efficacy with Difficult Conversations: An Evidence-Based Quality Improvement Project

Jodi Fry, DNP, RN, CHPN, Lauri D. John, PhD, RN, CNS, and
Rebecca Clark, DNP, RN, CNE, MEDSURG-BC

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
School *of* Nursing

Significance

- 14% use palliative care worldwide[1]
- Little to no end-of-life or palliative care education[2,3,4]
- Nursing education focuses on restoration[5,6,7]
- 36% of students did not receive communication training[8]
- 76% experienced emotional stress[8]
- Potential for unfavorable patient outcomes[9]

Background

- Minimal preparation for caring for EOL[10,11,12]
- Self-efficacy relates to behaviors and decisions and is personal[13,14]
- Lack of clinical experience influences attitudes [15,16]
- Lack of debriefing, cultural, and ethical challenges[17,12,18]

Systematic Search

Database
- CINAHL (n=100), PubMed (n=11), Google Scholar (n=773), ESBSCO Discover (n=68)
- N=952

Screening
- Records screened (n=343), Records not sought (n=250)
- Records assessed for eligibility (n=93), Records excluded based on EBP design and not meeting the needs (n=40)
- Studies in review (n=40), Records not specific for intervention (n=25)

Records in BOE
- Total of studies included (n=15)

Intervention Selection

Intervention
- Simulation-based learning (SBL) with standardized patients (SPs)[19,20]

Pertinent outcomes
- Increased confidence in communication[21,22]
- Improved self-efficacy using SBL with SPs[4,19,23,24,16]

PICOT question: Will undergraduate nursing students (P) who participate in communication simulations that engage students in difficult conversations (I) compared to not having communication simulations that engage students in difficult conversations (C) have improved self-efficacy in difficult conversations (O) during the Spring semester of 2024 and Spring semester of 2025 (T).

Project Methods/Plans

- Johns Hopkins Evidence-Based Practice Model[25]
- Plan-Do-Study-Act (PDSA) Change Model[26]

Pilot
- SBL communication simulation with SPs
- Pre-brief and pre-New General Self-Efficacy Scale (NGSE) survey
- Students in groups of 5-6
- Three scenarios: hospice (new scenario for the pilot), stroke with expressive aphasia, and homelessness with anxiety
- 20 minutes per scenario
- Debriefing and post-NGSE survey
- Simulation was required due to clinical time
- Pre and post-NGSE voluntary
- Quality Institutional Review Board (QIRB) approved the EBP project
- Goal: increase self-efficacy by 10%

Simulation Center (2024).

New General Self-Efficacy Scale (2021)

Results

	Pre-sim NGSE	Post-sim NGSE	Percent change
Pilot	*n=58*	*n=51*	
Range of Scores	21-40	25-40	-
Median	34	40	17.64%
Mean (Standard deviation)	34.05 (3.78)	36.52 (4.30)	↑7.2%
Spring 25	*n=180*	*n=143*	
Range of Scores	8-40	24-40	-
Median	33	36	9.09%
Mean (Standard deviation)	33.41 (4.40)	35.76 (4.19)	↑7.03%

Note: n=number of participants, Sim= simulation, NGSE=New General Self-Efficacy Scale

Discussion

- Self-efficacy and therapeutic communication
- Performance of two more cycles (summer and fall cohorts)
- Adding an SBAR portion
- Increase participation in post-NGSE

Limitations:
- Groups finishing before 20 minutes
- First communication simulation
- Does not represent all nursing education programs

REFERENCES
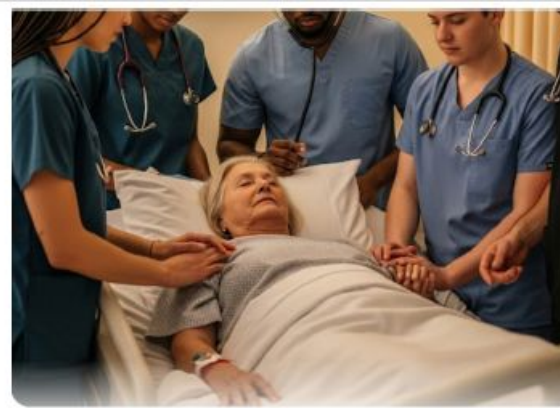
Scan the QR Code for references

BACKGROUND & SIGNIFICANCE

- Nursing students will learn nationally recognized competencies for Palliative Care (PC), which will establish and guide their primary palliative care nursing practice.
- Nursing students will gain the knowledge to feel empowered to use PC communication and skills in their everyday nursing practice.
- By opening lines of communication between nurses, patients, families, and interdisciplinary team members, more patients with serious illness will experience palliative care, providing them with the potential for improved quality of life.
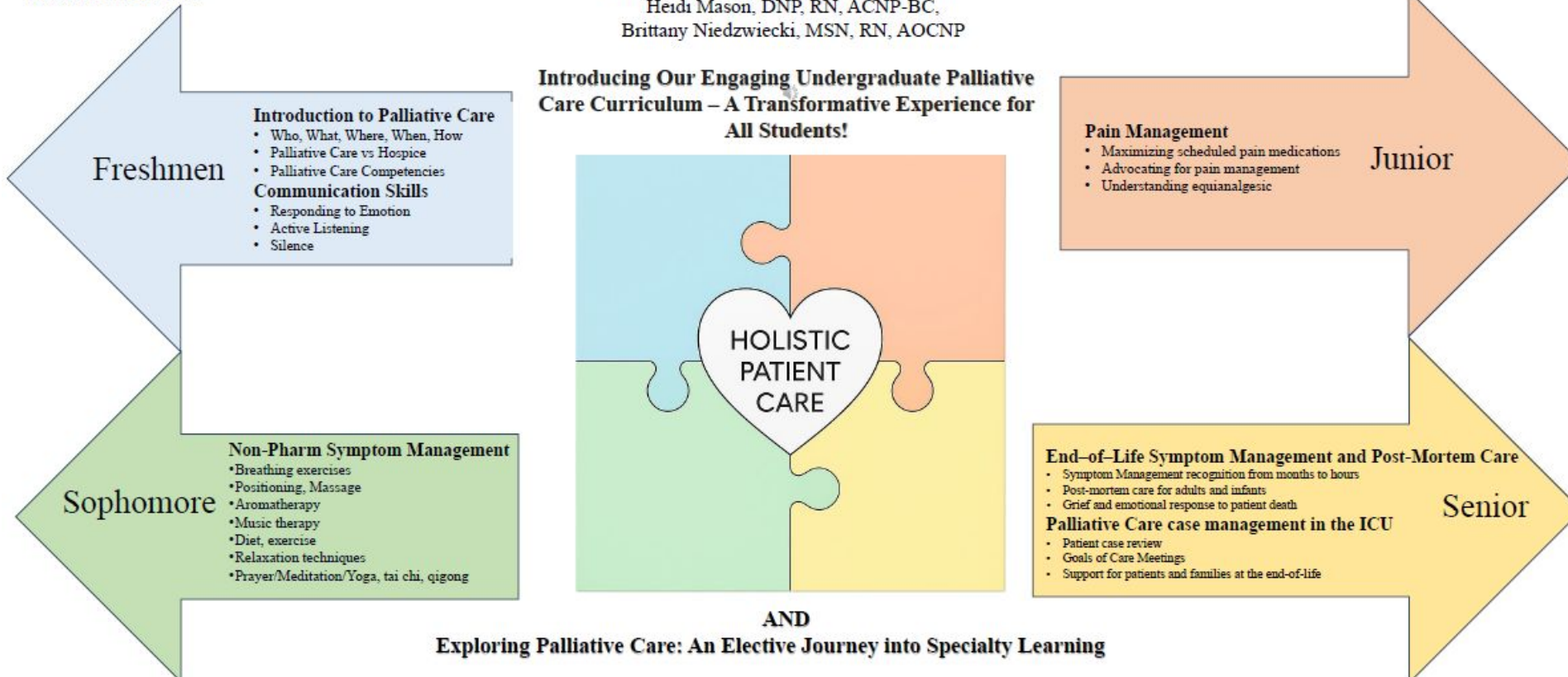
PURPOSE

This project aims to create a structured and comprehensive PC curriculum within an undergraduate BSN program. The goal is to integrate primary PC concepts throughout all levels of student learning, which are based on national standards and competencies. All students with knowledge of PC are empowered to integrate the PC philosophy into their nursing practice. For students committed to more in-depth learning or specialization in palliative care, we offer the Exploring Palliative Care elective.

CURRENT PC EDUCATION

- Continued delivery of Introductory PC and Communication concepts in the Freshman year.
- Continued delivery and revision of existing PC content in the Senior complex care course.
- Implementation of newly developed end-of-life symptom management and post-mortem care simulation in the Senior year.

FUTURE INITIATIVES

- Development of non-pharmacological symptom management in the sophomore year.
- Development of Pain Management content in the junior year.

The Heart of Healing: Empowering Student Nurses Through Palliative Care Education

Karen Harden, DNP, RN, AOCNS, NC-BC,
Heidi Mason, DNP, RN, ACNP-BC,
Brittany Niedzwiecki, MSN, RN, AOCNP

Introducing Our Engaging Undergraduate Palliative Care Curriculum – A Transformative Experience for All Students!

Freshmen

Introduction to Palliative Care
- Who, What, Where, When, How
- Palliative Care vs Hospice
- Palliative Care Competencies

Communication Skills
- Responding to Emotion
- Active Listening
- Silence

Sophomore

Non-Pharm Symptom Management
- Breathing exercises
- Positioning, Massage
- Aromatherapy
- Music therapy
- Diet, exercise
- Relaxation techniques
- Prayer/Meditation/Yoga, tai chi, qigong

Junior

Pain Management
- Maximizing scheduled pain medications
- Advocating for pain management
- Understanding equianalgesic

Senior

End–of–Life Symptom Management and Post-Mortem Care
- Symptom Management recognition from months to hours
- Post-mortem care for adults and infants
- Grief and emotional response to patient death

Palliative Care case management in the ICU
- Patient case review
- Goals of Care Meetings
- Support for patients and families at the end-of-life

HOLISTIC PATIENT CARE

AND
Exploring Palliative Care: An Elective Journey into Specialty Learning

Enhancing End-of-Life Care Through Experiential Learning:
A Model of Undergraduate Nursing Engagement
NURS312 – Palliative and End of Life Care
St. John Fisher University

With End of Life Nursing Education Consortium (ELNEC) as the backbone of the course, students learn vital end-of-life care principles

ELNEC
END-OF-LIFE NURSING EDUCATION CONSORTIUM
SINCE 2000
Advancing Palliative Care

The ELNEC Project Team 2020 (2020). *ELNEC-Undergraduate Curriculum* [online course]. End-of-Life Nursing Education Consortium.

Together with our local Comfort Care Homes, we teach students how to care for the dying with hands-on experience.

Student Testimonials

- "I really enjoyed my time at the hospice care home and found it beneficial in so many ways. I was able to interact with nurses from so many fields of work, and gain a new sense of importance towards the care we provide for the elderly and dying. Palliative Care opened my eyes up in so many ways and I feel extremely prepared for the moments that I might have to comfort a patient and their loved ones as they navigate the dying process. I also hope to explore palliative and/or hospice care in the future as some form once I am a practicing nurse."

- "Palliative care is the most impactful class I have taken in the last 3 years at Fisher. I wish I could take it every semester. I feel that this course is what will make Fishers future nurses exceptional."
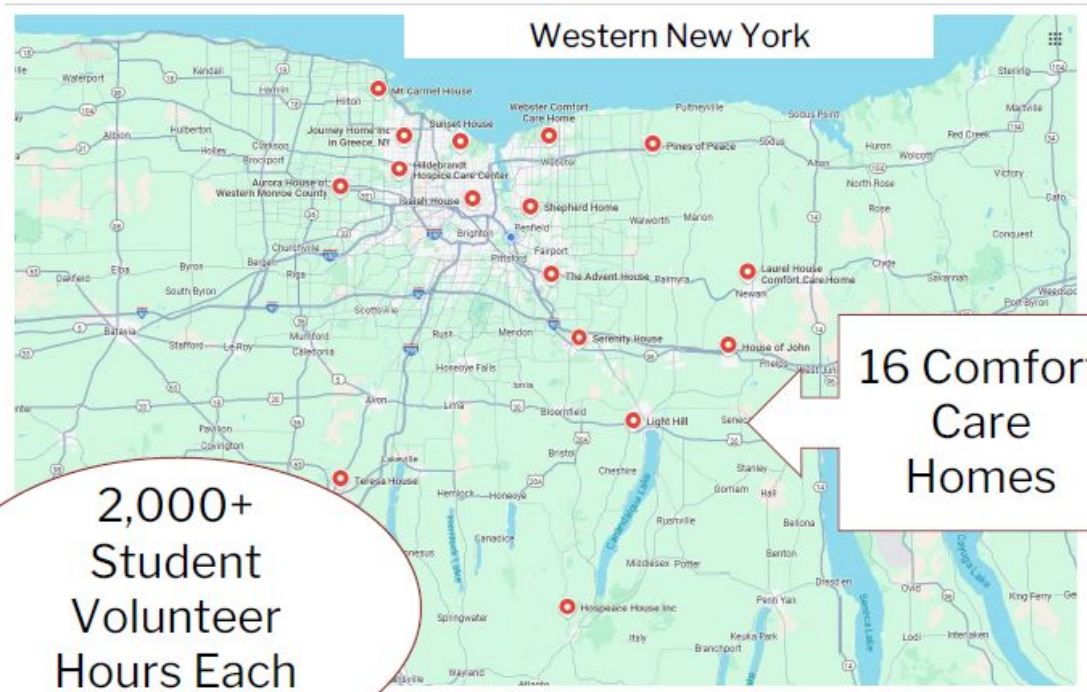
Positive Feedback from Community Partners

- "This is a wonderful program! Your students receive valuable perspectives in hospice settings. All of your students were an absolute pleasure to have in our home."
- "It is a pleasure having the students with us to experience a different aspect of nursing. We enjoy helping to educate them about holistic end-of-life care. Thank you for sharing them with us!"

THE ESSENTIALS

AACN Emphasis on Hospice Care
Our accrediting body has recently highlighted and encouraged increased exposure for nursing students in hospice care.
"This model provides valuable learning experience outside of the hospital setting to contribute to their hands-on learning and meet national credentialing objectives" (Lipstein et al., 2016; AACN, 2019).

Western New York

16 Comfort Care Homes

2,000+ Student Volunteer Hours Each Year

Wellness, Disease Prevention
Chronic Disease Care
4 Spheres of Care
Regenerative / Restorative Care
Hospice / Palliative Care

Figure 2: Four Spheres of Care

ST. JOHN FISHER UNIVERSITY

Family Communication and Perceptions of the End-of-Life Experience of Older Adults with Chronic Disease

Melanie A. Horning, Ph.D., RN, CNE, Mark S. Walker, Ph.D., RN, CCRN, Leigh Goldstein, Ph.D., RN, Elizabeth Crusse, DNP, MS, MA, RN, CNE, & Hyunjeong Park, Ph.D., MPH, MSN, RN, CNE

Towson University, Towson, Maryland

Uncertainty within the chronic disease trajectory can contribute to delayed end-of-life conversation and decision-making within families, resulting in missed opportunity to articulate wishes, increased decisional uncertainty, and delayed hospice care. Consistent with the Family Communication Patterns Theory (RCPT), family communication patterns may affect the quality and timing of end-of-life discussion, hospice utilization, and the experience of a "good death."

Objectives

To assess 1). Using the FCPT model, how is family communication (high to low conversation and conformity) associated with the end-of-life experience of older adults who died in hospice, accounting for demographic characteristics and other covariates?

2). How do family communication patterns (consensual, pluralistic, protective, laissez-faire) affect the end-of-life experience?

3). How does the timing of hospice enrollment (in days) influence the relationship between family communication and the end-of-life experience of older adults who died in hospice?

Methods

- Cross-Sectional Design

- (N = 200) Family members familiar with the end-of-life experiences of adults >/= 50 years old, who had a chronic illness, were enrolled in palliative care or hospice care, and died within the last two years

- Online surveys including a modified Revised Family Communication Pattern Instrument (RFCP), Family Perceptions of End-of-Life Care (FPCS), Quality of End-of-Life Care (QEOLC-10), and Quality of Death and Dying (QODD).

- Additional survey questions assess patient and family knowledge and attitudes towards hospice, the number and timing of end-of-life discussions, advance care planning, and timing of hospice enrollment.
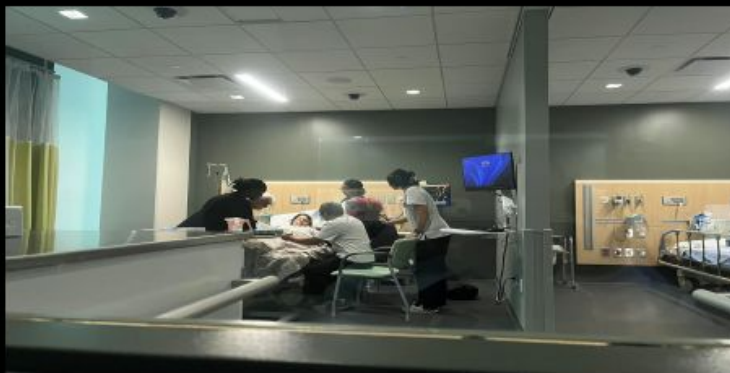
Results

- The current, expanded version is ongoing with participant recruitment occurring during the spring/summer of 2025.

- In 2021, pilot study results (N=56) demonstrated that most (42%) families were pluralistic, with communication styles that were high in conversation and low in conformity orientation; (39.29%) were protective with low conversation and high conformity orientation.

- There were more end-of-life conversations among pluralistic families than protective families. Furthermore, there was an association between families' perception that hospice timing was too late and decreased quality of the end-of-life experience.

Conclusion

- 2021 pilot study results suggest that there may be relationships:

- Between family communication pattern type and inclination toward end-of-life discussion

- Between families' perception that hospice timing was too late and decreased quality of the end-of-life experience.

- The current, expanded version will recruit a larger, more heterogenous sample while including the additional variables of patient and family knowledge and attitudes towards hospice.

The Power of Story: Integrating Narrative Insight into Palliative Care Research and Innovation

Purpose

This proposed interactive 1/2-day workshop applies principles of narrative medicine to engage healthcare providers, students, and faculty in developing meaningful, patient-centered quality improvement projects and research within palliative care.
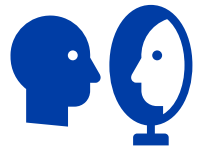
Why Narrative Medicine?

Narrative medicine is grounded in attentive listening and honoring patient stories, and enhances compassionate, humanistic care (Lam et al., 2022). A recent systematic review found narrative-medicine interventions are viable, well accepted, and improved empathy while reducing emotional exhaustion(Paul et al., 2024).

Key Takeaways

1. Map narrative insights to research/QI initiatives
2. Enhance empathy, systems change, humanistic practice
3. Empower healthcare leaders to merge story and science

Workshop Targets

1. Understand core narrative medicine principles
2. Practice reflective writing & storytelling Translate narrative into quality improvement endeavors
3. Integrate the human experience with evidence-based practice

Next Steps

- Encourage participants to pitch mini-project ideas to stakeholders
- Match palliative care leaders with participants

Workshop Fundamentals

- **Reflective Writing –** provides a method to reflect on difficult cases including potential ethical burdens, highlighting potential actionable insight.
- **Case Storytelling** – brings real-world scenarios to the surface bringing better understanding of human perspectives (Levett-Jones et al., 2024). This allows for a way to guide the team to potential interventions based on lived experiences.
- **Facilitated Discussions** – can help uncover systems level issues, where participants identify recurring issues. These discussions help spark ideas for quality improvement by translating experience into action.

Alison L. R. Kuhn DNP, APRN, FNP-BC

References on Next Page

SAINT LOUIS UNIVERSITY — EST. 1818 —

The Practical Application of Life Review: Integrating Culturally Competent Care to Address Family Stress and Needs in Palliative and Hospice Settings

Carole Kulik DNP, RN, ACNP, HCIC

SAN FRANCISCO STATE UNIVERSITY

Introduction

In palliative and hospice care, supporting patients and families through the end-of-life journey requires more than symptom management—it demands deeply human, compassionate, and culturally respectful engagement. As individuals approach the final stages of life, many seek to find meaning, reconcile relationships, and leave a legacy for their loved ones. One evidence-based, therapeutic approach that facilitates this process is life review, a structured and reflective process that helps individuals recall and share significant moments, challenges, and accomplishments from their past.

•Life review promotes dignity, enhances emotional processing, and often provides a sense of peace and completion for patients nearing the end of life. When this intervention is delivered through a lens of cultural competence, acknowledging and honoring patients' spiritual beliefs, language preferences, family roles, and cultural traditions, it becomes even more powerful in improving the overall quality of care.

•However, despite its proven benefits, life review is underutilized in hospice and palliative settings, often due to time constraints, lack of training, or discomfort with deeper psychosocial discussions. Yet these are the very moments where connection matters most. Integrating life review into routine hospice care not only enriches patient-provider relationships but also offers support for families navigating anticipatory grief, complex decisions, and caregiver fatigue.

Purpose

To explore how integrating life review with culturally competent care can reduce psychosocial distress, support family caregivers, and enhance the overall quality of palliative and hospice care by equipping nurses and interdisciplinary teams with culturally sensitive tools for meaningful end-of-life support.

Research Question

How can life review and culturally competent practices be practically applied to reduce family stress and enhance end-of-life care outcomes?

Methods

•**Guided Life Review Conversations**
•Use structured prompts to help patients reflect on early memories, major life transitions, meaningful relationships, accomplishments, regrets, and hopes for their family.
•Ask open-ended, culturally respectful questions that allow for stories, traditions, and faith to be shared.
•Incorporate visual aids (photos, music, heirlooms) to spark reflection and deepen engagement.

•**2. Culturally Tailored Communication**
•Assess language needs, literacy levels, and preferred communication styles.
•Respect cultural norms regarding storytelling, emotional expression, and family involvement in care.
•Include culturally specific symbols, rituals, or spiritual practices that align with the patient's worldview.

•**3. Therapeutic Reminiscence Activities**
•Use creative modalities such as storytelling, writing, music, art, or digital storytelling to support legacy creation.
•Create memory books or digital recordings for families as keepsakes.
•Facilitate joint reminiscence sessions with family members to foster shared connection and closure.

•**4. Interdisciplinary Team Integration**
•Collaborate with chaplains, social workers, volunteers, and art/music therapists to offer holistic, team-based support.
•Train staff on how to initiate and sustain life review conversations within clinical timeframes.
•Use team huddles to share meaningful insights from life review that can guide person-centered care planning.

•**5. Support for Families and Caregivers**
•Offer family sessions where loved ones are invited to listen, ask questions, and share their own reflections.
•Identify anticipatory grief, unresolved conflicts, or caregiver burden early on, and refer to appropriate services.
•Encourage family participation in rituals, life celebration planning, and memory-keeping as part of the grieving process.

•**6. Documentation and Evaluation**
•Incorporate life review themes into interdisciplinary progress notes and family care conferences.
•Use patient and family feedback tools to assess the emotional and relational impact of life review.
•Collect outcome data on satisfaction, caregiver strain, and communication quality when possible.

Conceptual Framework

•Erikson's Life Review Theory
•Campinha-Bacote's Cultural Competence Model
•Jean Watson's Caring Science

Watson Caring Science Institute

Results

•Life Review promotes emotional processing, legacy building, and closure

•Culturally sensitive life reviews improve trust, engagement, and patient – family - provider communication

•Enhanced satisfaction and psychological outcomes were reported in both studies and practice settings

Conclusion

•Integrating life review with culturally competent care is a powerful, human-centered approach that transforms the quality of end-of-life experiences in palliative and hospice settings. By inviting patients to reflect on their life stories, values, and relationships, life review promotes emotional healing, a sense of dignity, and the opportunity for legacy-building. When this process is guided with cultural sensitivity, recognizing and honoring each individual's beliefs, traditions, and identity. It creates a deeply personal and respectful care experience that validates the patient's life journey.

•For families, this integration fosters open communication, helps navigate anticipatory grief, and provides meaningful opportunities for closure and connection. It also eases caregiver burden by addressing emotional and relational stressors that often go unspoken.

•Equipping nurses and interdisciplinary teams with the tools to implement life review in a culturally competent manner enhances both patient and family outcomes. It shifts care from a purely clinical model to one that is profoundly relational, compassionate, and individualized. As palliative and hospice care continue to evolve, the incorporation of these practices will be essential in delivering holistic, equitable, and emotionally supportive care that honors the whole person.

•Ultimately, this approach not only improves the quality of care, but reaffirms the humanity of everyone involved in the end-of-life journey.

Implications

•Nurses should incorporate life review into routine hospice and palliative care assessments
•Cultural humility must be integrated into communication and care planning
•Interdisciplinary teams should be trained in guided life review facilitation
•Policies and curricula should promote the use of these holistic, patient-centered practices

References

End of Life Symposium – Supporting student nurse education through multi-modal utilization
Mary LaMagna, MSN RN CPN Assistant Professor of Nursing, Linfield University SON

Purpose

Aim- ensure student nurses understand, apply, and evaluate the holistic aspects of palliative versus hospice care in diverse populations

Background

End of Life (EOL) Symposium was developed in 2014 by then faculty members, Jan Selliken and Dr. Julie Fitzwater; focus on Geriatric palliative versus hospice care.

In 2022, the EOL symposium was reconfigured and updated by faculty Professor Mary LaMagna to include patient and families across the life span

Modalities

1. Demonstration of resilience/self care.
2. Observe ethical Dilemma and participate in authentic learning activity
3. Reflection activities in person and via zoom using ELNEC materials

Conceptual Framework

Using the AACN Core Principles to support multimodal distribution of the End of life Care Education required in Nursing programs.

1) Data assessment and evaluation through pre/post surveys
2) Active learner engagement via clear expectations and mentor guidance
3) Assessment of method match, is the student able to apply new knowledge
4) Direct Observation through application in the clinical site and simulation
5) Formative Feedback through group reflection, self reflection, and debrief with adjuncts/faculty
6) Collective summative assessment through completion of ELNEC assignments
7) Assess decision-making process through interactive speakers/authentic learning experiences
8) Data management through completion of assignments/ELNEC modules
9) Equity assurance/bias mitigation through utilization of mid-term and final CEI

Goal

1) Support nursing students knowledge in understanding advance directives/POLST/POA through Ethical Dilemma authentic learning scenario
2) Describe Geriatric Palliative Care Strategies versus Hospice Care through Specialty Speaker Presentations and application principles utilized in independent case study participation
3) Describe Pediatric/Neonatal Differences in Palliative/Hospice Care through specialty speaker, application of knowledge used during debrief and ELNEC module completion.
4) Death with Dignity Law – evaluating the effects on a family through the client's family lens
5) Evaluating and supporting patient spiritualism through debrief, case study evaluation, and reflection by nursing students.

Acknowledgements

Simulation Based Serious Illness Communication Training for AGACNP Students

Laura Alison Lyon, DNP, AGNP-C, AGACNP-BC, ACHPN

Assistant Professor, School of Nursing

Introduction

- Adults are living longer with chronic and complex illnesses
- Proficiency in SIC training, including delivering difficult news, leading family meetings, and facilitating goals-of-care discussions, is essential for patient-centered care
- The ability of Adult Geriatric Acute Care Nurse Practitioner (AGACNP) students to engage in serious illness communication (SIC) is a critical skill
- An informal needs assessment was conducted using data from exit surveys of graduated AGACNP students highlighting a lack of formal preparation in SIC training

Methods

- Partnered with the School of Medicine faculty to implement simulation-based SIC training using a nationally recognized, evidence-based curriculum – TalkOregon powered by VitalTalk
- A total of four quarterly 4-hour workshops focused on key communication skills such as:
  - Expressing empathy
  - Discussing prognosis
  - Eliciting patient values
  - Navigating uncertainty
- Students practiced the skills through realistic clinical scenarios with standardized patient actors and received feedback in a supportive environment

Intervention

- Simulation-based training provided students with the opportunity to engage in direct practice with standardized patient actors
- Interactive sessions allowed students to refine their communications strategies in scenarios like delivering difficult news and conducting goals-of-care conversations
- Facilitators paused scenarios and asked actors to step out of the room while the students talked about what was going well in an interaction and what could be improved upon
- Facilitators provided students with opportunities to "rewind" and change their language or approach to see how it could change an interaction

Results

- 8 students attended all four workshops. Their experience ranged from less than one year as an RN to over ten years of RN experience
- Anonymous pre and post workshop surveys were administered
- The first survey was prior to the first workshop and prior to their clinical training while the second survey was completed 3 quarters later as they were in clinical
- The surveys contained the same pre and post questions with a Likert scale. The post survey also included some open-ended questions
- While the change in Likert rating was minimal, there was overwhelmingly positive feedback from the students
- Some mentioned that they overestimated their previous skills and expressed appreciation with the opportunity to practice the skills in a realistic setting

Conclusions

- Simulation based SIC training effectively enhanced AGACNP students' perceptions of their communication skills and supports integration into AGACNP curricula
- This model could be expanded to other advanced practice nursing programs such as Family Nurse Practitioner, Certified Nurse Midwives, Pediatric Nurse Practitioners
- Next steps include applying for grant funding to cover the cost of training SoN faculty and standardized patients

POWERED BY
VITAL talk

AN INTERPROFESSIONAL SIMULATION ACTIVITY FOR NURSING STUDENTS: ENHANCING TEAM-BASED COMMUNICATION AND DECISION-MAKING IN PEDIATRIC ORGAN DONATION

Melissa McClean[1], Margaret McElligott[1], Kara Petrosky[1], & Karen Kennedy[2]
[1]University of Maryland School of Nursing, [2]Infinite Legacy

UNIVERSITY of MARYLAND SCHOOL OF NURSING

Infinite Legacy

INTRODUCTION

- Clinicians report difficulty navigating challenging patient care scenarios
- Pediatric organ donation is a challenging patient care scenario that is often not addressed in educational training programs
- Simulation activities allow students and clinicians to practice team communication and decision-making in safe learning environments to increase self-efficacy

PURPOSE & AIM

PURPOSE: Build upon student's primary palliative care knowledge and communication skills with a simulation activity in the final semester practicum course of the BSN & MSN program

AIM: Develop skills in interprofessional collaboration and family-centered decision-making in an end-of-life patient care scenario

METHODS

- Partnered with federally certified, non-profit Organ Procurement Organization (OPO)
- Aligned objectives with AANC and IPEC competencies
- Ensured simulation best practices as identified by INACSL
- Assigned student participants with distinct roles for the simulation with facilitated debriefs after each part
- Evaluated student competence using the Behavior Assessment Tool (BAT) to identify gaps and guide debrief

SIMULATION PART #1

- Patient's Family meets with Patient in ICU following a tragic motor vehicle accident.
- Student Nurse provides updates to Family, seeks Patient's values, performs assessment, advocates for Patient's and Family's needs, offers comfort, and explores possibility for organ donation

SIMULATION PART #2

- Interprofessional meeting with Advanced Practice Provider, Student Nurses, Family Services Coordinator (FSC), and Patient's Family is convened.
- Participants develop plan of care using family-centered approach.

RESULTS

1. Students participate in Q/A session to discuss organ donation process with FSC
2. Students participate in anonymous survey on 5-point Likert scale to provide feedback. Cumulative scores and statements are below
3. Students reported increased confidence in communication, clinical decision making, and interprofessional collaboration

	Fall 2024	Spring 2025
BSN	4.86	4.91
MSN	4.85	4.86

★ "...immensely valuable and one of the best parts of the program."
★ "Amazing experience. It taught me about emotional talk."
★ "Very dense but very good to be put in that situation...before having to do it for real."

DISCUSSION & NEXT STEPS

Focus on competency-based education
Students' perceptions of self-efficacy and skill level in end-of-life care and interprofessional collaboration is evaluated and real-time feedback is provided

Emphasis on community + academic partnerships
UMSON and Infinite Legacy have identified a mutually beneficial partnership training students and practicing clinicians in organ donation care

Innovation in palliative care clinical training
UMSON research team exploring the long-term impact of primary palliative care education and interprofessional training in the transition to practice for new nurse graduates

SCAN QR CODE FOR REFERENCES

ACKNOWLEDGEMENTS

Bringing Life to Palliative and End-of-Life Care Across the Curriculum: An Ongoing Journey

Kristen Overbaugh PhD, RN, ACNS-BC; Deb Byrne PhD, RN, CNE; Stephanie Blumenfeld MSN, RN, CHSE; Kathy Czekanski, PhD, RN, CNE; Pat DiGiacomo EdD, MSN, RNC-OB; Rita Ann Laske PhD, RN, CNE, Maureen Szulewski, MSN, RN, CNE; Mary Wilby PhD, RN, MSN, MPH, CRNP, ANP-BC

LASALLE UNIVERSITY
SCHOOL OF NURSING AND HEALTH SCIENCES

Introduction

- Advancing nursing students competency in palliative and end-of-life (EOL) care is a critical imperative in nursing education.

- Nurses are at the forefront of clinical care and need to be prepared to provide compassionate, holistic care to patients and families impacted by serious, life-limiting illnesses in today's multi-faceted and complex healthcare environment.

- Although national guidelines provide a framework for integrating palliative and EOL care into undergraduate nursing education, curricular gaps remain, limiting full competency development in these areas.

Purpose

- This initiative aimed to address existing gaps in the undergraduate nursing curriculum by facilitating the incorporation of palliative and EOL care learning activities across nursing courses and levels.

Who We Are…

- La Salle University, School of Nursing and Health Sciences, Department of Nursing, located in Philadelphia, PA.

- A pre-licensure Baccalaureate Nursing Program committed to fostering clinically competent, caring nursing professionals and leaders to advance the health and well-being of diverse communities.

Methods

- In the summer of 2019, curriculum mapping of palliative, EOL, and hospice content was conducted to identify overlap and gaps.

- Content analysis was performed to synthesize findings and inform next steps.

Results

Initial Steps

- Implementation of the ELNEC undergraduate modules in sophomore and junior year.

- Development of interactive learning activities to more effectively foster and build competencies across courses and levels.

- Activities continue to be refined in response to course evaluations and program revisions.

NUR 203: Introduction to Professional Nursing: Caring

- Part I: Presentation of two video clips from the film, *Wit*; each with discussion questions for students to reflect on caring behaviors, therapeutic communication, advocacy, and professional boundaries.

- Part II: Students read an article on compassion fatigue which highlights examples of negative and positive responses and then participate in small group discussion.

- Part III: Students watch the TEDx talk, *The Power of Empathy* by Helen Riess and share key take aways and new insights.

- Part IV: Students independently complete an enhancing self-compassion exercise. Students then share differences in how they treated a friend vs. themselves and how they can be a better friend to themselves.

NUR 203: Advance Directives

- Part I: Students complete a quiz on advance directives (AD), focused on ethical and legal issues and the nurse's role in the process.

- Part II: Students watch a short clip of a Terri Schiavo documentary and engage in conversation using discussion questions.

- Part III: Students reflect upon questions related to their own EOL wishes/planning and share during faculty guided debriefing.

- Part IV: Students evaluate state AD forms and discuss the nurse's role in assisting and supporting patients and families.

- Part V: Students watch two videos from the Conversation Project and share insights.

NUR 205: Foundations of Nursing: Care of the Dying

- Part I: An interactive classroom presentation including ELNEC recommended activities.

- Part II: Students view the films *Extremis* and *End Game,* followed by guided discussion.

- Part III: EOL simulation focused on caring for of a dying patient and their partner.

- Part IV: Students complete their own AD.

NUR 425: Acute Care of the Adult: EOL Decision-Making

- Students revisit competencies addressed in earlier courses by examining, the PBS documentary, *Facing Death,* prior to beginning an acute care clinical rotation.

Outcomes and Next Steps

- Increased comfort in EOL communication and emotional readiness to support patients and families living with serious illnesses.

- Heightened awareness of the value of self-care to reduce compassion fatigue

- Greater recognition of the importance of ACP, the impact of personal and cultural factors, and the nurse's role in this process.

- Future work entails systematic evaluation of outcomes and better integration of CARES (2nd ed.) competencies in other courses.

Empowering Student Nurses for Palliative/Hospice Care:
A Simulation-Based Approach

Carrie Park, MSN, RN, CNE, CHSE; Lynda Byer, MS, RN; Ami Woo, DNP, FNP-BC
Pacific Lutheran University

Background

- Key organizations, including the AACN (2022), ANA (2024), HPNA (2017), Institute of Medicine (2015), and NLN (2011), have endorsed policy statements advocating for enhanced end-of-life and palliative care education to improve nursing competence.

- While didactic content is essential, experiential learning should also be incorporated into end-of-life education to bridge the gap between theory and practice (Kirkpatrick et al., 2017).

- Due to the limited availability of end-of-life care experiences in clinical settings, nursing students miss opportunities to gain essential knowledge and skills in palliative care.

- Nursing students often experience hesitation and discomfort when providing care for patients at the end of life (Fristedt et al., 2021).

- End-of-life simulation is recognized as an effective educational approach for improving palliative care nursing skills and evaluating students' ability to perform palliative care interventions. (Kirkpatrick et al., 2017; Kunkel et al., 2016; Shaw & Abbott, 2017)

Purpose and Outcomes

The palliative/hospice nursing care simulation aims to help students practice and build confidence in managing end-of-life care, preparing them to offer compassionate support to patients and families.

Expected student outcomes:
1. Communication & Advocacy
   1) Use empathetic, therapeutic communication to discuss goals of care, prognosis, and treatment options, ensuring alignment with patient values.
   2) Support patients and families through end-of-life conversations and advocate for patient-centered goals.
2. Interdisciplinary Collaboration
   1) Collaborate with patients, families, and the healthcare team to develop compassionate, shared care goals in palliative and hospice settings.
3. Clinical Decision-Making
   1) Apply the nursing process to assess and manage common physical and emotional symptoms in palliative/hospice care.
   2) Implement appropriate comfort measures to preserve patient comfort and dignity.
4. Knowledge of Palliative and Hospice Care
   1) Differentiate between palliative and hospice care.
   2) Describe the purpose and legal implications of advance directives, including DPOA and living wills.

Design and Implementation

Design
- Simulation scenario: A patient with stage 4 lung cancer who is failing chemotherapy and experiencing nausea and pain, with a supportive daughter who serves as the patient's DPOA and caregiver.

Phase	Setting	Areas of Focus
Phase 1	Inpatient	• Discussing palliative care vs. hospice care • Discussing advance directives • Managing dyspnea and nausea
Phase 2	Inpatient	• Acting as a patient advocate • Explaining palliative care to a family member • Managing pain
Phase 3	Home care	• Supporting the family/therapeutic communication • Addressing issues with a non-DPOA family member • Implementing patient comfort measures
Phase 4	Home care	• Recognizing and managing end-of-life symptoms • Implementing patient comfort measures • Supporting the family/therapeutic communication

Implementation
- Target students: Semester 1 students
- Pre-simulation work ("ticket to sim" activity):
  1) Review materials on palliative vs. hospice care, DPOA, advance directives, end-of-life physical symptoms, the ANA position statement on nurses' roles and responsibilities in providing care and support at the end of life.
  2) Write a one-page reflection after watching videos from "MUSC Interprofessional Palliative Care Simulation."
  3) Complete the medication worksheet
- Interprofessional simulation with a spiritual care provider /Chaplain: Collaboration with a professor at the Department of Religion at PLU who also works as a hospital chaplain.
- Students participated in each scene in pairs, while other students observed the simulation from the debriefing room and provided feedback.

Results

- Students shared that the simulation was a valuable opportunity to practice therapeutic communication and be a patient advocate.

- They recognized that nursing involves not only supporting recovery but also helping patients die with dignity and comfort, in accordance with their wishes.

- During pre-briefing and debriefing, students contributed personal and professional experiences with end-of-life care, enriching the discussion for all participants.

- Students found the MUSC Interprofessional Palliative Care Simulation helpful, as it offered a rare opportunity to see how different disciplines collaborate as a team in palliative care.

- Student feedback from this simulation has been overwhelmingly positive. Students said this simulation reduced their anxiety about death and dying, and gave them a clearer picture of how nurses can lead with compassion during one of life's most vulnerable moments.

- The presence of a Spiritual Care Provider reinforce the holistic nature of quality end-of-life care.

Recommendations

- Increase the use of standardized patients (SP) to promote more authentic human interaction in simulation scenarios.

- Consider greater collaboration with the Department of Religion and the Department of Social Work for more robust interprofessional simulation.

- Incorporate cultural and racial considerations into palliative/hospice nursing simulations for an increasingly diverse patient population.

Contact

Carrie Park, MSN, RN, CNE, CHSE
Pacific Lutheran University
12180 Park Ave. S, Tacoma, WA 98447
253-370-5455
parkca@plu.edu

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Multidimensional Approach to Assessing Pain in Hospice Patients

Congraleatha V. Payne, DNP, MSN-Ed.,RN
Lesa Gurley, PhD, RN, CNE, COAT, CPHQ. Professor and Graduate Associate Dean
Andrea Collins, DNP, FNP-C, CNE, COI
Capstone College of Nursing - University of Alabama

Purpose

Develop an evidence-based multidimensional pain assessment approach for hospice patients, including plans for implementation and evaluation.

Background

- Inadequate pain assessment for hospice patients (TJC, 2018.)
- Lack of standardized pain assessment
- Unidimensional assessment approach
  - NPRS/VAS assesses intensity only

Theoretical Framework

- Inadequate pain assessment for hospice patients (TJC, 2018.)
- Lack of standardized pain assessment
- Unidimensional assessment approach
  - NPRS/VAS assesses intensity only

Methods

- Planned EBP project
- Developed:
  - Multidimensional Hospice Pain Assessment and Scoring (HPAS) Tool
  - Pain journal for patient/caregiver
  - Staff training program
  - Pre/post staff development surveys

Hospice Pain assessment and Scoring (HPAS) tool

Implementation and Evaluation Plan

Implictaions

- Holistic & caring approach to pain assessment incorporating the multidimensional pain experience
- Potential impact on quality of life at end-of-life

ENHANCING CONFIDENCE IN ADVANCE CARE PLANNING

University of Wisconsin Eau Claire | College of Nursing

Health Care Decisions Day Educational Intervention

Mel Skoff, DNP, APNP, FNP-BC, AGACNP-BC, CCRN; Miriam Sward, DNP, APNP, PMHNP-BC, ANP-BC; Emma Pothen, RN, BSN; Aaron Shue; Brandon Voelker | College of Nursing

BACKGROUND

During Health Care Decisions Day, we held an Advance Care Planning (ACP) facilitation event. The event topics and instructional strategies reflected a literature review that highlighted the benefits of these events in increasing nursing students' confidence in leading end-of-life discussions.

Keynote presentation on ACP

**Informational handouts on how to conduct ACP discussions**

Simulated end-of-life conversation

To evaluate the effectiveness of the event, we used a pre- and post-survey to measure differences in knowledge and confidence between the two timepoints using the Mann-Whitney U test ($p < .05$).

RESULTS

Significant improvements were found between the seven pre- and post-survey questions
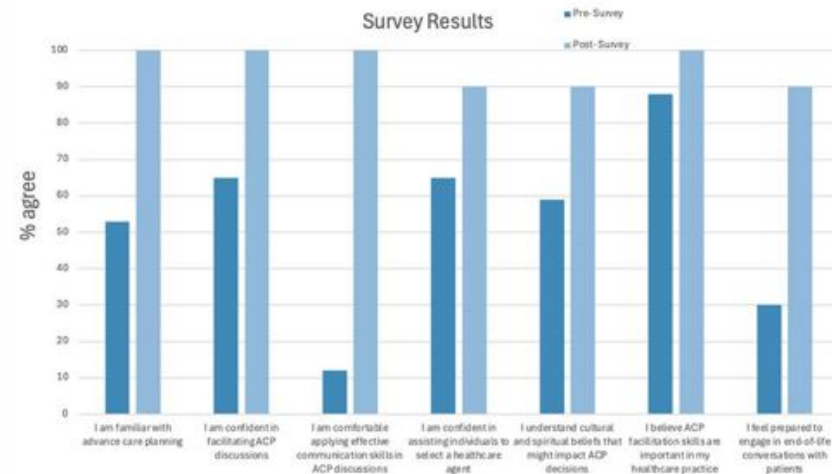
CONCLUSIONS

This event highlighted the effectiveness of this educational method. Future researchers could replicate this event to support learning among health care students about ACP. ACP continues to be an underutilized resource for community members in clarifying goals of care. Enhancing healthcare students' familiarity, confidence, and communication skills can lead to improved patient and family experiences surrounding end-of-life conversations.

Incorporating Virtual Reality into a Palliative and End-of-Life Care Course for Pre-Licensure Nursing Students

THE OHIO STATE UNIVERSITY
COLLEGE OF NURSING

Kelly Sullivan DNP, Megan Hawk-Knerr MS, Emily Klanac MSN, Kaitlyn Kolcun DNP & Stephanie Justice DNP

Background

- Nursing education is challenged to develop future nurses including education related to palliative and end-of-life care [1,2]
- Virtual Reality (VR) exposes nursing students to scenarios often not encountered during undergraduate clinical experiences [3,4]

Purpose

- VR technology advancements enabled faculty to develop course specific VR exercise
- VR exercise integrated learning objectives from asynchronous evidence-based nursing care for patients in palliative and end of life care course

Methods

- VR based simulation developed by course faculty
- Students to assess and provide care for end-of-life client with pain and nausea
- VR simulation focus on therapeutic nursing communication for both the client and their family
- Student reflections completed as part of VR simulation assignment
- Faculty analyzed student reflections for common themes and feedback regarding the activity

https://go.osu.edu/endoflifevr

Case Details:

Mrs. Anna Rodriguez, is 68-year-old female with stage 4 metastatic breast cancer. She recently transitioned to comfort care with a request for hospice. Additionally, she changed her code status to DNR-CC following her decision to stop chemo due to severe side effects and limited benefits.

Findings

- Student reflections demonstrated value of the experience in reinforcing end of life patient care and practicing therapeutic nursing communication.
- Caring: Multi modal approach highlighted by non-pharmacological interventions
- Communication: Empathy with a focus on family dynamics

Discussion & Implications For Practice

- Exposure to caring for clients at the end of life is essential to incorporate into nursing education
- VR is a useful tool to immerse students in experiences they might not have the opportunity to experience in the clinical setting

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Focusing on the Facilitator to Improve Palliative and Hospice Care Competence Through Simulation

Janelle Tipton, DNP, APRN-CNS, AOCN & Amy Nagle, PhD, RN, CNE, CHSE

Purdue University

BACKGROUND

- An unfolding palliative care, hospice, and end-of-life (EOL) simulation was added to the undergraduate public health nursing course in 2022
- Only half of the public health faculty had training in facilitating simulation using best practices
- Inconsistent facilitation impacted the simulation's effectiveness, as evidenced by low Debriefing Assessment for Simulation in Healthcare (DASH) scores
- These low DASH scores and inconsistent simulation facilitation highlight a need for targeted faculty development to improve simulation quality and student outcomes

METHODS

- The school's Director of Simulation and certified facilitators will provide an educational workshop to the public health faculty
- The goals of this workshop are:
  - ➤ Equip the faculty with the evidence-based guidelines for simulation practice
  - ➤ Promote consistent delivery of methods for simulation
  - ➤ Improve the hospice/EOL simulation learning experience for the nursing students
- The education will include:
  - ➤ Standardized pre-briefing scripts
  - ➤ In-depth debriefing guides
  - ➤ Detailed scenario outlines with pre-determined cues to guide students through the three scenarios

DISCUSSION

- Hospice and palliative care as one of the spheres of care is a priority of AACN Essentials (2021)
- Providing high-quality EOL simulations promotes students understanding of this content
- Additional quality improvement efforts include:
  - ➤ Review of current sim scenarios
  - ➤ End of Life Nursing Education Consortium (ELNEC) faculty resources

EVALUATION

- Following the workshop, we will compare the following between Fall 2024 and Spring 2025:
  - ➤ DASH Scores
  - ➤ Simulation Effectiveness Tool-Modified (Set-M) scores
  - ➤ Student pre/post-test evaluations
  - ➤ Public health exam scores

REFERENCES

- Available upon request