in nurses’ words

Often our challenge is that we don’t see that dying is on the horizon. In contrast, when patients and providers recognize the person with chronic illness is dying, care that supports death can unfold, as the following narrative demonstrates.

Not long ago a middle aged man who had been in and out of our unit many times over the past few years for a variety of complications related to his disease, came in extremely ill and clearly dying. Thank goodness I was working with a really good team that night and we all could see that he was changing. Even the doctor was on the same page and gave us really good orders so that we had just what we needed to make him comfortable, but still alert enough to interact with us and with his family. He had a long talk with his wife and then told her that he wanted her to go home and get some rest. Right after she left, he called me into the room and told me he was ready to die and then he directed his care after that. So, first he wanted the chaplain to come and have a prayer with all of us in the room with him and then he wanted his Catholic priest to come in to give him the last rights. Fortunately, we were able to arrange that almost instantly, so everything just sort of fell into place.

When he had done all the things he needed to do, he gratefully accepted medications for his pain and shortness of breath, lay back down in his bed and died very peacefully about an hour later. I was really worried about his wife not being there, especially since I had to be the one to call her and that was a little bit frightening for me but in the end, she said she actually knew that it was going to happen and that she was fine with it.

He was just such an amazing person, but the way we worked together was pretty amazing too. Sometimes we feel so traumatized by the difficult deaths we see, especially when people are unprepared and struggling or begging for relief of their pain. But this was different...we all supported each other and worked as a team and helped him have a good death.

Acute Care RN
Exposing communication barriers that impede end-of-life communications in patients with heart failure: An integrative review

As a nurse clinician on a palliative consult team I frequently encounter patients with heart failure (HF), and their families, who have little understanding of their diagnosis and prognosis and have little awareness that they are nearing the end of their lives. In addition, many of the healthcare providers (HCP) I work with seldom recognize that patients are nearing end-of-life (EOL) or, if they do, feel ill prepared to support patients and families as EOL nears. My clinical experience is supported by a review of existing literature which suggests that end-of-life (EOL) communication is lacking despite many patients with HF and their families wishing to have them.

In order to identify why EOL conversations are not occurring I commenced an integrative literature review with the goal of identifying the disease-specific barriers. Findings identified four categories of barriers to communication related to the patient/carer, health care practitioners, disease-specific considerations and organizational challenges. The findings suggest that conversation regarding EOL wishes, prognosis and options for care rarely happen in the HF population. Patients’ may lack an understanding of HF, fear engaging HCPs, don’t wish to talk about EOL, or may wait for HCPs to initiate the conversation. The challenge of diagnosing and prognosticating HF along with the unpredictable trajectory of HF in addition to HCP’s focusing on curative therapies, inexperience in recognizing nearing EOL and in communications skills often leads them to avoid these challenging conversations. Limited time and space also play a role. Patient and family education about their illness as well as inter-professional education between HF teams and their palliative counterparts, with a particular focus on communication skills, will go a long way to improving EOL communications for this burgeoning population.

Ella Garland MSN RN

Introducing iPANEL Student – Sherin Jamal

Sherin Jamal is a PhD student in the Social Dimensions of Health program at the University of Victoria and is the Leader for the Centres of Innovation at Providence Health Care (PHC) which includes the Centre for Healthy Aging and Centre for Practitioner Renewal. She has been with PHC since 2005 and has previously worked at the Centre for Health Services and Policy Research as well as the Department of Psychiatry, UBC. Sherin has a M.Sc. in Health Services Planning and Administration from UBC as well a B.Sc. in Cell Biology and a Biomedical Laboratory Science (B.M.L.Sc.) degree. Her research interests include ethno-cultural minority older adults and their access to health services particularly residential long-term care and palliative services as well as quality of life in such settings and at end-of-life.

Sherin is excited to have the opportunity to be involved with iPANEL which spans her areas of interest and provides a unique opportunity to work with internationally known experts and to acquire the range of skills required to become a successful independent researcher. She looks forward to participating in iPANEL meetings, conferences and research as well as learning how to conduct practice-relevant research that shortens the gap from knowledge creation to implementation.

iPANEL KNOWLEDGE TRANSLATION INITIATIVES

WEBINARS

Webinars 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 the 4th Tuesday of the month from 1400-1500 (unless otherwise indicated). You must register with InspireNet (www.inspirenet.ca) and then join our iPANEL action team page to join these.

- **MARCH 26** | *The Integration of a Palliative Approach in Hospital, Residential, and Homecare Nursing: Results of a Province-Wide Survey.* Presented by Della Roberts and Rick Sawatzky.

- **APRIL 23** | *iPALL: identifying patients who might benefit from a palliative approach to care.* Presented by Kate McNamee-Clark and Ella Garland.

- **MAY 28** | *A Palliative Approach in Ethno Cultural Communities.* Presented by Sherin Jamal.

EVENTS

To help celebrate Nurses Week, the iPANEL team (including some of our Affiliates in VIHA) will be facilitating discussions about our project’s research findings at Royal Jubilee Hospital on **Tuesday May 7th 2013 from 0830-1200 hours**. If you wish to participate, announcements for this event, “A Palliative Approach to Care: Would Your Patients Benefit from it?” and how to register can be found under NEWS & EVENTS on the iPANEL website. This is an excellent opportunity to hear some of our findings and to discuss what they mean to you, as a practitioner and how they may impact your practice. Refreshments and networking during the event. We hope you can join us!
Educating rural nurses and nursing care providers in a palliative approach

Principal Investigators: Dr. Barbara Pesut and Gail Potter

Co-investigators: Barbara McLeod, Tammy McLean, Deanna Hutchings, and Drs. Kelli Stajduhar, Sheryl Reimer-Kirkham, and Gweneth Doane

This practice relevant research demonstration project is designed to use the best evidence to develop the competency of nurses and nursing care providers practicing in rural areas to provide a palliative approach to care for individuals and their families living with chronic life-limiting illness. The objective of the first phase is to use the best evidence to develop, offer and evaluate a curriculum in a palliative approach that meets the needs of rural nurses in light of skill mix and staffing models across practice contexts of home care, residential care and acute medicine. A significant and unique aspect of this project is that nurses and nursing care providers are being educated together.

The first one and a half day workshop was held in November 2012 at the Mir Centre for Peace adjacent to Selkirk College in Castlegar. Nineteen nurses and nursing care providers gathered in pastoral surroundings for rich learning and great hospitality. The workshop, taught by Gail Potter, a Selkirk College Nursing Instructor and Brenda Hooper, a Community Health Nurse and Bereavement Counselor, provided sessions common to nurses and nursing care providers and breakout sessions to focus more concretely on skills appropriate to the various scopes of practice. Prior to the workshop, participants filled out self perceived competency in a palliative approach and fear of care of the dying measurements. Anecdotal evaluation of the workshop was overwhelmingly positive. One participant said she was “so happy to have all levels of caregivers learning together!” Another concluded, “The hope that is/has been given that we are making a difference and the system is changing.” Nursing care providers spoke specifically to the confidence they gained with increased knowledge. One participant has since initiated a palliative interest group within her worksite. Participants are currently taking part in follow up sessions, which include further education and time for sharing successes and challenges in applying a palliative approach in their workplaces. Mixed method evaluation of the research will be conducted when the follow up sessions conclude in April 2013. Due to the interest generated through the workshop, a second offering will be held starting in March 2013.

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.