Palliative nurse education – towards a common language

Undoubtedly, the need to provide clinically relevant, focused and substantive education programmes to meet the challenges of palliative care practice remains high on the agenda for educators in the field.[1] The proliferation of research activity in this field is supplemented by the increasing number of courses, both vocational and academic. In Europe, the UK has the widest range of courses that attract not only the interested beginner, but the experienced practitioner who needs regular clinical updating. However, the UK example is not unique and throughout Europe, education initiatives are taking place in a multiplicity of languages that share some common threads of palliative care: clinical competence, shared learning, partnership, the ability to function effectively within a multidisciplinary team and integration with the existing healthcare services.[2,3]

One of the most difficult dilemmas for the palliative care educator is to achieve some kind of standardisation across programmes. In Ireland, for example, the proliferation of hospice centres providing essentially the same course led to some agreements about what should take place, why, when and where. In a small country like the Republic of Ireland, such national initiatives are possible. Compare the example of Switzerland with three official languages and the need for simultaneous translation in triplicate. The education recommendations of the Swiss Society for Palliative Care[4] are a credit to the ability to transcend linguistic challenges. Yet, the need for some form of guideline to set a common ground for educational preparation is now necessary for all disciplines involved in the delivery of high-quality palliative care.

In 1997, the European Association for Palliative Care (EAPC) proposed that the collective member associations in each country should create a national education network, which would link with the EAPC education network. The proposal from the EAPC Board of Directors was to establish minimal recommendations for training in palliative care for both nurses and doctors, and also to identify those training skills most appropriate for palliative care educators.

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It is important that palliative care education transcends linguistic challenges

The EAPC has, over the last two years, tried to unify the European voice of palliative care through its initiative, 'One voice, one vision'. The creation of task force initiatives to address some of the key issues which pertain to this watchword included the project described here – a proposal to offer some kind of guidelines for the future development of palliative nurse education. This report entitled *A Guide for the Development of Palliative Nurse Education in Europe*[5] is the culmination of a three-year collaborative project, finally agreed in November 2003. More importantly however, this document does not merely represent the views of four palliative nurse educators in Europe. The document was translated into five languages and distributed with a questionnaire

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to 100 palliative care nurses in Europe. A further 39 attended a consensus workshop at the 8th EAPC Congress held at The Hague in April 2003. Nurses involved in practice and/or education were asked to feed back their views and opinions on the paper. The resulting document forms a body of opinion about the future structure and potential framework that could be used in the formation of palliative nursing programmes across Europe. The authors use the word 'could' with caution. It is not their intention to create a rigid and prescriptive formula for education. Indeed, this paper does not offer a curriculum per se since the collaborative efforts undertaken in this project respect each country's right to diversify, dependent on local custom and practice. However, particularly in those countries where palliative care is not recognised as a specialty, minimum guidelines for quality practice are both needed and requested. This may be particularly true for nurses, whose opportunities to attend recognised education and training programmes may be limited in terms of funding and accessibility.

So what does this paper say about palliative care nurse education? Bearing in mind that this document focuses particularly on nursing, the template it offers may well provide a reflective structure for other disciplines involved in the delivery of palliative care. The value of multidisciplinary education cannot be underestimated in terms of learning to work together and sharing responsibilities. Palliative care education should be based on the principles of adult education[6] that reflect the process of self-directed and problem-based learning. Within nursing, these approaches are widely considered to produce the benefits of clear critical thinking and problem-solving. It is immediately applicable to practice and a clear message is given to healthcare providers that education can only be translated into practice if partnership exists between the place of care and the education centre, which usually means appropriate arrangements for study leave and funding. The lack of respect for this partnership has often led to a poor result in translating the theory into practice in comparison with the amount of effort expended.[7,8] Cost-effectiveness and appropriate standards can only be ascertained when the direct benefit of any education programme to the patient can clearly be identified.[9] This does not mean that courses which reflect the principles of self-awareness are not valuable. Indeed, the model of the learning process proposed in this paper advocates the need for reflective practice about self, in the context of life values and personal philosophies. Furthermore, the model interlinks the various components of palliative nursing practice, placing the patient at the centre of the interaction and incorporating the variables that impact upon his living; such as family, team, society and healthcare system. This clearly indicates education that is separated from practice, is ineffectual and inadvisable.

It is also accepted that not everyone needs to be a specialist, but that a palliative approach to practice is a solid framework for best practice in nursing. The document proposes three levels of knowledge acquisition: level A (both undergraduate and postgraduate); level B where the practitioner may fulfill the role of a resource person; and level C where practice is delivered at the specialist level, including an education and research component. These latter considerations are deemed important at the more senior level, where the nurse may be required to undertake a multiplicity of roles, including programme formation and research initiation. However, the decision on what constitutes each level remains the prerogative of each country, as does the hours associated with the educational preparation for each level. Inevitably, there will be calls for this to be the next step. However, the prerequisites for good palliative nursing education discussed here need to be firmly in place before the issues of how to implement theory into practice are to be discussed.

A palliative approach to practice is a solid framework for best practice in nursing

This said, the paper does try to offer some guidance on what could be reasonably expected of a nurse who has completed education and training to one of the levels described above. Obviously, the degree of expectation will increase as the nurse grows in confidence in practice. However, it is to be remembered that even at the highest level of practice, the extent of how much knowledge is required in each domain is entirely dependent on the role undertaken. Arguably, a home care nurse may need to know more about family dynamics and community services than his/her colleague in a general hospital. It is hoped that these 'nursing statements for clinical practice' will give a sense of the possible.

Palliative care education is not simply about delivery. The need for evaluation that reflects the variety of teaching methods, the opportunities for learning available and clinical experience is essential. Courses which fail to

demonstrate accurately measurable outcome objectives to the funding provider may do little to enhance the status of palliative nurse education, nor contribute to the improvement of palliative care service delivery.

The authors consider that the primary value of this EAPC document is to raise the profile of palliative nurse education. Writing a document that claims to represent the worldview of Europe's nurses in this respect is foolhardy at the least. However, we believe that the 80% response rate noted from 100 palliative nursing experts across Europe is indicative of the interest in searching for a common language for palliative nursing. Where palliative care is itself in its infancy, particularly in the Eastern European sector and a priority for the EAPC at this time, we hope that this document, through that process of collaboration, will give credence to the concept of 'One voice, one vision' for palliative nurse education.

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