

BJN Education Matters: October 2018 (971 words)
The importance of education in improving end of life care

One thing we are sure of in life is that we are going to die. For some this will be sudden but for most it may involve a progressive decline in former functional abilities as a result of disease processes. Caring for people at the end of their life is an enormous privilege; nursing scholar Virginia Henderson wrote that 'The unique function of the nurse is to assist the individual, sick or well, in performance of those activities contributing to health or its recovery (or peaceful death) ...' (Henderson, 1966). Nursing is significant at this life stage and so it is good to know that Hunter and Orlovic (2018) reported evidence to show that England was ranked highest out of 80 countries as a good place to die. However quality of care was found to be higher outside hospital settings and the costs were lower. Further end of life care in hospitals is unjustifiably variable in quality, patients are at risk of unnecessary medical treatment and older people in particular risk harm as a result of admission for example from falls and hospital acquired infections. Given this, do nursing staff and students receive the education they need to feel confident in providing excellent end of life?

A person-centred approach and the notion of choice and control is key; the following seven elements are highlighted by the National Palliative and End of Life Partnership (NPELP), cited by Hunter and Orlovic 2018:9):

1. I want involvement in, and control over, decisions about my care.
2. I want access to high quality care given by well-trained staff.
3. I want access to the right services when I need them.
4. I want support for my physical, emotional, social and spiritual needs.
5. I want the right people to know my wishes at the right time.
6. I want to be cared for and die in a place of my choice.
7. I want the people who are important to me to be supported and involved in my care.

Clearly to deliver on these ambitions, staff education is vital. NPELP (2015) in their framework for palliative and end of life care, seek to reduce variability in care quality through focusing on major areas, one of which is that 'all staff are prepared to care'. They advocate building blocks to underpin end of life care education: first a professional ethos of compassion and empathy; developing resilience and support for staff to remain genuinely engaged in this challenging area of care; knowledge - based care informs practice and must be offered to all staff that care for dying people; this needs to include awareness of legislation particularly around safeguarding and mental capacity; knowledge of technology to facilitate coordinated and personalised communication so that patients and families remain informed and able to access support when they need it; finally executive governance systems are advocated so that employing organisations and professional bodies are tasked with ensuring quality through supporting education provision.

A recent review (DoH 2017) indicates that progress is being made, with end of life education being delivered across the NHS and social care supported by a on-line resources. Clearly this also needs to be reflected in undergraduate nurse education; however Gillan et al. (2014) argues that undergraduate nursing students feel unprepared to provide end of care. UK pre-registration nursing programmes follow Standards set by the Nursing and Midwifery Council (NMC). The new Standards for programmes commencing in January 2019 state that 'At the point of registration, the registered nurse will be able to: identify and assess the needs of people and families for care at the end of life, including requirements for palliative care and decision making related to their treatment and care preference' (NMC 2018: 15). However

individual education providers determine numbers of hours dedicated to this topic as well as how it is delivered. 50% of the pre-registration programme involves clinical learning with professional supervision mainly in placements; good role modeling of end of life care is an invaluable learning experience but not all students will be exposed to this frequently due to differing placement experiences or because clinical staff are themselves inadequately prepared. A literature review on end of life education techniques for undergraduate students (Gillan et al, 2014) concluded that simulation was an effective teaching strategy. It is vital therefore that the proportion of clinical hours involving simulated learning in skills labs specifically covers the knowledge and skills around physical and psychological care needs at the end of life both when working with patients and their families, through skills learning as well as role-play using case studies. Skills labs are ideal for this type of education where best practice can be learned but mistakes made with no ill-effects and reflected upon.

Death matters. Nurses are in a unique position to use their skills and expertise to provide and advocate for high quality person-centred care. The policy drivers are there to support this; employing organisations and education providers should collaborate in delivering the necessary knowledge and skills for care excellence.

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