...in nurses’ words

The recognition that dying may happen sooner rather than later for the person with advancing chronic illness is key to delivering a palliative approach. By waiting until the active phase of dying to ‘start palliative care’ patients and families miss those dimensions of care that support living well and dying, as this nurse’s story shows ...

A woman with COPD was transferred up to our ward from emergency late one night. She was really struggling to breathe and was anxious and afraid that she was going to die. I agreed that her condition looked very fragile and was concerned that her family had been sent home because the ER doctor thought she was just having another acute episode as part of her chronic illness and had told them that he expected her to recover as she had in the past. I realize that transition periods are difficult, for example when someone goes from having a chronic illness to ‘being palliative’, but we have got to do a better job of looking at the whole person in context, not just at their presenting symptoms and we need to all be on the same page. That woman died that night, without her family and surrounded by people she did not know. I felt awful afterwards, like I had let her down by not advocating for her to get the medications she needed and for her family to get the support and information they needed to be able to say goodbye. Of course her family was devastated and angry with us for sending them home. Why wouldn’t they be? That death still haunts me.

Ella Garland: an iPANEL student

Experiencing many deaths in acute care over the years, both good and bad, compelled me to seek better ways to support patients and families at end-of-life. Throughout my career I have always had a desire to add knowledge and skills to my practice thus have just completed a Master of Nursing degree where I focused on barriers that impede end-of-life communications in patients with heart failure. I envision research and knowledge translation as a vehicle for improving the quality of care to patients and families as well as to lessen nurses’ moral distress as they gain knowledge, skills and confidence in end of life care. As I move out of my student role and into an ‘Affiliate’ role with the iPANEL team I will continue to be part of the research activities that will integrate a palliative approach into care. 

Ella Garland MSN RN
iPANEL team researching how to best move research findings into nursing practice

Do you ever wonder why important research findings don’t seem to make their way to the nurses who could use them? iPANEL Co-investigators Drs. Sheryl Reimer-Kirkham and Gweneth Doane, and Elisabeth Antifeau are leading research funded by the Michael Smith Foundation for Health Research, to answer just this question. They, along with several team members, have embarked on an exciting research demonstration project that will develop, test and refine a model of collaborative integrated knowledge translation, and in the process, will develop knowledge that will enable early identification of patients with advancing chronic life-limiting illness who could benefit from a palliative approach. And who else better to inform this model but nurses at the point of care? iPANEL welcomes several clinical research facilitators who will engage as co-researchers with us to answer important questions pertaining to nursing practice including (from left to right): Erin Fearn, a staff nurse working in acute medicine at Vancouver General Hospital; Dacia Reid, Clinical Nurse Educator and Gloria Real, Clinical Nurse Leader from Aberdeen Hospital (Long Term Care Facility) in Victoria; and Rowelyn Lambatin, Acting Patient Care Coordinator and Alicia Ortega, a staff nurse, working in acute medicine at Burnaby General Hospital.

iPANEL RESEARCH ON RURAL NURSING AND A PALLIATIVE APPROACH

Congratulations to iPANEL team members, Dr. Barb Pesut and Barbara McLeod along with fellow authors Dr. Rachelle Hale and Miranda Dalhuisen who have just published research findings in the journal Advances in Nursing Science—Rural Nursing and Quality End of Life Care: Palliative Care...Palliative Approach... or Somewhere In-between? The authors’ provide a new understanding of palliative nursing within a rural context and found that rural nurses caring for patients at end of life pay attention to time, privacy and family support and that urban models of palliative care do not fit well in the context of rural nursing practice.

EVENTS

Our first RESEARCH CAFÉ titled “Building Knowledge Together: Integrating a Palliative Approach into Your Care” was held on November 20th at Fraser Health. Several members of the iPANEL team shared research findings to date and engaged with participants in discussion about integrating a palliative approach into care. For information on future events you can check out www.ipanel.ca under ‘News & Events’.

iPANEL WEBINARS

Our webinars are hosted on our InspireNet iPANEL Action Team page. They are generally a 30 minute presentation followed by a 30 minute collaborative dialogue with the goals of informing both research and practice. All webinars are on the 4th Tuesday of each month from 2:00 to 3:00 PM. To participate you must register with InspireNet (www.inspirenet.ca) and then join our iPANEL Action Team page.

• DECEMBER | No webinar.

• JANUARY 22 | Addressing spiritual needs for people with life limiting conditions. Presented by Ibolya Agoston, iPANEL Student.

• NOTE | Past webinars are archived and available for viewing on the InspireNet iPANEL Action Team page.
What’s research got to do with it?

As the Director of the End of Life Care Program in Fraser Health, I seldom have the opportunity to think about how best to change systems that support nurses to improve end of life care. That may sound surprising but in the fast-paced world of health care, I frequently have to quickly respond to opportunities or threats in our system and I find myself reacting to problems with solutions that are the easiest to implement or the least costly. Rarely do I engage in a literature search, find out what others in the world are doing, or challenge myself to approach the problem from a radically different point of view.

Joining a research team such as iPANEL allows nurses from many different perspectives, including research, academia, clinical practice and operations, to “put their heads together” to examine issues and problems in a systematic and thoughtful way. We are required to “test” out our ideas rather than assume we know what nurses think and what will work to improve practice.

In our program in Fraser Health, we have been developing specialized services for the population who are identified as ‘end of life’. As we have been fulfilling our mandate for specialized services, the need for a broadly-based ‘palliative approach’ to care has become evident to our teams. But how do we best provide such care? Do we work with other programs such as emergency, renal and critical care to assist them in developing their own expertise? Do we try and expand our services to include larger numbers of patients into our specialized services? What is the role of the nurse caring for a patient with dementia or end stage renal disease as it relates to end of life care?

As a participant in this research, I am able to bring my expertise as an administrator and my ability to influence policy to the team. I appreciate that the discussions we have and the work we are doing will in turn influence me and my colleagues. When I speak to others about how to improve end of life care, I feel more confident speaking to research-based solutions that also reflect the complexity of our health care system.

So what does research have to do with it? As we move forward in developing strategies and solutions... Everything! Personally, it is humbling to be a part of a team that has so much to teach me and professionally it reminds me how great it is to be a nurse who has an opportunity to improve the lives of dying persons and their families.

Carolyn M Tayler RN BN MSA CON(C)
iPANEL holds its first symposium focused on educating for a palliative approach

On May 2nd, 2012 iPANEL held its first annual symposium in Kelowna with support from the Canadian Institutes of Health Research and the Michael Smith Foundation for Health Research. Over 50 attendees from around the province gathered to discuss how to educate nurses to provide a palliative approach. Nurses and administrators from acute, residential and home care along with community representatives participated in lively discussions and debates. The day was topped off by a provocative evening lecture given by Dr. Gweneth Doane exploring how reflective, relational education is key in preparing nurses to integrate a palliative approach into their practice. The symposium and evening lecture resulted in the sharing of “aha” moments and new perspectives. A final report of the symposium will soon be available at www.ipanel.ca.

submitted by Erin Donald RN MSN

iPANEL thanks students for their participation

A big round of applause to all of those students who have contributed to iPANEL projects during their practicum during the last year. Your efforts have benefited us all. Thanks to: Grey Showler, MSN program, UBC; Erin Donald, MSN program, Seattle University; and Lara Kesteloo, BSN program, University of Victoria.

Become an affiliate member with iPANEL

Affiliation with iPANEL provides nurses in British Columbia who are interested in a palliative approach with an opportunity to become involved in many of the activities of iPANEL. Affiliate members are sometimes consulted for their expertise, are invited to become part of iPANEL research projects, participate in conversations about how to best move research into practice and how to integrate a palliative approach into the care of people with advancing chronic life-limiting illness. iPANEL welcomes our Affiliate members: Gina Gaspard, Fraser Health Authority; Lorna Ross, Carolyn Wilkinson, Dawn Dompierrre, Vancouver Island Health Authority; Lori Rietze and Dr. Anne Bruce, University of Victoria; Margaret McDaniel, Northern Health Authority; Sharon Whitby, Interior Health Authority; Ella Garland, Tilly Schalkwyk, Jenica Burns, Kate McNamee-Clark, Providence Health; and Camara van Breemen, Canuck Place and Dr. Ann Syme, Covenant Health, Edmonton. For further information on iPANEL Affiliate Membership visit www.ipanel.ca.

FOUR THINGS YOU SHOULD KNOW ABOUT iPANEL

1. Three quarters of the British Columbians who die, do so without being identified as people who could benefit from the services associated with palliative care.

2. Through research we create new knowledge about how nurses can further integrate palliative philosophies and services into non-specialized settings which provide end-of-life care.

3. Our research is informed by and informs clinical practice.

4. Our ultimate goal is to advance the further integration of the palliative approach into every care setting.