Bringing iPANEL research findings to you!

Over 3 years ago iPANEL was funded by the Michael Smith Foundation for Health Research to explore how to best integrate a palliative approach into the care of people with advancing chronic life-limiting conditions. In the past 3 years, iPANEL has accomplished much. We have secured additional funds to support our research and knowledge translation activities. We have begun publishing our research findings (some of which you will see in this edition of the newsletter); have presented locally, provincially, nationally and internationally; and have held numerous face-to-face meetings across the province with nurses who are committed to the care of people with chronic, life-limiting conditions. Our two provincial symposiums, which focused on educating for a palliative approach and on nursing care delivery systems for a palliative approach, were highly successful at allowing us to gain feedback on preliminary research findings and to devise potential strategies toward the integration of a palliative approach. Our iPANEL advisory board is highly engaged and have just completed an iPANEL Knowledge to Action Plan, “Dying to Care,” based on key iPANEL research findings to date (see www.ipanel.ca), and which was recently presented to the BC Ministry of Health. We have also worked with iPANEL affiliates to help us better understand what our research means for education, practice and policy.

As we move forward in the coming year, we are committed to communicating what we have learned from iPANEL research and we look forward to working with nurses across the province to find ways of better integrating this knowledge into practice.

Thank you for your continued support!

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Co-Lead, iPANEL
Educating nurses to deliver ‘a palliative approach’

Education is a major focus of iPANEL; it was initially identified as one of the three research “strands.” Research findings generated from iPANEL suggest that education is one of the essential strategies for improving a palliative approach in practice. A recent scoping review conducted by members of iPANEL revealed the substantial amount of work being done in palliative care education, but there is little written about educating for a palliative approach. This scoping review found positive outcomes of education on nurses’ stress, communication, knowledge, skills, confidence and attitudes when delivering palliative care. While this information is certainly important, it does not paint a complete picture of educational requirements for more fully implementing a palliative approach.

In May 2012, iPANEL held its first symposium on educating nurses for a palliative approach. Fifty-two educators, clinicians, family caregivers, regulators, researchers, administrators, and policy makers from around BC gathered to discuss how to best prepare nurses to care for those who have life-limiting conditions. Findings from that day illustrated the complexity of the task before us. Despite the lack of literature, as identified by the scoping review, many iPANEL members have been involved in educating nurses about the meaning and practice implications of a palliative approach. The intent of this article is to highlight some of the key features and challenges we (the authors) have encountered in developing curriculum related to a palliative approach, challenges that have been heightened by our evolving understandings of what a palliative approach entails.

Curriculum differences are evident in what and how we teach. By definition, educating about a palliative approach requires broadening curriculum beyond cancer to include patient populations with chronic life-limiting illnesses such as renal, cardiac, respiratory and neurological disease. Given the uncertain trajectories of these diseases, and the accompanying burden of illness experienced by patients and families, the palliative approach requires the needs of these patients and families to be addressed before the “certainly dying” phase. Supportive palliative care principles are woven throughout chronic disease management. Pain and symptom management needs to be adapted to both malignant and non-malignant diseases.

However, applying palliative principles during chronic disease management means that nurses must be able to identify patients on a palliative trajectory and recognize the transition to when patients are imminently dying. An understanding of the course of these life-limiting illnesses, treatment guidelines, and anticipated decisions is then sensitively applied in conversations with patients and families. These conversations may take the form of advance care planning, goals of care conversations, or other supportive communication. Conversations with patients and family are likely to be focussed on quality of life (often expressed as what is important to the person and what they are hoping for) and their desires for maximal function/independence as well as symptom management and end-of-life closure. Competencies in relational practice help nurses to form effective partnerships so that they can guide and comfort patients and families on their journeys.

In considering this scope of content, we seem to have expanded content and not removed anything! Care of patients and families during the actively dying phase and into bereavement is still relevant. This has required some difficult
decisions when weighing scope of content against detail of content. For example, we teach less about malignant pain to accommodate chronic non-malignant pain. But the real challenges come in helping nurses to go beyond the silos of chronic disease management and palliative care to an integrated palliative approach. Teaching strategies such as case studies, discussions, videos and reflections on clinical practice help to contextualize the knowledge to their patient populations and/or settings of interest. Integration with their previous experience not only as nurses but also as “humans” can further help this contextualization. This is particularly important for the less tangible topics such as spirituality, compassion, dignity and ethics.

Our exploration into what might be best practice for educating about a palliative approach has been exciting and challenging; we look forward to sharing more findings as they come available. In the meantime we invite readers to share their experiences with educating for a palliative approach. Drop one of us a quick email (info@ipanel.ca). We will compile your responses and present them in a future column!

2. Sponsored jointly by the Canadian Institutes for Health Research (CIHR) and the Michael Smith Foundation for Health Research (MSFHR).
3. Pat Porterfield has worked with BCIT and other iPANEL members to develop a curriculum for a Palliative Approach in Nursing Practice course to be offered in January 2015. Barb Pesut is the co-lead of the iPANEL education strand.

WEBINARS

Webinars are generally a 40 minute presentation followed by a 20 minute collaborative dialogue with the goals of informing both research and practice. All webinars are the 4th Tuesday of the month from 1400–1500 PST (unless otherwise indicated). To join you must register with InspireNet (www.inspirenet.ca) and join our iPANEL action team.

- **AUGUST 26 |** What does a palliative approach lens bring to care of patients with COPD? Presented by Della Roberts
- **SEPTEMBER 16 (1430–1530 PST) |** A synthesis of nursing care delivery models for a palliative approach. Presented by Rick Sawatzky & Pat Porterfield

THINKING OUTSIDE THE BOX

Thinking-outside-the-box meetings provide 3 hr sessions with iPANEL team members and affiliates to facilitate discussions around our research findings with front line nurses, care aides, leaders, and other health care providers from all sectors of care. What does this research mean to you, as a practitioner, and how may it impact your practice? More info and how to register can be found under PUBLICATIONS & PRESENTATIONS on the iPANEL website.

The next session will be held during the Spring in the Kootenays. Please stay tuned for details.
Palliative care: Determining the next home care nurse visit

People living with terminal illness will spend most of their time at home and home care nurses play a pivotal role in their care. Deciding when to visit, however, is not straightforward. Patient’s conditions can change rapidly; symptoms that are uncontrolled can cause distress and caregivers can become overburdened when timely and appropriate home care nursing services are not received. Planning the next visit is a competency novice home health clinicians need to acquire, yet no tools have existed to provide guidance on these decisions.

To address this gap, palliative clinical nurse specialists and university based researchers designed a qualitative research study to better understand the factors home care nurses use to determine the timing of the next home visit. A team of palliative care clinicians and expert home care nurses then applied the research findings and decision-making theory to refine a previous practice guide to create an evidence informed visual guide: Palliative care: Determining the next home care nurse visit. The guide assists with scheduling the next visit, helping to ensure that home care services effectively meet the needs and goals of patients and their families. Use of this guide can also lead to more consistent decision making between practitioners.

Six assessment factors are considered to determine the degree of risk to the patient and family at home: the higher the risk, the sooner the nursing visit should be. These factors include symptom management; palliative performance scale (PPS) transition; client and family needs/copings; care giving capacity, including knowledge, skill and willingness; variability of condition, including predictability, stability and acuity; and establishment of goals of care and a care plan. Refinements of the guide described in this article have led to clarification on how to make a judgment of overall risk. The highest level of risk (i.e., low, medium or high) seen on any of the six factors becomes the overall level of risk. The clinician then makes a judgment, applying filter questions designed to refine the timing of the visit. The final phase of the process guides the nurse to negotiate the scheduling of the visit with the patient and family as well as the resources of the home health office.

Implemented in all Fraser Health Home Healthcare sites, the guide is currently used to prioritize visits, to educate novice clinicians and to support visit decisions. Formal evaluation and quality-improvement is currently underway.