

# A core curriculum for palliative nursing



*Prepared by*

**the International Society of Nurses in Cancer Care**



World Health  
Organization



Approved by the  
World Health Organization and  
International Council of Nurses

**second edition**

A Core Curriculum for Palliative Nursing (second edition)  
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PO Box 297, Macclesfield, Cheshire, SK11 7FZ, United Kingdom

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## Preamble

For some individuals diagnosed with cancer, a cure will not be possible. Treatment and care in this case is directed toward palliation.

Palliative care is a form of comfort-giving care that recognizes cure or long-term control of disease is not possible. The primary aim of palliative care is quality of life. It is provided so that individuals who are dying from their disease can be helped to maintain the best possible level of physical, emotional, spiritual and social life during their remaining time, no matter how much limitation may exist because of their disease.

Palliative care, as a philosophy of care, uses a combination of active and compassionate therapies intended to comfort and support individuals and families facing life-threatening illness. It may be combined with treatments aimed at reducing or curing the illness, or it may be the total focus of care. Palliative care strives to meet physical, social, emotional, psychological and spiritual needs while remaining sensitive to personal, cultural, and religious values, beliefs and practices. Above all, palliative care focuses on living life to the fullest extent possible.

Providing palliative care successfully requires special knowledge and skill from a variety of health care professionals working collaboratively as an interdisciplinary team. Each team member has a role in paying close attention to controlling symptoms and providing psychosocial and spiritual support to both the patient and his or her family members.

Health care professionals involved in the provision of palliative care must receive appropriate education if they are to be effective in helping the person who is dying feel supported and cared for. The education needs to include a range of topic areas and focus on skill development in communication, clinical assessment, ethical decision-making, and teamwork.

All cancer nurses, regardless of the setting in which they practice, need to be knowledgeable about palliative care. The depth of the knowledge they require will vary from setting to setting. For example, the nurse working in a cancer screening clinic may need to know what palliative care is as a philosophy of care while a nurse on a palliative care unit must know a great deal about managing pain and other symptoms, talking about death and dying, and providing emotional support. Whereas the former nurse may learn about palliative care through several lectures, the latter nurse requires a more in-depth, structured

program or course of study.

This curriculum document was developed to give guidance to cancer nurses worldwide in planning and delivering educational programs about palliative for cancer patients. It was written by nurse experts in the specialty and provides a standard regarding education for cancer nurses. The document outlines the range of topics that comprises palliative care for cancer patients. Each topic area is described in sufficient detail so that educators will know what content is essential to teach learners.

It is anticipated this curriculum document will be used in various ways, either in part or in its entirety. The content for each topic is presented but the educator is expected to tailor the actual presentation to the needs of the learners. Educators might select a particular content area or topic from the curriculum and use any of the following presentation formats to help the learners:

- a lecture
- a workshop
- a course (short or long)
- a discussion group
- a presentation (paper or poster)
- a series of courses (program)

The degree of detail offered in each session will vary depending on the format and whether the educator has the objective of increasing awareness, enlarging knowledge, or enhancing skills in a particular topic.

In addition to continuing education or professional development purposes, the curriculum document could be used to guide the planning for undergraduate or graduate coursework. The depth of the discussion regarding specific topics with the learners will need to be adjusted or adapted to the expectations of the learners and their practice roles.

In closing, the authors of the curriculum document would be very interested in learning how nurses around the world have make use of this material and what any evaluations reveal. Please take a moment to let the ISNCC Secretariat know the following:

- what topic(s) did you use from the curriculum?
- what educational format(s) did you use?
- who were your participants or learners?

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- what feedback did the participants offer regarding their learning at the end of the session?  
what practice changes occurred as a result of the participants attending the educational session?
- what long-term practice changes resulted?

## **Introduction**

### **The context of palliative nursing education**

In recent years, palliative care has emerged as a specialty, having evolved from the modern hospice movement. Palliative care holds a distinct body of knowledge that embraces many disciplines. The World Health Organization (WHO) defines palliative care as:

*“The active total care of patients at a time when their disease is no longer responsive to curative measures and when control of pain and other symptoms and of psychological, social and spiritual problems is paramount. The goal of palliative care is the highest possible quality of life for the patient and family.” (WHO, 1990)*

Palliative care affirms life and regards dying as a natural process that is a personal experience for the individual and family. Palliative care strives to meet the physical, psychological, social and spiritual needs, while remaining sensitive to personal, cultural and religious values, beliefs, and practices (Canadian Palliative Care Association, 1995).

The goal of palliative care is to achieve the best possible quality of life through relief of suffering, control of symptoms and restoration of functional capacity. Palliative care is planned and delivered through the collaborative efforts of an interdisciplinary team of which the nurse is a vital and essential member. Nurses practicing in the field of palliative care require a distinct and essential knowledge base in order to deliver high quality palliative nursing care.

### **Philosophy of palliative care**

Palliative care involves caring for the whole person, and therefore addresses the needs of the body, mind, soul and spirit. The goal of palliative care is to assist patients in achieving the highest quality of life in the presence of life-limiting illness.

The fundamental precepts of palliation (Last Acts Palliative Care Task Force, 1997) provide an essential foundation for the delivery of palliative care and should underpin the attitudes, knowledge base and practice skills of all clinicians, including nurses. These precepts are summarized as follows (Beresford, 1999).

#### **Palliative care:**

- Respects and supports the goals, preferences, choices and priorities of the dying person and his or her loved ones by helping them to understand the illness and its impact on their lives.

- Addresses the physical, emotional, social and spiritual needs of the dying person and focuses on ensuring that he or she is comfortable, is not left alone, and is able to find peace when reviewing his or her life.
- Supports the needs of family members by helping them with the responsibilities of caregiving and supporting them as they grieve.
- Helps the patient and his or her family gain access to appropriate health care provision and care settings which are tailored to their needs.
- Contributes to the provision of high quality care at the end of life by educating care providers and ensuring that health policies are appropriate and that funding from insurers and the government is adequate.

## **Philosophy of palliative nursing**

Palliative nursing care is increasingly being recognized as an area of specialization and as such, demands a sound educational foundation. A consistent and definable body of knowledge that supports the development of palliative nurses at differing levels of practice will help to ensure the delivery of high quality palliative nursing care.

Nurses make a significant contribution to the enhancement of quality of life for persons living with a life-limiting illness. The essential components of nursing are particularly valuable in palliative care. These include: attending to the full range of human experiences and responses to health and illness, individualizing care to the unique experiences of the patient and his or her family and providing a caring relationship that facilitates health and healing (American Nurses Association, 1996). Palliative nursing is guided by a belief in the uniqueness of every patient and responds to changing individual and family needs.

## **The core curriculum**

The goal of the core curriculum, as described within this document, is to identify the distinct and essential body of knowledge required for palliative nursing. The curriculum has been prepared by the International Society of Nurses in Cancer Care (ISNCC), and consequently it focuses on the palliative needs of people with cancer. It can, however, be adapted for the care of people with diseases other than cancer.

The core curriculum describes the knowledge that should be part of the preparation of every nurse involved in caring for palliative cancer patients and their families. However, it can also be used to focus on the preparation of nurses working at a specific level of practice. Recommendations for the preparation of palliative nurses across three levels of practice, namely entry level (introductory), specialist level and advanced level, are set out below and modules included in the curriculum can be presented in greater or lesser depth depending on the level at which the nurse will be working.

The core curriculum represents the recommendations of clinical and education experts in the field of palliative cancer nursing and its content has been endorsed by the International Society of Nurses in Cancer care, the International Council of Nurses (ICN) and the World Health Organization (WHO). It has been designed to meet educational and professional standards for palliative nursing across the world. The essential module and components of each of the content areas are distinct from national or institutional policies or standards and aim to prepare students across multiple care settings such as the home, hospital or day care.

### **Entry level (introductory)**

Identified content and clinical experience in the care of patients requiring palliative care and their families should be an essential component in all entry level nursing programmes. Content within the core curriculum has been designed for inclusion as an integral part of such programmes.

It is assumed that entry-level nurses should be able to apply the principles of palliative care during clinical placements across a range of settings and that, during this time, they will be exposed to patients with life-limiting illnesses which will enable them to implement the core curriculum content.

## Specialist practice

Preparation for specialist practice assumes that the nurse has completed pre-registration education (certificate, diploma or degree) to function as a Registered Nurse and has a minimum of one year's experience in palliative care. The Royal College of Nursing (1994) describes the specialist nurse as a registered nurse who has successfully completed higher and advanced level educational programmes providing in-depth knowledge and experience in a given area of practice. When preparing nurses for specialist practice it is anticipated that the core curriculum will be presented in greater breadth and depth and that it will include a particular focus on the specialist nursing role. In 1998, the National Hospice Organization, USA, recommended a practicum of at least 12 weeks in specialist palliative care setting as part of the preparation for specialist practice. Certification through an examination process maybe an additional requirement of specialist nursing practice in palliative care.

## Advanced nursing practice

Preparation of nurses at an advanced practice level assumes educational preparation at the graduate level of nursing and more extensive experience in the speciality. Core curriculum for preparation at an advanced level should include greater breadth and depth in the theoretical constructs of palliative care to patients and their families. Advanced practice nurses require preparation for the domains of advanced practice, education, mentorship, consultation, research and administration. Advanced practice nursing should incorporate preparation in the utilistation and conduct of nursing research to ensure the advanced practice nurse will be able to contribute to the advancement of knowledge in palliative nursing.

## Course Structure

The core curriculum is broad in scope and is intended to provide a framework for courses in varied settings with diverse facilities and resources. The core curriculum provides educational planners with content suitable for the preparation of nurses planning to specialize in palliative care. However elements of the curriculum can be used to guide the inclusion of palliative nursing concepts in undergraduate curricula.

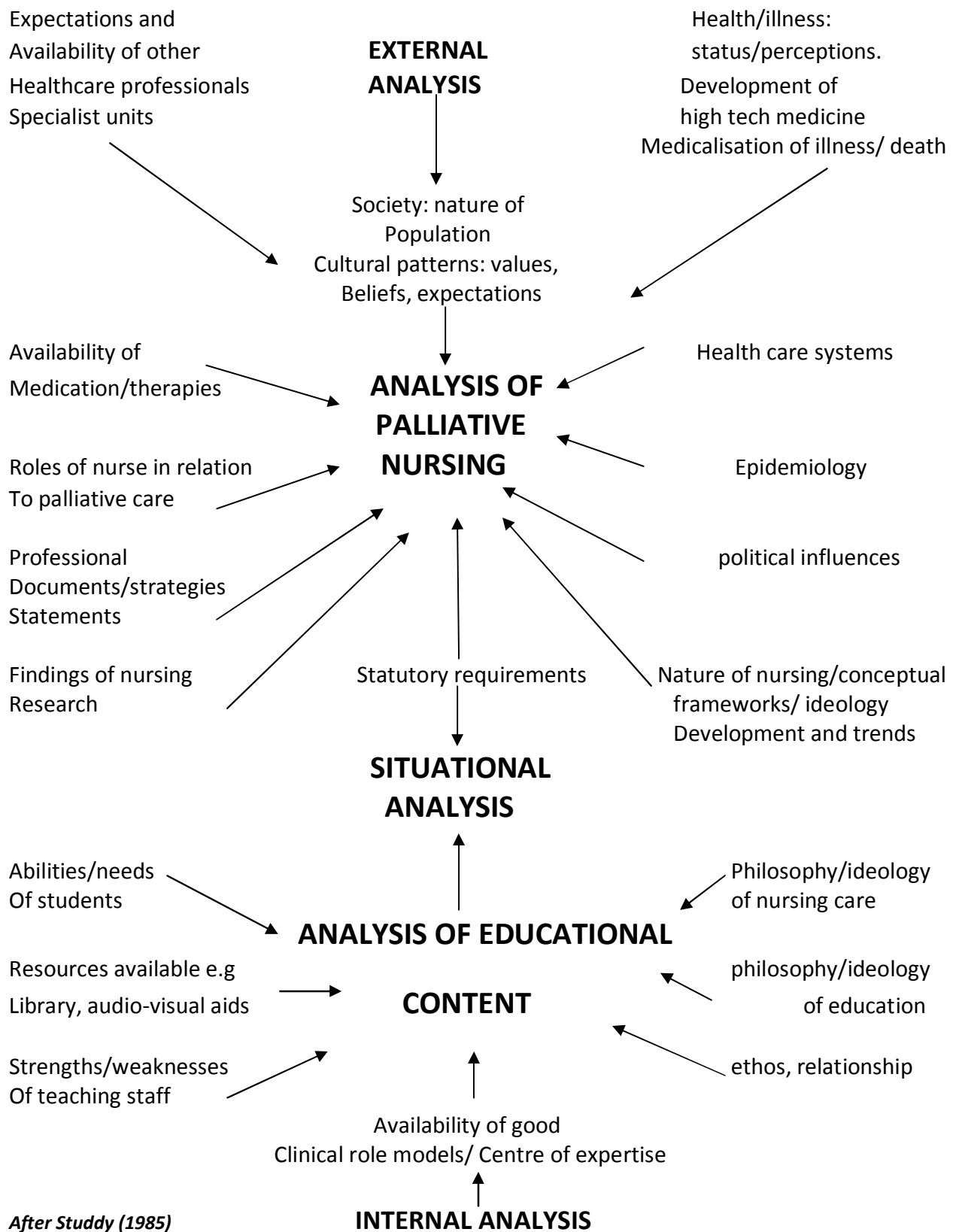
Together, the modules identified as part of the core curriculum represent the essential foundational knowledge for palliative nursing care. This knowledge has been categorized under eight key areas. Each module has been developed in such a way that it can be taught either

*Together, the modules represent the essential foundational knowledge for palliative nursing care.*

as a separate module or as part of the entire core curriculum. The depth to which teachers use the curriculum will depend on the level of preparation, the previous knowledge and experience of the students and the time and expertise available. While the curriculum provides the scope of palliative care content for preparation of can be taught either as a separate module or as part of the entire core curriculum. The depth to which teachers use the curriculum will depend on the level of preparation, the previous knowledge and experience of the students and the time and expertise available. While the curriculum provides the scope of palliative care content for preparation of specialist and advanced practice nurses, it should, wherever possible, be delivered within a broader graduate framework. The time needed to deliver each of the modules will depend on the context and level of preparation required. For example, a short course aimed at introducing palliative care concepts in the management of key symptoms may draw principally from modules 4 and 5 and be offered over 10-20 hours, while a specialist programme of preparation may represent in excess of 100 hours classroom teaching drawing from all or most of the modules.

It is essential that the curriculum should be realistic and capable of preparing nurses to practice in their existing health care setting, while at the same time enabling them to identify and facilitate change where necessary. A core planning team consisting of clinicians, service managers and educators should be formed locally. A key role of this team will be identification of people with appropriate expertise to assist in the delivery of course content. The team should plan, implement, evaluate, monitor and revise the course as necessary. Most importantly, the planning team must adapt the core curriculum to ensure its relevance to the cultural setting and health care structures in which nursing care is delivered. The Cultural/Situational Analysis Model (Studdy, 1995) may be particularly useful in adapting the curriculum to the environmental context in which palliative nursing care is delivered (Figure 1).

**Figure one: external and internal components of situational analysis**



## Situational analysis model

In order to create an effective educational experience, the content, structure and methodology for the course must arise, not only from the nature and of the module studied, but also from the context in which care will be provided and the distinct role of the nurse in that environment. Conducting a situational analysis helps to ensure that the content taught within each of the modules reflects the cultural context of care, the availability of resources (e.g. opiates) and the setting in which care is delivered.

The planning process begins with a detailed situational analysis, which consists of two parts. The external analysis is concerned with factors that will influence the curriculum from the world at large, nursing in general and palliative nursing in particular. The internal analysis is concerned with factors from the educational establishment or health district in which the course is to be held which will influence the curriculum.

Once the situational analysis is completed the education planner should establish the broad aims of the course such as determining what level of preparation is required. The structure of the course, including the required experiences, the timing of the modules and the methods for measuring learning should be considered. Objectives have been included within each module but may require adaptation according to the level of preparation required. The Planning Process (Figure 2) adapted from Lawton (1983), Skilbeck (1984) and Studdy (1985) may help to guide the inclusion of the core curriculum for palliative nursing within the course structure of the educational agency or institution.

*A situational Analysis helps to ensure that the content taught within each of the modules reflects the cultural context of care, the availability of resources and the setting in which care is delivered.*

## Philosophy of learning in palliative care

### A Teaching- learning methods

In the core curriculum, no attempt has been made to attach a teaching method to a particular module or learning outcome. In selecting methods, research into teaching and learning styles and the development of cognitive and interpersonal skills should be considered. However, it is of equal importance to consider the expertise of the teacher and the facilities and resources available. The cultural acceptability of a teaching strategy is also crucial. Teachers should select methods which are culturally acceptable, within their capabilities and appropriate for the subject under consideration.

Methods of education must address the holistic nature of palliative care knowledge and draw upon the prior experiences of the student, responding to his or her unique learning needs. The relationship between teacher and student is crucial in enabling personal development and encouraging students to reflect on their practice throughout the course. The teacher acts as a facilitator of learning, providing stimulus for learning, supporting students in that process and assisting them to extract the maximum benefit from what occurs (Boud et al 1995).

Learning in palliative care is different from simply learning physiology and pharmacology and, as such, cannot be viewed as the simple conveyance of knowledge and skills. It involves a personal element incorporating the beliefs and values of the student. It is complex and multidimensional and demands a sensitivity that requires a whole range of skills, knowledge, attitudes and qualities. A variety of methodologies should be used in order to meet individual learning needs and address the comprehensive nature of palliative nursing. Learning in this area demands the development of insight into one's own practice and the ability to evaluate individual performance. It should therefore include a reflective component.

*Learning in palliative care requires a whole range of skills, knowledge, attitudes and qualities.*

Teaching in palliative care should draw on both didactic and experiential methods of learning. Methods which can be effective when teaching in this area include care presentation, analysis of audiovisual material, small group discussion, field observation, critical incident analysis, role play, games and simulation, role modeling reflective practice and individualized project work.

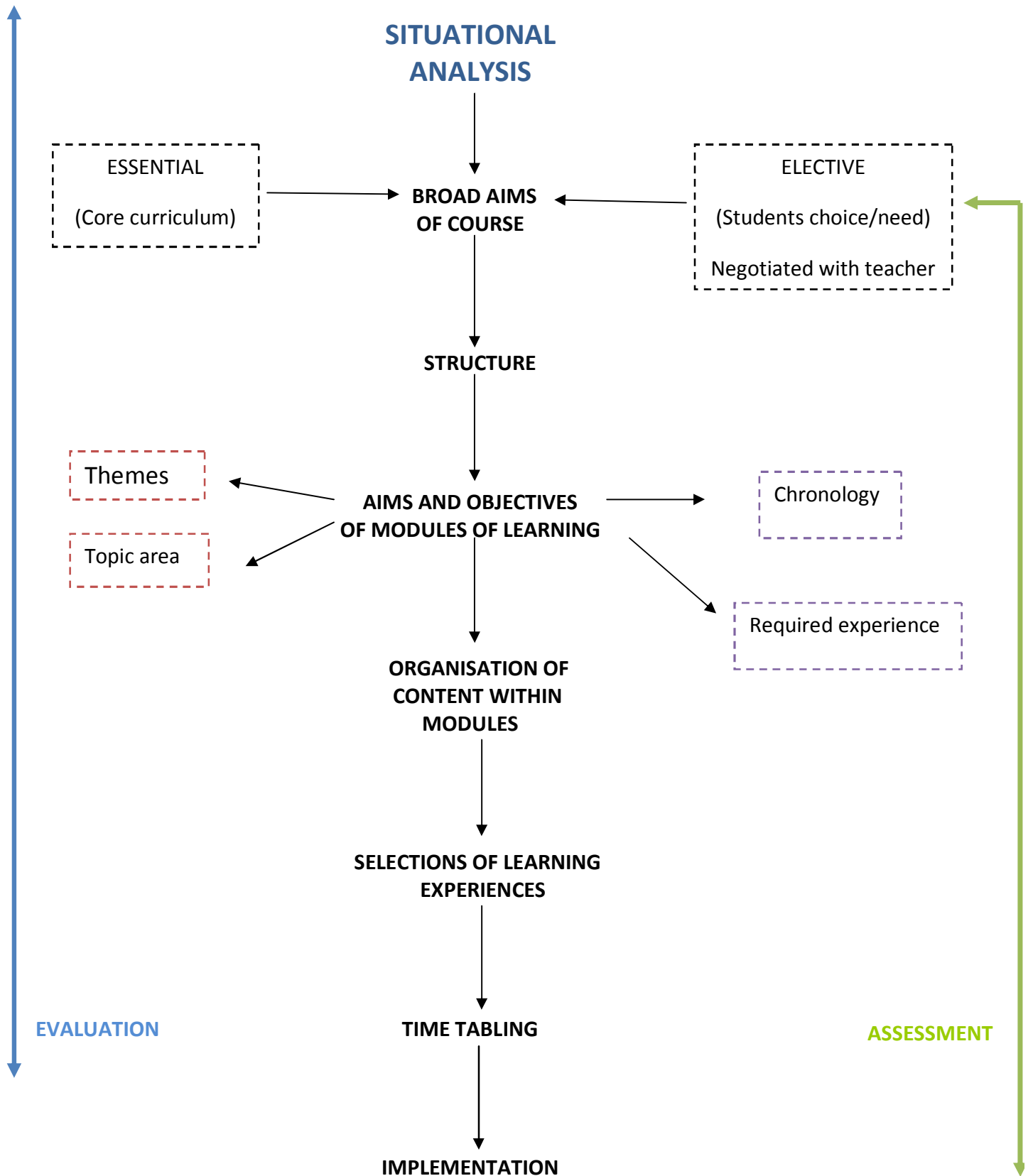
## **B. Principles of learning**

Principles of adult learning are important as they determine how students are viewed and the way in which a course is designed in order to meet their needs. The educative process values the student as a unique individual and provides a learning climate which encourages critical thinking, reasoning and decision making. In developing this core curriculum, the following principles of adult learning (Knowles, 1990) were viewed as particularly crucial:

- Adults learn best if they are free from undue stress, boredom, overload of information and are not trying to second guess the teacher's objectives.
- Adults are helped to learn when relevant past experiences are applied in learning activities
- When adult students see themselves as competent and are confirmed in those perceptions, learning may feel easier.
- Teaching and learning are enhanced when teachers and students collaborate to set directions, design and implement activities and assess outcomes.
- Students define a "useful" learning experience as one in which they can talk about the new knowledge and/or directly apply it, in order to complete tasks and solve problems within their immediate work environment.
- Knowing the "why" of learning is as important as knowing the "how" of learning.
- Adults are helped to learn when they are able to gain new ideas and try them out.
- No two adults will learn in the same way. Each person has preferred ways of processing information, handling the stresses of learning and identifying new learning.
- Being free to take risks and make mistakes is an important part of learning.
- Time is important in adult learning; time to take on new information, to organize it, to look for links to existing mental frameworks, to make new connections and express insights.
- Adults require expert and rapid feedback when practicing new skills.

*The educative process values the student as a unique individual and provides a learning climate which encourages critical thinking, reasoning and decision making.*

**Figure two: the planning process**



## **C. Implementation**

Implementation of each of the modules will be dependent on the goals of the course and the expected outcomes in relation to the level of nursing preparation. Modules can be taught as a certificate course or can be incorporated as college or university level preparation. The number of credits for each module and the total number of hours will be dependent upon the policy of the college and university and the extent of specialization. It is suggested that all nurses be prepared in the care of terminally ill patients and teachers will need to review existing courses to determine the extent to which modules can be incorporated within the curriculum. In preparation of nurses for a specialty in palliative care nursing, the modules could be taught over a year with time for clinical practicum to learn skills and develop expertise in caring for palliative care patients. The specific time frame of the practicum will be dependent on the policy of the college or university.

## **Assessment and evaluation of learning in palliative nursing**

Optimally a nursing curriculum is developed in conjunction with a set of expected outcomes or nursing competencies in the areas of knowledge, skill and attitude. Expected outcomes or competencies should be defined according to the knowledge, skills and practice requirements in the local settings. If specific learning outcomes are provided at the beginning of a course, learners will have a clear idea of goals that must be met and teachers can design activities and tests to measure the achievement of the outcomes.

Nurses who successfully complete a programme of study drawing on all aspects of content outlined in the curriculum and combined with a supervised practicum will possess the knowledge necessary to practice as a specialist palliative care nurse. It is the responsibility of the course convenor or educator to identify the nursing competencies expected of the students before offering the programme. The process of developing competencies begins with an agreed standard of palliative care nursing practice. The standard may be nationally or locally developed. The standard of practice is usually derived from observations of practice and analysis of evidence (from literature). For example, the National Nursing Organisations of Australia developed standards for specialist practice (ANF, 1997) that would be useful in developing competencies for palliative care.

*Expected outcomes or competencies should be defined according to the knowledge, skills and practice requirements in the local settings.*

When the competencies are analysed, a list of outcomes in the areas of knowledge, skill and attitude is created. The core curriculum identifies learning outcomes for each module using these three areas.

## **KNOWLEDGE**

*Describe personal and local community values/attitudes/beliefs about dying, death and palliative care.*

*From*

### **Module one**

Death, society and palliative care—a global perspective.

## **SKILL**

*Demonstrate comprehensive pain assessment skills.*

*From*

### **Module four**

Management of clinical symptoms 1—pain.

## **ATTITUDE**

*Explore approaches and issues in the delivery of individualized care*

*From*

### **Module three**

Nursing in palliative care.

Formal evaluation of learning outcomes is accomplished by assessing the learning outcomes at the end of each module and nursing competencies at the end of the course. Assessment methods should reflect aims, content, learning experiences, methods and materials available. Assessment methods may include:

- Written examinations,
- Essays,
- Preparation of care plans
- Development of evidence- based policies/ procedures and
- Assessment of clinical skills.

Peer and self-assessment have been found to be effective in a number of palliative nursing courses.

The nursing competencies should be assessed by an experienced clinician/teacher on completion of the course. How the student synthesizes learning into practice is the most valuable way to assess learning.

Evaluation is accomplished by assessing the learning outcomes at the end of each module and nursing competencies at the end of the course.

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## **Death, society and palliative care -- a global perspective**

### **Learning outcomes**

On completion of this module the nurse should be able to:

- Describe personal and local community values, attitudes and beliefs about dying, death and palliative care.
- Discuss the impact of these values, attitudes and beliefs on health professionals and their care of dying people and their families.
- Describe the philosophy of palliative care and its approach to the care of people with life-limiting illnesses, those who are dying and their families.
- Discuss ways of applying palliative care philosophy in their local community.
- Discuss political and social factors impacting on the delivery of palliative care in their community.

### **Pre-requisites**

Nurses studying this module should have a basic understanding of:

- The local health system.
- The epidemiological profile of illness in their country.
- The social, political and economic situation in their country and the influence of these factors on health care delivery.
- Local cultural and religious influences on health and health care delivery.

### **Module areas**

#### **1 The sociology of dying and death**

- 1.1 Meaning of death in society.
- 1.2 Historical perspectives on attitudes to dying and death.
- 1.3 The medicalisation of illness, dying and death.
- 1.4 Traditional approaches to dying and death in local cultures.
- 1.5 Death rituals, funeral customs and practices.
- 1.6 Personal and professional attitudes to, and socialisation around, dying and death.

#### **2 The Hospice palliative care movement**

- 2.1 History of the Hospice Movement.
- 2.2 WHO objectives for palliative care.
- 2.3 Philosophy and principles underpinning Palliative care.
- 2.4 Systems of palliative care globally — innovative models and approaches.

#### **Module aim**

The aim of this module is to introduce the nurse to basic concepts about death in society and the role of palliative care from a global perspective.

### **3 Issues in palliative care delivery**

- 3.1 The politics of palliative care.
- 3.2 Governmental influences on palliative care development.
- 3.3 Resource distribution.
- 3.4 Domains of quality end of life care.

### **4 The practice of palliative care**

- 4.1 Palliative care across diverse settings — hospice, hospital and home.
- 4.2 The interdisciplinary team in palliative care.
- 4.3 Evolution of the family --- cross cultural differences.
- 4.4 Epidemiology of deaths in local community and the nation.

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## **Experience of the patient and his or her family carers**

### **Learning outcomes**

On completion of this module the nurse should be able to:

- Discuss the patient's experience of progressive illness, dying and death.
- Relate concepts from the research literature and lay writings of illness experience of the patient receiving palliative care and his or her family.
- Apply theories of adjustment and coping to the patient and family experiencing terminal illness.
- Outline ways in which the nurse can mediate positively the experience of progressive illness, dying and death.

### **Pre-requisites**

- Clinical experience of nursing patients with progressive or terminal illness and their families.
- Theories of stress and coping.

### **Module areas**

**1 Models for understanding the illness experience (e.g. Kleinman and Benner & Wrubel).**

**2 Personal accounts of progressive illness and dying, including near death experiences.**

**3 Suffering and the illness experience.**

**4 Quality of life.**

**5 Faith and religion.**

**6 Spirituality and the meaning of life.**

**7 Quality of life.**

### **Module Aim**

The aim of this module is to explore the experiences of people who receive palliative care.

**8 Concepts that mediate the illness experience of the patient and their family.**

8.1 Guilt.

8.2 Hope.

8.3 Anger.

8.4 Loneliness and isolation.

8.5 Uncertainty.

8.6 Anxiety and depression.

8.7 Fear.

**9 Assessment and promotion of psychological well-being in the patient and their family.**

**10 Assessment of the patient's social situation and support systems.**

**11 Providing care — experience, impact and needs of family carers.**

**12 Theories of stress, adjustment and coping applied to palliative care.**

**13 Nursing interventions to enhance patient and family well-being in the context of terminal illness.**

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## Nursing in palliative care

### Learning outcomes

On completion of this module the nurse should be able to:

- Demonstrate reflective practice in exploring his or her role in palliative care.
- Demonstrate a holistic, patient centered approach to care of terminally ill patients and their families.
- Describe his or her role in the care of people who require palliative care and their families.
- Discuss factors, which block or facilitate the provision of palliative care in the work setting.
- Describe strategies for self-care and care of other professionals working with people who are dying.
- Explore approaches to the delivery of individualised care.
- Discuss the role of support personnel in palliative care (e.g. volunteers and unlicensed personnel).

### Pre-requisites

- Introductory knowledge of nursing approaches to care.
- Local understanding of nursing development, educational preparation and politics.
- National standards of nursing practice and scope of practice.

### Module areas

#### 1 The nature of palliative nursing

- 1.1 Models of care and nursing delivery systems in palliative care.
- 1.2 Delivery of palliative nursing services across different settings of care (e.g. the home, hospital, hospice, aged care facilities and clinics) and rural and urban systems of care.
- 1.3 Scope of practice and the role of the nurse in palliative care.

#### 2 Reflective practice.

- 2.1 Models of reflective practice.
- 2.2 Professional journaling.

### **3 Key aspects of the nurse's role in palliative care.**

- 3.1 Assessment of the dying person and their family, including assessment tools and documentation systems.
- 3.2 Working with diversity, e.g. worldviews, religion and cultural practices.
- 3.3 Planning and delivering individualised care.
- 3.4 Developing a therapeutic relationship.
- 3.5 Evaluating patient outcomes of nursing interventions.

### **4 Nursing in the context of the multidisciplinary team.**

- 4.1 Working with other disciplines.
- 4.2 Facilitating referral to other team members.
- 4.3 Team communication.
- 4.4 Negotiating role boundaries and intra-team conflict.
- 4.5 Care co-ordination, e.g. working with volunteers and unlicensed personnel.

### **5 Taking care of oneself when working in palliative nursing.**

- 5.1 Theories of stress and coping applied to nursing.
- 5.2 Stress and burnout in palliative care.<sup>1</sup>
- 5.3 Examining personal beliefs, values and attitudes to dying and death, and their impact on oneself.
- 5.4 The role of debriefing in palliative care.
- 5.5 Strategies for preventing and managing personal stress.

### **Module Aim**

The aim of this module is to explore professional and personal dimensions of palliative nursing.

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## Management of clinical symptoms 1— pain

### Learning outcomes

On completion of this module the nurse should be able to:

- Demonstrate comprehensive pain assessment skills.
- Define and describe pain and the concept of total pain.
- Differentiate between acute, chronic, nociceptive and neuropathic pain.
- Initiate appropriate pain interventions for different types of pain.
- Understand the role of radiotherapy, chemotherapy and surgery in the management of pain.
- Initiate non-pharmacological pain management strategies.
- Identify and understand complex pain situations.
- Demonstrate an understanding of the initiation, titration and evaluation of response to analgesics, adjuvants and co-analgesics.
- Explore barriers to, and facilitators of, effective pain management and strategies to overcome these.
  
- Understand and facilitate the important role of the family in pain management.

### Pre-requisites

An introductory knowledge of:

- Anatomy and physiology of the central nervous system.
- Physiology of pain transmission.
- Basic pharmacology.
- Basic concepts of surgery, radiotherapy and chemotherapy.

### Module areas

#### 1 An overview of pain.

- 1.1 The concept of total pain.
- 1.2 Personal meanings of pain.

#### 2 Pain physiology.

- 2.1 Nociceptive pathways.
- 2.2 Alterations in pain transmission.

### **3 Pain types and clinical presentation.**

- 3.1 Acute pain.
- 3.2 Chronic pain.
- 3.3 Nociceptive pain.
- 3.4 Neuropathic pain.
- 3.5 Complex pain syndromes.

### **4 Pain in the context of cancer.**

- 4.1 Incidence of cancer pain.
- 4.2 Aetiology of cancer pain (disease, treatment and indirect causes).

### **5 Pain assessment.**

- 5.1 Factors affecting pain perception.
- 5.2 Pain assessment tools.
- 5.3 Clinical pain assessment.

### **6 Principles of pain management.**

- 6.1 Goals of pain management.
- 6.2 Pharmacological management, including relevant pharmacology.
  - 6.2.1 WHO analgesic ladder.
  - 6.2.2 Non-opioid analgesics.
  - 6.2.3 Opioid analgesics.
  - 6.2.4 Adjuvant analgesics.
- 6.3 Routes of administration.
- 6.4 Surgical interventions for pain control, e.g. nerve blocks.
- 6.5 Radiotherapy for pain control, e.g. bone metastases.
- 6.6 Chemotherapy for pain control.
- 6.7 Non-pharmacological pain management, e.g. relaxation, TENS, heat and cold.

### **7 Pain issues in specific populations.**

- 7.1 The person with cognitive impairment.
- 7.2 Children.
- 7.3 The elderly.
- 7.4 Multicultural perspectives

### **Module Aim**

The aim of this module is to provide a framework for cancer pain management.

**8 Barriers to effective pain management.**

8.1 Client barriers, e.g. fears of addiction.

8.2 Health care provider barriers, e.g. lack of knowledge, health provider values and beliefs about pain behaviour.

8.3 Barriers within health care systems, e.g. access to opioid analgesics.

**9 Innovative approaches to pain management when access to morphine is limited.**

**Module aim**

The aim of this module is to provide a framework for cancer pain management.

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## Management of clinical symptoms 2 - symptoms other than pain

### Learning outcomes

On completion of this module the nurse should be able to:

- Discuss the principles and practice of symptom management.  
Discuss measures to prevent the occurrence of common symptoms.
- Discuss the concept of symptom distress versus symptom occurrence.
- Demonstrate skills in symptom assessment.
- Initiate interventions, pharmacological and non pharmacological, for the treatment of common symptoms.
- Evaluate the effect of interventions on patient outcomes.
- Identify resources that will enhance the treatment of common symptoms.
- Understand and facilitate the important role of the family in managing symptoms.

### Pre-requisites

Introductory knowledge of:

- Human anatomy and physiology.
- Pharmacology.
- Maintenance of skin integrity.
- Provision of comfort.
- Good oral hygiene.
- Nutrition.

### Module areas

The symptoms identified in Table 1 occur frequently in palliative care and should be addressed in this module with reference to the following areas:

#### 1 Symptom experience.

- 1.1 Symptom distress.
- 1.2 Symptom occurrence.
- 1.3 Factors impacting on the patient's symptom experience.

#### 2 Symptom aetiology.

### Module aim

The aim of this module is to provide a framework for the management of symptoms other than pain in patients receiving palliative care.

- 2.1 Relationship to cancer, particularly in advanced disease.
- 2.2 Relationship to treatment.
- 2.3 Comorbidity factors.
- 2.4 Situational factors.

**3 Clinical manifestations.**

**4 Prevention and early detection.**

**5 Symptom assessment.**

- 5.1 Assessment tools.
- 5.2 Clinical assessment.

**6 Interventions for symptom management.**

- 6.1 Pharmacological therapies, including relevant pharmacology.
- 6.2 Non-drug interventions.
- 6.3 Comfort measures.
- 6.4 Managing associated distress.

**7 Evaluation of patient response to intervention**

**Table one**

Anasarca	Dirty mouth .
Anorexia	Dry mouth and xerostomic
Anxiety and depression	Faecal incontinence
Ascites	Fatigue
Bleeding gums	Lymphoedema
Bowel obstruction	Malignant wounds
Bowel problems	Nausea and vomiting
Breathlessness and dyspnoea	Nutritional issues
Cachexia	Oedema
Confusion and delirium	Oral complications
Constipation	Oral infection
Decubitus ulcers	Pruritus
Dehydration	Skin breakdown
Diarrhoea	

Symptoms occurring frequently in patients receiving palliative care.

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## Emergencies in palliative care

### Learning outcomes

- On completion of this module, the nurse should be able to:
- Identify patients at risk of palliative care emergencies.
- Describe signs and symptoms of palliative emergencies.
- Monitor patients at risk and undertake comprehensive clinical assessment.
- Identify strategies for prevention, early detection and the minimisation of complications arising from palliative care emergencies.
- Initiate interventions for the treatment of palliative care emergencies (pharmacological and non-pharmacological).
- Demonstrate ability to evaluate treatment outcomes and the implications for ongoing care.
- Discuss the preparation and psychological support of patients, families and staff in relation to emergencies in palliative care.
- Discuss palliative care rehabilitation in relation to care adaptations following a palliative care emergency.
- Identify resources for ongoing care when demands increase as a result of changed health status.

### Pre-requisites

Knowledge of:

- Human anatomy and physiology.
- Basic pharmacology.
- Rehabilitation.

### Module areas

The emergencies identified in Table 2 occur frequently in palliative care and should be addressed in this module with reference to the following areas:

- 1 Definition of the emergency.**
- 2 Pathophysiology and aetiology of the condition.**
- 3 Clinical manifestations.**

### Module Aim

The aim of this module is to provide guidelines for the management of clinical emergencies occurring in palliative care.

- 4 Clinical assessment.**
  - 4.1 Assessment tools.
  - 4.2 Interpretation of laboratory results.
  - 4.3 Identification of patients who are at risk of a palliative care emergency.
  
- 5 Medical and nursing interventions.**
  - 5.1 Strategies for prevention and early detection.
  - 5.2 Minimisation of morbidity.
  - 5.3 Pharmacological and non-pharmacological treatments, including relevant pharmacology.
  
- 6 Evaluation of patient outcomes.**
  
- 7 Psychological aspects.**
  - 7.1 Preparing patients and families.
  - 7.2 Debriefing staff.
  
- 8 Palliative rehabilitation and ongoing care issues.**

**Table Two**

Potential emergencies Within palliative care.	Hypercalcaemia Major haemorrhage	Spinal cord compression Superior vena cava syndrome.
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## Therapeutic communication

### Learning outcomes

On completion of this module the nurse should be able to:

- Create a climate in which the patient and family are able to express feelings, thoughts and concerns associated with illness, dying, death and bereavement.
- Demonstrate ability to utilise communication skills and strategies to enhance their interaction with patients and families.
- Facilitate discussion with patients and families about issues arising from living with a life-limiting or terminal illness.
- Discuss barriers to, and facilitators of, therapeutic communication with patients and their families.
- Identify resources which facilitate therapeutic communication with patients and their families.
- Distinguish between knowledge that is part of the private relationship between nurse and patient and that which needs to be shared with the team to enhance care.
- Demonstrate sensitivity and awareness of preferences, values and belief systems when communicating with patients and family members.

### Pre-requisites

Basic knowledge of verbal and non-verbal communication skills.  
Knowledge of the elements of establishing effective interpersonal relationships.

### Module areas

#### 1 Concepts of therapeutic communication.

#### 2 Contexts of communication in palliative care.

- 2.1 Communication with patients.
- 2.2 Communication with families.
- 2.3 Communication with the multidisciplinary team.

#### 3 Communication skills.

- 3.1 Active listening.
- 3.2 Paraphrasing
- 3.3 Reflection.

### Module aim

The aim of this module is to provide an opportunity for the nurse to develop skills and the ability to provide comfort when interacting and communicating with people who have a life-limiting illness and their families

- 3.4 Use of silence.
- 3.5 Asking questions.
- 3.6 Facilitating communication.

#### **4 Barriers to good communication.**

- 4.1 Identifying barriers.
- 4.2 Strategies for overcoming barriers.

#### **5 Breaking bad news.**

#### **6 Alternative forms of communication.**

- 6.1 Music.
- 6.2 Art.
- 6.3 Touch.
- 6.4 Use of metaphor and symbolic language.
- 6.5 Presence at the end of life.

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## Care in the last hours of life

### Learning outcomes

On completion of this module the nurse should be able to:

- Identify when a patient is nearing death.
- Communicate this information to the patient's family.
- Meet the immediate care needs of the dying patient and his or her family, including dying rituals.
- Provide culturally sensitive post-death care to the dead persons.
- Involve the patient's family in care at the end of life if desired.
- Attend to the early bereavement needs of the patient's family.
- Provide the family with resource information related to funerals.
- Consider personal needs in the context of providing nursing care in the last hours of life.

### Pre-requisites

Knowledge of:

- Local customs and practices related to death and dying.
- Local death notification requirements.

### Module areas

#### 1 signs of impending death.

#### 2 Clinical care issues in the last hours of life.

- 2.1 Provision of comfort.
- 2.2 Management of pain.
- 2.3 Terminal restlessness.
- 2.4 Management of body secretions (e.g. saliva and incontinence).
- 2.5 End stage breathlessness.
- 2.6 Involving the family in end-of-life care.

#### 3 Communicating impending death.

- 3.1 Planning for the death — establishing patient and family wishes.
- 3.2 Preparation of the family for impending death.
- 3.3 Notifying family.

### Module aim

The aim of this module is to explore the issues arising near the time of, and immediately following, death

3.4 Notification of services who are involved in care of the patient or family members.

**4 Multicultural issues at the time of death.**

4.1 Dying rituals, customs and practices.

4.2 Reactions at the time of death.

**5 Care of the body following death.**

**6 Funerals.**

**7 Personal impact of giving care at the end of life.**

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## Loss, grief and bereavement

### Learning objectives

On completion of this module the nurse should be able to:

- Apply theories of loss, grief and bereavement to the clinical care of dying patients and their families.
- Discuss loss, grief and bereavement therapeutically with patients and family members.
- Identify family members at risk of complicated bereavement outcomes and provide referrals to specialist bereavement services.
- Provide information about bereavement counselling and assist family members to identify bereavement resources in the local community.
- Provide early post-bereavement care to family members.

### Pre-requisites

- Therapeutic communication.
- Clinical experience with dying patients and their families.

### Module areas

#### 1 Definitions.

- 1.1. Loss.
- 1.2. Grief.
- 1.3. Bereavement.

#### 2 Theories of loss and grief.

#### 3 The person's experience of loss and bereavement.

- 3.1 Anticipatory grief.
- 3.2 Phases of grieving.
- 3.3 Complex grief reactions  
(e.g. delayed grief and inhibited grief).

#### 4 Assessment of bereavement risk.

- 4.1 Risk factors for complicated bereavement outcomes.
- 4.2 Risk assessment scales.

#### 5 Principles of grief counseling.

- 5.1 The nurse's role in early bereavement.
- 5.2 Specialist bereavement counselling.

### Module aim

The aim of this module is to explore the experience of loss, grief and bereavement among people receiving palliative care and their family members

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## Ethics at the end of life

### Learning outcomes

- On completion of this module the nurse should be able to:
- Identify and discuss ethical issues arising in the context of palliative care.
- Understand the legal implications arising from ethical issues at the end of life.
- Provide ethically appropriate care to dying people and their families.

### Pre-requisites

- Medical ethics.
- Understanding of the local legal system. stem.
- Local death notification requirements.

### Module areas

#### 1 Ethical issues at the end of life.

1.1 Truth telling and disclosure of medical information.

#### 2 Privacy and confidentiality of medical information.

#### 3 Regulation of opioid analgesia.

- 3.1 Access to drugs.
- 3.2 Driving and opioids.

#### 4 End of life decision making.

- 4.1 Using principles to guide decision making.
- 4.2 Refusal of medical treatment, including relevant legislation.
- 4.3 Living wills.
- 4.4 CPR in the context of terminal illness.
- 4.5 Futile treatment.
- 4.6 Withdrawal of food and fluids.

### Module aim

The aim of this module is to consider the ethical issues confronting nurses involved in palliative care

4.7 Involvement in clinical trials.

**5 Euthanasia and assisted suicide.**

5.1 Relationship to suffering.

5.2 Relationship to depression.

5.3 Dealing with requests to hasten death.

**6 Approaches to ethical issues in palliative care.**

**7 Resource allocation in palliative care.**

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