Feature Article

Teaching Where Life Ends

Peer-Assisted Learning in Hospice as a Model for End-of-Life Nursing Education

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Nursing educational programs are expanding clinical learning opportunities to encompass the hospice/palliative/supportive sphere of care, as outlined in the American Association of Colleges of Nursing Essentials to prepare practice-ready nursing graduates. This article outlines one school's journey to integrate end-of-life clinical experiences across the curriculum, starting with beginning nursing students using a peer-assisted learning model at an inpatient hospice facility. Pairing senior and beginning nursing students using the peer-assisted learning model together in the hospice setting requires specific and differentiated objectives and goals for each set of students. Students appreciated feeling welcomed in this specialty setting, engaging in hands-on care, and deepening their understanding and comfort with end-of-life care. Faculty valued an environment that offered a unique way for students to develop tangible and power skills and required less faculty oversight. Using this educational structure, hospice nurses are in a unique position to model best practices and engage nursing students in a setting that excels in providing holistic, patient-centered care. Lessons learned and implications for practice are provided, including reflective journal assignments mapped to competency-based education subcompetencies.

KEY WORDS
academics, clinical education, end-of-life care, hospice, nursing education, peer-assisted learning, practicum, undergraduate nursing education

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Nurses in clinical practice engage with patients who are dying regardless of the clinical setting in which they practice, and therefore end of life care is a necessary proficiency for all nurses. Addressing the need to create practice-ready nursing graduates who have developed comfort and competency related to care for patients who are dying is foundational. Providing well-rounded undergraduate clinical experiences that offer sustained engagement and supported learning within the American Association of Colleges of Nursing (AACN) Essentials hospice/palliative/supportive sphere of care requires nursing educators to expand into new care settings and employ creative clinical modes.[1] Few prelicensure programs in the United States have hospice clinical experiences in their curriculum,[2] and students' exposure to death is often limited to their own personal or family experiences. Providing a structured hospice clinical rotation for undergraduate nursing students can help better develop practice-ready nurses for the workforce and may ameliorate the nursing shortage, specifically in hospice and home hospice care settings.[3]

Knowing that provision of care for patients throughout the dying process is an expectation in the nursing profession,[4] we wanted to offer students supportive experiences that increased their proficiency and confidence and that were mapped to the AACN Essentials in this sphere of care. Challenges to this effort included increased numbers of nursing students, competition for clinical sites, and limited faculty availability. This article describes one undergraduate nursing program's experience developing and implementing a clinical rotation in the hospice/palliative/supportive care sphere of care. This project was reviewed and met criteria for exempt status by the university's institutional review board.

GOALS

Project goals were to (1) increase student clinical opportunities in the hospice/palliative/supportive sphere of care by developing clinical experiences scaffolded across the curriculum, (2) provide theory-based curricular content before clinical experiences in hospice/palliative/supportive care, (3) assist students understanding of the nuances between palliative and hospice care and recognize opportunities of advocacy for hospice and palliative care as appropriate for patients outside the hospice

setting, and (4) provide a supportive learning environment for students within current faculty constraints.

BACKGROUND

The Essentials (2021) released by AACN challenged nurse educators to rethink nursing education not only from a competency-based educational framework but also with intentional curricular engagement within 4 spheres of care: wellness, disease prevention, chronic disease management, regenerative/restorative care, and hospice/palliative care.[1] While mapping our curriculum to the Essentials, we recognized that there was a gap in our clinical practicum curriculum related to the hospice/palliative/supportive sphere of care. Although our curriculum plan provided a few exposure opportunities in the realm of end-of-life care, it was minimal at best.

To address some of the identified gaps in the hospice/palliative/supportive sphere of care, we began by forging relationships with local community partners in the non–acute care setting. We secured a clinical rotation with a free-standing 27-bed inpatient hospice facility and a multicounty hospice home care program with the intention of scaffolding a clinical rotation that spanned 3 of 4 semesters in our program to allow for repeated exposure and the opportunity to build competencies. To support student learning and address challenges related to increased enrollment, limited facility capacity, and faculty resources, the peer-assisted learning (PAL) model was utilized.

PAL is part of the larger umbrella terminology within peer learning whereby a collaborative placement model is used, where varying levels of students are coassigned in one learning environment together with distinct roles.[5] Literature indicates that for students, the PAL model is helpful in reducing stress and anxiety related to the clinical experience.[6] The benefits of PAL, which can happen in formal or informal spaces, encourage camaraderie and increase confidence while reducing stress and anxiety.[6] The PAL model in this hospice setting included pairing senior final semester students in the clinical setting alongside first-semester beginning nursing students.

Integrating the PAL model necessitated designing a supportive structure for students due to the limited availability of direct faculty oversight. Students were provided with specific objectives to direct the learners in the PAL model. Two educational terms were used to catalog competency-based activities during this clinical experience: power and tangible skills. Power skills is a newer term, to replace soft skills; it emerged in the business world and found its way into educational spaces. Power skills are a combination of personal attributes that facilitate synergy between people and allow individuals to be able to socially and emotionally interact with others.[7] Tangible skills are referred to throughout this manuscript and are used to describe observable actions that can be evaluated or measured and are traditionally demonstrated by nursing students. These could be demonstrated by performing a physical assessment, administering medications, and providing personal care and hygiene, or even clinical reasoning.

CURRICULAR INTEGRATION PLAN

Moving this project from an idea to reality took thought and planning with ongoing modifications as we engaged in this educational endeavor. Placing beginning nursing students in a clinical environment that may be viewed as uncomfortable for many students was not done without careful consideration; theory-based education was integrated before clinical, and the PAL model provided peer support. To guide the preparation of, engagement in, and reflection of the hospice rotations, clear directions for both levels of student learners for both clinical and assignments were developed. The faculty were intentional in incorporating mapped AACN Essentials into each assignment across the 4-semester program. The logistics of coordinating a clinical schedule that involved upwards of 100 students required skill and had its own challenges for which we developed an integrated clinical experience.

Preparing Students With Theory Before Clinical

To optimize this clinical rotation for students, we recognized the need to provide preclinical content that was relevant and accessible. In accordance with Adult Learning Theory, it is ideal to provide a theory-based curriculum before clinical rotations.[8] Students report being motivated by the application of theoretical end-of-life knowledge into care.[9] Although content related to death and dying previously existed as part of didactic first-semester content, it did not sufficiently meet the students' needs, nor was it provided before the clinical experience. The End-of-Life Education Nursing Consortium (ELNEC) Undergraduate/Graduate modules were eventually integrated into preclinical coursework as they offered a focused yet streamlined delivery of content that was high quality and on-demand.[10] Students were assigned to complete Module 1, Introduction to Palliative Care Nursing, and Module 2, Communication in Palliative Care, before attending their first hospice clinical. The remaining ELNEC modules were assigned to be completed over the course of the first and second semesters as related to additional didactic course content. Students were scheduled for this rotation at various points throughout the semester; having modules accessible on-demand was critical for students to employ when needed.

Intentional Integration of PAL to Support Novice Students Engaging in Hospice Care

Faculty had some initial reservations about sending first-semester students into the hospice environment as we presumed it would require an elevated level of maturity, self-awareness, and emotional intelligence. Additionally, it is common for novice students to express fear about hospice rotations due to

lack of experience or exposure to death and dying.[11] However, having early experiences with the death and dying process in a setting like a free-standing hospice can be helpful to provide context before encountering deaths in the acute care setting.[12] Developing awareness of the increased emotional demand students confront in that environment, where students may have less comfort, we strategized that using the PAL model would be one way to provide an extra layer of emotional support for students.

Collaborative Placement Strategy for Clinical

A collaborative placement strategy building on the PAL model required the creation of an integrated schedule incorporating specific rotation objectives for both first- and fourth-semester students at the same clinical site (Figure). As part of their advanced medical-surgical clinical rotation, one senior nursing student was scheduled for a 6-hour shift at the hospice site. During that time, 2 separate groups of first-semester nursing students enrolled in their foundational practicum course each participated in a 3-hour rotation under the guidance of the senior student. Both levels of students had clearly defined, developmentally appropriate objectives, focusing on hands-on nursing skills and the intentional practice of essential power skills such as communication, empathy, and teamwork.

First-Semester Nursing Students

The beginning nursing students were directed to focus on engaging in personal care activities and recognizing the care nuances unique to this specialty care setting. To achieve this goal, nursing students were paired with a facility-certified nursing assistant. This offered them an entree into the intimate care setting and provided some needed support for engaging in personal care with hospice patients. Precepting with a certified nursing assistant who can role model and facilitate patient engagement is ideal as first-semester students are practicing newly acquired personal care skills such as toileting, bathing, and bed changes. While engaging in personal care skills, the beginning students were simultaneously practicing a variety of power skills such as communication, professionalism, developing empathy, care, and compassion by observing end-of-life patient and family education and witnessing the grief process.

Senior Nursing Students

The overarching objective for the senior nursing students was to practice leadership skills through mentorship of the first-semester students. The leadership component of the experience included establishing contact with the students before the rotation, directing a prebriefing session on site, being available during the day as needed, and leading the debriefing session at the end of the shift. In addition to their PAL activity, senior

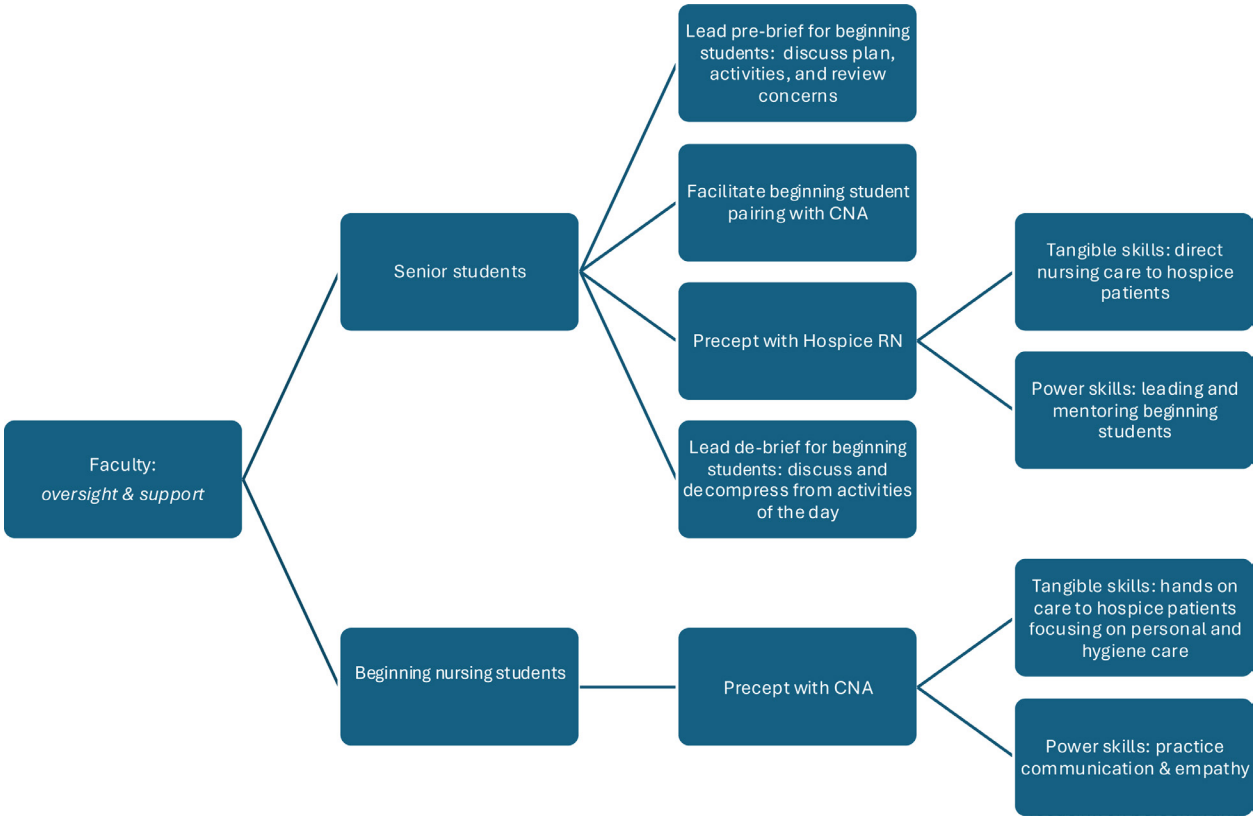

FIGURE. PAL hospice clinical model. CNA, certified nursing assistant; PAL, peer-assisted learning; RN, registered nurse.

TABLE Assignments Mapped to AACN Essentials

First Semester Journal Prompts	Fourth Semester Journal Prompts
Empathy, compassion, and relationship-centered care Reflect on a recent patient interaction from your hospice rotation where you demonstrated empathy and compassionate care. Describe how you established mutual respect with the individual and their family? In what ways did relationship-centered care shape the interaction? Explore what you saw the staff demonstrating as well. What challenges did you face in maintaining these qualities, and how might you improve in the future? 2.1a Demonstrate qualities of empathy. Subcompetencies 2.1b Demonstrate compassionate care. 2.1c Establish mutual respect with the individual and family. 2.2 Demonstrate relationship-centered care. 9.2c Demonstrate empathy to the individual's life experience.	Mentorship assignment preparation 1. How did you prepare for this mentorship learning activity? 2. In preparing for this experience, what image of a nurse leader did you wish to display? Subcompetencies 10.2a Engage in guided and spontaneous reflection of one's practice. 10.3c Demonstrate leadership behaviors in professional situations. 10.3a Compare and contrast leadership principles and theories.
Intentional presence and shared meaning Describe a situation where you practiced intentional presence with a patient or their family. How did this presence help create a shared understanding of their experience? What did you learn about their values, and how did you demonstrate sensitivity to these values? How did this impact the patient's experience of care? Subcompetencies 9.2a Employ the use of intentional presence to facilitate shared meaning of the experience between nurse and recipient of care. 9.5c Demonstrate sensitivity to the values of others.	Bias and adaptability 1. What biases and expectations of the students did you have going into this experience? Did those hold true after this experience? 2. How did you demonstrate adaptability in this role where you may not have had all the information or knowledge you needed, yet were required to lead? Subcompetencies 10.2d Expand personal knowledge to inform clinical judgment. 10.2f Participate in ongoing activities that embrace principles of diversity, equity, inclusion, and antidiscrimination. 10.3e Use appropriate resources when dealing with ambiguity. 10.3g Demonstrate self-awareness of one's own implicit biases and their relationship to one's culture and environment.
Reflection on actions and consequences Think about a clinical decision or action you took or observed in this rotation. What were the consequences of that action for the patient, their family, or your team? In hindsight, would you have done anything differently? How does guided or spontaneous reflection help you grow as a nurse? Subcompetencies 9.1b Reflect on one's actions and their consequences. 10.2a Engage in guided and spontaneous reflection of one's practice.	Personal comportment 1. What impression did you wish to make on the students you worked with? How do you think you were perceived? What information did you base this conclusion on? 2. Was the peer evaluation tool you created helpful in providing insight or feedback into an area of needed growth? 3. How has your leadership style changed over time in the nursing program? Is your leadership style different depending on who you are leading (peers as team leaders, students in this role, patients, etc.)? Subcompetencies 10.2c Commit to personal and professional development. 10.2e Identify role models and mentors to support professional growth. 10.3b Formulate a personal leadership style. 10.3d Demonstrate self-efficacy consistent with one's professional development. 10.3f Modify one's own leadership behaviors based on guided self-reflection. 10.3h Communicate a consistent image of the nurse as a leader.

(*Continued*)

TABLE Continued

First Semester Journal Prompts	Fourth Semester Journal Prompts
Expanding knowledge to enhance practice Identify a recent experience where you encountered a gap in your knowledge. How did this realization influence your practice? What steps have you taken (or will you take) to expand your knowledge to improve future patient care? How does continuous learning support compassionate, relationship-centered nursing for this patient type that you might encounter outside of this care setting? Subcompetency 10.2d Expand personal knowledge to inform clinical Judgment.	Success/impact 1. Do you think the students benefited from you being there? If not, please provide alternative ideas of how to make this experience beneficial. 2. Based on the evaluation tool that you created—what was your lowest scoring area and how would you change your leadership approach moving forward? 3. What perspective has this experience provided for when you are being mentored in your Transition to Practice (TTP) or when on orientation as a new graduate nurse? Subcompetencies 10.2c Commit to personal and professional development. 10.3b Formulate a personal leadership style. 10.3d Demonstrate self-efficacy consistent with one's professional development. 10.3f Modify one's own leadership behaviors based on guided self-reflection. 10.3h Communicate a consistent image of the nurse as a leader.

AACN, American Association of Colleges of Nursing.

nursing students engaged in the practice of tangible skills such as providing direct patient care as they precepted with a facility staff registered nurse, administering medications, conducting assessments, providing treatments, and addressing psychosocial care needs.

Written Assignments

First-Semester Reflective Journal Assignment

The first-semester clinical journals were representative of a typical reflective journal assignment but specifically designed to garner reflection by students based on select AACN Essentials. Question prompts specific to this rotation were developed, and mapped to AACN Essentials, to press students to elucidate essential features of this sphere of care, including the care versus cure philosophy, family-centered care, and examples of supportive actions and communications (Table).

Senior Leadership Assignment

Senior-level students had a multistep assignment designed to prepare them to engage in and reflect on leadership and mentorship. Before attending clinical, students were directed to establish contact with the first-semester nursing students, prepare pre and debrief questions, and develop an individualized evaluation form, which they deploy after the rotation. After the clinical concluded, the next part of the assignment focused on reflection. Students engaged in deeper self-reflection through questions that encouraged them to apply content expressing the influence of preassigned leadership didactic content and how this will serve them as a new graduate nurse. They were asked to consider their preconceived notions toward novice students, how they did or did not display adaptability, and evaluate their success and impact, based on the review of feedback received from the first-semester students' evaluations. This assignment helped students develop a growth mindset and recognize actions they can take in similar experiences, whether they are the mentor or the mentee. Further details of the senior leadership assignment associated with this experience can be found on the AACN Essentials Toolbox for teaching resources titled "Demonstration of Leadership Skills in the Senior Nursing Student"[13] as well as reflective journal prompts (located in Table).

LESSONS LEARNED

There were a variety of benefits derived from this clinical arrangement for students, faculty, and hospice nurses and the facilities, some anticipated and others a pleasant surprise. This section will highlight some of those benefits along with challenges and current initiatives underway as we further develop this learning experience.

Benefits for Beginning Nursing Students

Providing an experience with patients in hospice early in the nursing program where patients are at various stages within the end-of-life trajectory helped to normalize the death and dying process. We also noticed that students developed a more positive attitude toward working with patients at the end-of-life in acute care experiences where death may be more intense and traumatic. Having clinical experiences during nursing school with dying patients results in nurses who have improved comfort, confidence, and competency in caring for dying patients.[14] The following quote is from a first-semester student after their hospice experience.

The process of death is uncomfortable to think about because of the uncertainty around it. While at clinical today, one of the patients I was caring for passed away while I was in the room. It was inspiring to see how the nurse I was precepting cared for the patient and ensured the patient's wife was able to sit with the patient as he passed. After checking for a heartbeat, the nurse delivered the news to the wife delicately and with such care the moment was peaceful, even with it being so heartbreaking. This experience has helped remove the fear and uncertainty that surrounds death and accept it as a natural part of life. It also reminds me of how important it is to handle these situations with care and grace as it is a very difficult and life changing moment in the family's life.

Providing an integrative support system that included facility staff role-modeling, peer support, and faculty support with dedicated prebriefing and debriefing sessions along with reflective exercises is supported in the literature to help prevent death anxiety in practicing nurses.[15]

Although didactic information is valuable, the learning occurs in the "doing". Dias et al[3] found that engagement in a dedicated hospice rotation yielded positive student attitudes toward death. First-semester students, although engaged in personal care activities, were able to articulate, through their journal reflections, how their empathy levels deepened. Hardie et al[15] found that communication can be one of the most challenging skills when working with end-of-life care patients, and students were able to safely engage in therapeutic communication during these rotations increasing their comfort and capability. They gained a more nuanced understanding of the difference between a care versus cure philosophy. One student expressed: *"I know that being around patients during this transitional phase can make some people uncomfortable, but it actually makes me happy to know that their last moments are spent in comfort and being taken care of."*

Witnessing therapeutic communication and by practicing simple skills, they were able to recognize the power of the human touch and being present. In essence, these beginning nursing students were able to see the "art of nursing" early in their nursing education, as described in a reflective journal by a first-semester nursing student that demonstrates why empathy is important.

One of the things that I appreciated most about this experience was the family-supported model of care being implemented. As much compassion was offered to families as to patients. Losing a loved one is an incredibly challenging time for families, and I believe it's imperative that we as healthcare professionals acknowledge that and provide them with the necessary education, resources, comfort, and care.

Benefits for Senior Students

The positive aspects of this PAL experience in the hospice palliative environment differed between the 2 cohorts of nursing students. Senior nursing students were afforded a hands-on application opportunity of executing leadership and mentorship concepts learned in the classroom in a structured small-scale real-world setting, while also engaging in their precepted hospice clinical rotation. As mentors, the students realized the wealth of knowledge and skills obtained throughout their nursing program and reported an increased level of confidence and self-efficacy as related to their overall nursing abilities. This full-circle experience allowed a level of familiarity and comfort while executing higher-level clinical skills. Although not every student expressed this same level of illumination, comments such as this from a senior nursing student were prevalent.

I think before starting the program, I saw myself as a passive leader. I often avoided leadership roles because of a lack of confidence. As I have taken on more leadership responsibilities, I've seen significant growth in my abilities. Leading first-semester students felt more manageable because I approached it with confidence, knowing I had the knowledge and skills to guide them. Throughout the day, my confidence grew as I realized how far I've come and how much I could contribute to their learning, which made me realize my progress as a leader. I've learned that leadership isn't solely about expertise. It is also about creating a supportive team environment, which motivates me to keep improving in all leadership settings.

Senior nursing students were returning for a second experience in the inpatient hospice setting after also working with patients in hospice home care in previous semesters. They voiced a level of confidence in their ability to appropriately identify patients suited for hospice and palliative care services, which was a goal at the onset of this endeavor. Students were noted by clinical faculty to be better able to identify patients in their acute care clinical rotations that would be appropriate for hospice/palliative/supportive care settings, and advocate for this referral. Students were also better able to navigate end-of-life conversations with patients and families.

Benefits for Faculty

Faculty found this clinical arrangement successful as a means of providing high-impact clinical experiences while minimizing faculty workload. From a curriculum perspective, it enhanced the student clinical learning experiences in the hospice/palliative/supportive sphere of care through repeated clinical exposure. We shifted from a one-time rotation to recurring experiences, which improved comfort and competence for providing care for dying patients whether in hospice or acute care settings. Students now engage in this sphere of care in 3 out of the 4 semesters of the program.

By utilizing the inpatient hospice setting in first and fourth semesters, combined with a later addition of home health hospice rotations in the second semester, students were able to practice a variety of skill sets. Originally, we had mistakenly thought of the hospice environments focusing primarily on psychosocial skills; however, we found this to be a rich setting

in which to practice fundamental nursing skills. This was echoed in the literature, "to be quite honest hospice and home health is nothing but skills, wound care, wound vac, trach care, suctioning, foley catheters, ostomy care, etc."[3(p82)] The hospice setting also offered opportunities to engage in various skill sets, some of which may be challenging to achieve in other settings. For example, students were able to witness, assess, and provide care for more nuanced clinical presentations of breathing patterns, cachexia, and signs of dying; findings that are often not predictably observable in traditional clinical experiences.

Faculty were pleasantly surprised by the welcoming and safe learning environment for students. Faculty applauded the openness and flexibility of the site to allow the presence of different learners with minimal on-site faculty supervision. Holistic, patient-centered, and family-centered care predominates in the hospice environment, where this milieu is not always seen in other healthcare environments. This makes for an ideal learning setting, one that models good patient care, and is supportive of nursing students. The ultimate outcome of this experience was the ability for students to have a normalized view of hospice care with decreased anxiety with end-of-life care in a safe learning environment.

Benefits for Hospice Nurses and Facilities

Clinical nurses have a unique opportunity to be a part of this meaningful work and provide entree into a specialty setting and offer formative experiences for students. Precepted clinical experiences deepen student nurses' understanding of the nuances of care in hospice. However, it is not a one-sided benefit; nurses and facilities also derive value from student engagement. Students familiar with hospice are better able to recognize and advocate for appropriate referrals for patients and families. Serving as a nurse preceptor often highlights the depth and impact of the work hospice nurses provide. Nurses who precept may also find a reignited passion for their own practice by having a fresh perspective through the eyes of the student. And, by having a continual student presence, both students and facilities have a natural pathway to consider and recruit for future employment opportunities.

Current Initiatives and Goals for the Future

As we are moving into our third year of this project, our primary challenge is the facility census and capacity limitations for student rotations. As our program enrollment has grown, our need for student placements has increased. To continue this model, we will need to expand to additional sites, which adds complexity to the arrangement. Moreover, with an intentional effort to increase application opportunities in the hospice/palliative/supportive sphere of care, we have incorporated an end-of-life simulation into the curriculum in the second semester to further develop foundational skills.

As we continue to refine our curriculum to address additional facets of end-of-life nursing, we need to develop learning activities through which students can process the psychosocial aspects of these experiences. Students are challenged with engaging in difficult conversations, not limited to end-of-life circumstances. Our goal is to develop communication-based activities around breaking bad news to patients and families, as well as techniques for responding to patients in a comforting fashion when they express existential dread.

IMPLICATIONS FOR CLINICAL STUDENT EXPERIENCES AND NURSES IN PRACTICE

1. Seek out hospice/palliative care settings for clinicals: For educational institutions, the use of these settings offers safe and supportive learning experiences that allow nursing students to practice tangible and power skills that are core to nursing practice. For the clinical nurse, partnering with nursing programs to host students helps normalize end-of-life care as a fundamental part of nursing practice.
2. Utilize PAL: The PAL model benefits all involved—senior students gain leadership and teaching experience, while beginning students gain confidence through peer support and immersion. For faculty, this model releases time and resources, of which there is a shortage. Clinical nurse mentorship, even in brief interactions, reinforces a culture of shared learning and professional growth.
3. Help normalize end-of-life experiences: Many students enter hospice settings with fear or uncertainty about death and dying. Faculty benefit from the expertise of the clinical hospice nurse to model calm, compassionate, and competent care, which helps reframe these experiences. Hospice nurses can engage in thoughtful conversations, involve students in care, and share their perspective to help develop future nurses who are more comfortable and capable with end-of-life care in all care settings.

CONCLUSION

The hospice care setting is uniquely positioned to provide a rich learning environment for nursing students. The journey outlined in this article establishes the benefits realized by all involved: nursing students, nursing faculty, and the nursing staff of our clinical hospice partner agencies. Creating a supportive and scaffolded approach to clinical using the PAL model allowed nursing students to actualize the hands-on practice opportunity for nursing skills as well as the development of power skills essential to nursing. Faculty were delighted with the results of this unique educational model. While there are no specific AACN subcompetencies that directly name end-of-life, there are a multitude of subcompetencies that address knowledge, attitudes, and behaviors that are especially evident in this clinical setting.

The potential for nurses working in the hospice setting to showcase expertise in providing a holistic patient-centered care approach is unlimited and untapped. Hospice nurses have a golden opportunity to model best practices and engage

students in care that is tailored to individuals and families while promoting self-determination, cultural humility, and ethical practices. Through these daily interactions with students, practicing nurses play a vital role in preparing students to become practice-ready nurses in any setting.

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