European Association for Palliative Care

A Guide for the Development of Palliative Nurse Education In Europe

Palliative Nurse Education: Report of the EAPC Task Force

DE VLIEGER Martine (Belgium)
GORCHS Nuria (Spain)
LARKIN Philip J. (Ireland)
PORCHET Françoise (Switzerland)

September 2004

This document is under copyright to the E.A.P.C.
and the aforementioned authors

ISBN: 978-88-902961-0-9

EAPC Onlus: Non profit-making Association
Istituto Nazionale dei Tumori, Via Venezian 1
20133 Milano, ITALIA
Tel +39 02-23903390 - Fax +39 02-23903393
e-mail: E.a.p.c@istitutotumori.mi.it
www.eapcnet.org

FOREWORD

It is with great pleasure that the Task Force on Palliative Nurse Education present this report to the Board of the European Association for Palliative Care. This report has been a long time in coming to fruition, not least because of the co-ordination necessary to process such work from four different countries. We owe a debt of gratitude to the Board of the E.A.P.C for their support, both financial and administrative to enable this project to succeed.

We hope that this report and its recommendations will be used to create clinically relevant and nurse focused education, particularly where this area is in its infancy. The contribution of nursing to palliative care is invaluable and indeed, its founder, Cicely Saunders, clearly advocated the role that nursing plays in the care of those patients with life-limiting illness. Palliative Care has changed, grown and expanded its ideas since her initial conceptions in the 1960's. So too, has nursing. Yet, we hope that the same pioneering spirit that she espoused will hold true for those people who will take this document and use it. We accept that this document in no way meets the needs of every country. That was neither our intention nor brief. We are conscious, however, of the changing paradigm of palliative care and the role that nursing can and will have in many European countries in the future. It would be our privilege if some of that change, in terms of preparation for practice, came from this document.

The task of consensus around such a paper is not easy. It is humbling to consider that 80 nurses using 5 languages were able to give voice to their views and opinions about this work, in addition to the 39 who attended the workshop held during the 8th EAPC Congress in The Hague, in April 2003. Their support has been our reward and we offer our heartfelt thanks for all their efforts. We also wish to thank all our colleagues for their support and critique of this paper and in particular, Dr.

Cecilia Sepulveda from the W.H.O who gave us a critical appraisal from the perspective of palliative care in the global context.

Finally, as Chair, my thanks go to my colleagues, Françoise Porchet, Martine De Vlieger and Nuria Gorchs, who provided the inspiration and energy for this project to happen. Truly, this collaboration was a prime example of the EAPC strategic belief "One Voice – One Vision". This process began through dialogue and networking. The work now, in strengthening the European links for palliative education, is only beginning.

Philip. J. Larkin, Chair

Palliative Nursing Education Task Force

CONTENTS

1.0	INTRODUCTION		Pg 7
	1.1	The diversity of Palliative Education	Pg 8
	1.2	Partnership between place of care and education centre	Pg 10
	1.3	Further elaboration on Palliative Education programmes	Pg 11
	1.4	Questions which must be addressed in the preparation of education programmes[1]	Pg 12
2.0	INTERDISCIPLINARY EDUCATION		Pg 12
	2.1	Principles of adult education: learning methods and assessment.	Pg 13
3.0	KEY POINTS FOR PROGRAMME PLANNING		Pg 15
	3.1	Objectives	Pg 15
	3.2	Teaching methods	Pg 15
	3.3	Evaluation of education effectiveness; process, quality and outcomes	Pg 15
	3.4	Quality of education	Pg 17
	3.5	Qualifications for Palliative Care teaching	Pg 18
4.0	DIMENSIONS OF THE PALLIATIVE CARE LEARNING PROCESS		Pg 18

[1] Guide pour l'élaboration ou l'examen de projets de formation dans le domaine médico-social, Office Fédéral de la Santé Publique, Section Evaluation/Recherche/Formation, 1995, Suisse.

	4.1	The patient	Pg 21
	4.2	The patient and family[2]	Pg 24
	4.3	The interdisciplinary team[3]	Pg 25
	4.4	Self-awareness - ethical issues	Pg 26
	4.5	Death in society: palliative care in the healthcare system	Pg 27
	4.6	Training for educators in palliative care	Pg 28
	4.7	Training in palliative care research	Pg 29
5.0	NURSING STATEMENTS FOR CLINICAL PRACTICE		Pg 30
	CONCLUSION		Pg 38
	REFERENCES		Pg 41
	ACKNOWLEDGEMENTS		Pg 43
	APPENDICES		Pg 44

In order to maximise the best possible use of existing resources on palliative training, this document is based on previous work that has already been undertaken in European countries, including Switzerland, Ireland, Spain and Germany. This Report follows ongoing European collaborative work under the auspices of the EAPC since 2000.

[2] The term “ family ” covers those carers who are significant to the patient.
[3] The term“ interdisciplinary ” covers the interactions between representatives of different disciplines and different professions.

1.0 INTRODUCTION

Education is one of the primary factors that underpin the professionalization of Palliative Nursing in Europe. This may be demonstrated by the increasing number of courses and education programmes available to nurses throughout many countries in Europe.

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 directive from the EAPC Board of Directors was on the one hand, to establish minimal recommendations for training in palliative care for both nurses and doctors, and on the other hand, to identify those training skills most appropriate for palliative care educators.

In 1999, the Council of Europe stipulated that: *"The obligation to respect and to protect the dignity of a terminally ill or dying person derives from the inviolability of human dignity in all stages of life. This respect and protection find their expression in the provision of an appropriate environment, enabling a human being to die with dignity."* [4]

The Task Force proposes that any consideration regarding the development of palliative care training should embrace this philosophy at all times.

Key literature within Palliative Care would suggest that as a speciality, Palliative Care is developing a body of substantive knowledge on which to base practice. Therefore the Task Force affirms that the potential development of palliative care is based on education and research as the core component to practice.

---

[4] Protection of the rights of man and the dignity of the terminally ill and the dying. Recommendation 1418 of the Council of Europe, text adopted by the Parliamentary Assembly, June 25th 1999.

In order to respect the global character of palliative care, the Task Force advocates interdisciplinary co-operation and recognizes palliative nursing as an area of specific practice, requiring a strong educational foundation to ensure the delivery of high quality nursing services within the multi-professional team.

This report is presented as a discussion paper which offers key recommendations proposed by a group of European specialist palliative nurse clinicians and educators, intended to offer guidelines for the ongoing development of palliative nurse education initiatives. The responsibility of this Task Force is to consider the holistic development of Palliative Nurse Education at a European level and not relate this to the needs of specific countries. As such, it is not intended to offer a curriculum *per se,* since the spirit of interdisciplinary co-operation respects the right to culturally sensitive and diverse initiatives, reflecting different palliative care experiences in different European countries. However, the need for continued co-operation between palliative nurse educators is essential to develop minimum guidelines for quality, practice and innovation. We welcome those initiatives in place already which support such developments, respecting the autonomy of different countries with regard to palliative education.

1.1 The diversity of Palliative Education

The Task Force concurs that palliative nursing practice is not just about specialization. It is necessary to provide differing levels of education for health care professionals according to their specific needs. The level of education should be adapted to the degree of palliative care involvement in their everyday practice since:

"All professionals do not need to receive the same level of training. Roles with both the patient and team may differ, as

does the type and overall number of patients whom they come into contact with."[5]

This is reflected in the following table below, which describes 3 different levels of palliative education, considering the fact that in some countries, specialist academic knowledge may be at this time unattainable and therefore practice knowledge may be equally valuable:

Table 1. Levels of Palliative Education

Level A	**Basic (undergraduate)**	Future health care professionals during their initial training.
	Basic (postgraduate)	Qualified health care professionals working in a general health care setting[6], who may be confronted with situations requiring a palliative care approach.
Level B	**Advanced (postgraduate)**	Qualified health care professionals who either work in specialist palliative care[7], or in a general setting where they fulfil the role of resource person. Qualified health care professionals who are frequently confronted by palliative care situations (e.g. oncology, community care, paediatrics and elderly care)
Level C	**Specialist (postgraduate)**	Qualified health care professionals who are responsible for palliative care units, or who offer a consultancy service and/or who actively contribute to palliative education and research.

[5] SEBAG - LANOE R.: Les perspectives essentielles pour le développement de la formation en soins palliatifs, les défis en clinique et dans la formation, *Les Annales de soins palliatifs, les défis, Coll. Amaryllis*, Montréal, 1992, p.79.

[6] Residential home, Centre for physical or learning disability, or institution where palliative care is only one aspect of their clinical activity.

[7] The expression "specialist palliative care" covers the following structures: hospice, palliative care unit, hospital based service, home care team.

1.2 Partnership between place of care and Education centre

In order for palliative education to be delivered in the most efficient way possible and translated into everyday practice, it is absolutely essential that a strong partnership arrangement exists between the nurse undertaking an education programme, the management team responsible for the nurse and the education centre providing the course.

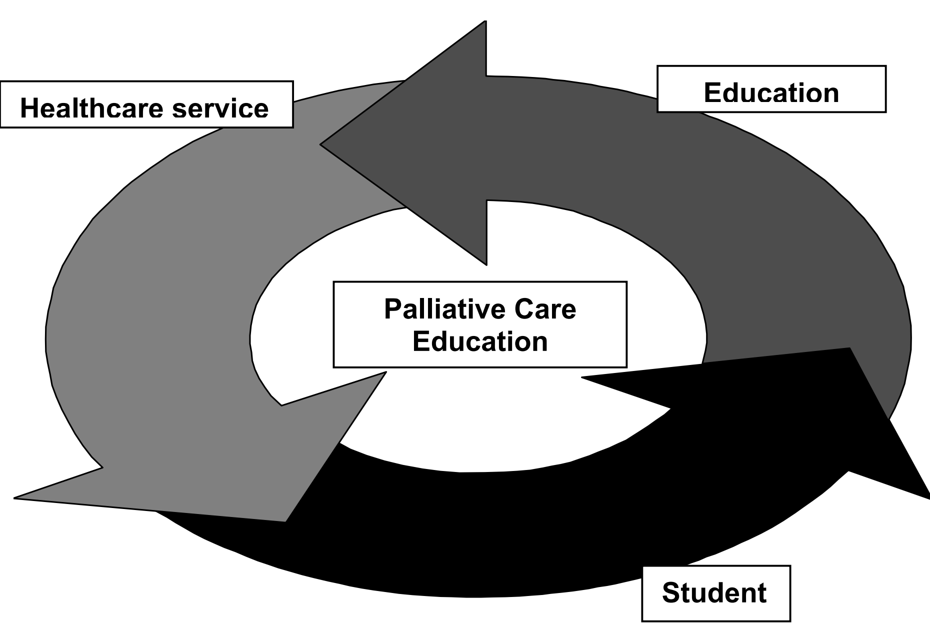


Figure 1. The inter-relationship between the institution, the education centre and the student necessary to ensure an effective programme of palliative care education.

"It is necessary to avoid the consequences of isolated courses, without links to available resources, which will lead to the failure of palliative care development, representing a poor result in comparison to the amount of effort." [8] It is far better to find a way to support the acquisition of knowledge and skills within a programme of palliative education, which is well structured, co-ordinated, focused and efficient.

1.3 Further elaboration on palliative education programmes

In order to elaborate further on the development of palliative education programmes, it is necessary to note that such programmes should be based on knowledge linked to the healthcare needs of the population and the structure of the health care system. This calls for those responsible for the development of education programmes to have sound understanding of:

- Palliative medicine and palliative care;
- Principles of Adult learning;
- Organisational planning;
- Partnership between place of care and place of training;
- Awareness of the politics of health care delivery and education at the local level.

[8] GOMEZ BATISTE X., ROCA CASAS J.: Organisation et planification des soins palliatifs, in *Revue Infokara*, décembre 1992, No 28, p. 33-38.

1.4 Questions which must be addressed in the preparation of education programmes [9]

Palliative education should be centred on the care needs and not seen only as a financial incentive to education centres wishing to extend their remit, because the subject is popular.

Specific questions need to be answered prior to the development of palliative training to ensure standards and cost effectiveness. Such questions include:

- Does this training respond to an existing need?
- Does the course take account of potential resources and available means?
- Are all objectives, contents and outcomes relevant?
- Does the teaching method reflect the principles of adult education?
- Is a method of evaluation clearly indicated as part of the training?

2.0 INTERDISCIPLINARY EDUCATION

Education programmes should reflect methods which enable and encourage all members of the healthcare team to learn ways of working together effectively and to understand:

- The responsibility of the team as a professional group;
- The role of each team member in carrying out the tasks given by the team;
- The extent to which roles of team members overlap;
- The process of working together;

[9] Guide pour l'élaboration ou l'examen de projets de formation dans le domaine médico-social, Office Fédéral de la Santé Publique, Section Evaluation/Recherche/Formation, 1995, Suisse.

- The role played by the team in the health care system [10-11]

2.1 Principles of adult education: learning methods and assessment

For many European nurses, exposure to education opportunity varies widely. The adult education approach encompasses this in its philosophy of mutual trust, respect, personal responsibility and experience.

Learning is a life-long process based upon individual interest, motivation, need, values and competency. This concept is widely held as the foundation for nurse education by European countries. This requires educators to be innovative and person-centred in their development of education initiatives which value prior learning and enhance practice knowledge. The Principles of Adult learning advocated by Spencer & Jordan reflect the need to focus on two key elements: self-directed and problem based learning. Both have been deemed appropriate in the nursing arena. Both are considered to produce clear benefits by increased critical thinking, problem solving in reality and communication at multi-professional levels.

In creating planned education, reference to the following points as indicated in Table 2 is recommended.

---

[10] Apprendre ensemble pour œuvrer ensemble au service de la santé, Rapport technique No 769, OMS, Genève, 1988.

[11] Formation en soins palliatifs. Recommandations nationales, Groupe de Travail Formation de la Société Suisse de Médecine et de Soins Palliatifs, Berne, août 2002.

Table 2: The relationship between adult and self-directed learning (After Spencer JA & Jordan RK, 1999, Learner centred approaches in medical education, British Medical Journal n° 318, May 1999, 1280-1283)

Key Elements of Self-directed Learning	**Principles of Adult Learning approach**
The Learner takes initiative for: • Diagnosing own learning needs. • Formulating goals. • Identifying personal resources. • Implementing appropriate activities. • Evaluating outcomes.	*Adults are motivated by learning that:* • Is perceived as relevant. • Builds on previous experience. • Is participatory and actively involves them. • Focuses on problems. • Engenders personal responsibility. • Is immediately applicable to practice. • Involves reflection. • Is based on mutual trust and respect.

3.0 KEY POINTS FOR PROGRAMME PLANNING

The Task Force recommends the consideration of the following key-points as inherent to course planning:

3.1 Objectives

All palliative education courses should have precise objectives which are both measurable and observable. The objectives should determine what the student should be able to achieve by the end of the course.

3.2 Teaching methods

It is essential that teaching methods should be varied, relative to the content and targeted appropriately to the group to ensure the best outcome. It is recommended that methods should include:

- Lectures: theory and practice
- Groupwork, both uni and multidisciplinary: case studies, critical incident analysis, reflection using written and audiovisual material, care planning. Feed-back according to clearly defined objectives
- Role play and practical demonstrations
- Sharing of real-life practice experience
- Self-directed learning (reading, computer assisted learning, use of the internet, distance learning, course work)
- Site visit for observation. Mentored clinical placement.

3.3 Evaluation of educational effectiveness: process, quality and outcome

Education is not simply about delivery. The need for evaluation is essential. Evaluation should reflect the level of knowledge,

the motivation of the student and the opportunities for learning available during the course.

As identified in Figure 2, an inter-relationship exists between knowledge, personal motivation and learning opportunities, which encompass all education strategies. Effectiveness is judged by the quality of the process and its outcome.

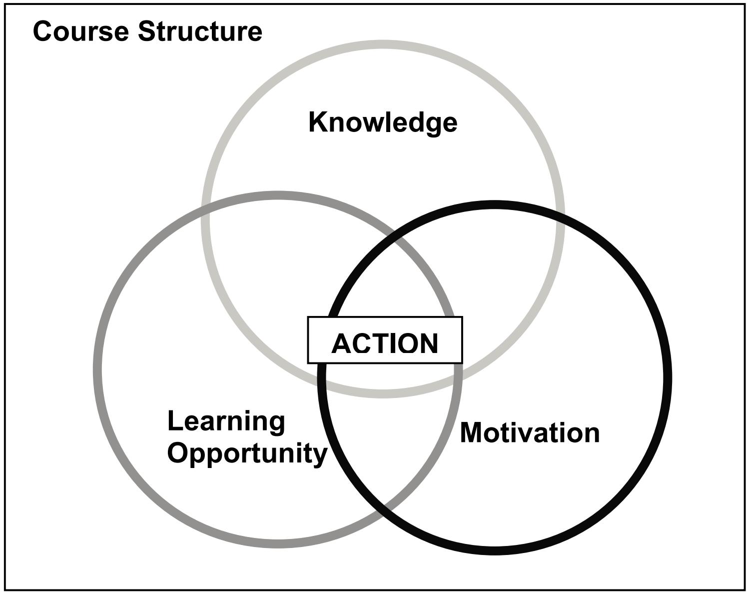


Figure 2: Relationship between knowledge, learning opportunity, motivation and context to action education initiatives. GORCHS N, (2003).

3.4 Quality of education

The importance of delivering quality education initiatives cannot be underestimated. Schaerer defines six areas for consideration when assessing the quality evaluation of an education programme [12]:

1.	Objectives	Clear explanatory literature about the course. How to meet set objectives in the description of the course
2.	Contents	Based on the most recent developments in the field
3.	Methods	Audience focused; balance between theory and practice; student involvement; formative evaluation throughout the course
4.	Evaluation	Regular evaluation and course modification by all partners; learners, educators, managers and health care institutions
5.	Outcome	Transfer of acquired knowledge and skills to the practical setting
6.	Ethics	Respect and attention given to students

[12] SCHAERER M.: Que signifie la qualité pour la formation des adultes*? Education permanente, Revue suisse pour l'éducation des adultes,* 1995/3, pp137-139.

3.5 Qualifications for Palliative Care teaching

The level of education training available to professionals varies widely throughout Europe. It is recognised however, that palliative care training for teachers should:

- Include continuing personal education relating to palliative care;
- Advocate a multidisciplinary approach to teaching and learning;
- Take into consideration ability in group dynamics, communication, negotiation and conflict resolution;
- Include human resource skills, openness, respect, empathy, adaptability and self-awareness.

It is also recommended that palliative nurse educators should be aware of the political infrastructure influencing the development of palliative care education programmes in their respective countries.

4.0 Dimensions of the Palliative Care learning process

The Task Force observes that 5 aspects of interaction in care occur in every day palliative nursing practice:

- with patient;
- with family/carer;
- with team;
- with society;
- with health care systems.

The practitioner needs to develop increasing levels of knowledge and skills based on their exposure to the varied dimensions of practice[13]. Level A provides the broad

[13] See figure 3 & page 20-27.

framework on which the other levels of interaction are built as expertise increases, so that the specialist nurse (Level C) is able to integrate palliative care at all levels as evidenced in the model which follows. This model demonstrates the parameters of practice that one might reasonably expect from a nurse working at each level. However, diagrammatic boundaries are arbitrary and it is accepted that the knowledge required in one domain may vary according to the role undertaken in clinical practice. Reference should also be made to the **Nursing Statements of Clinical Practice** on Pg 30 for further clarification.

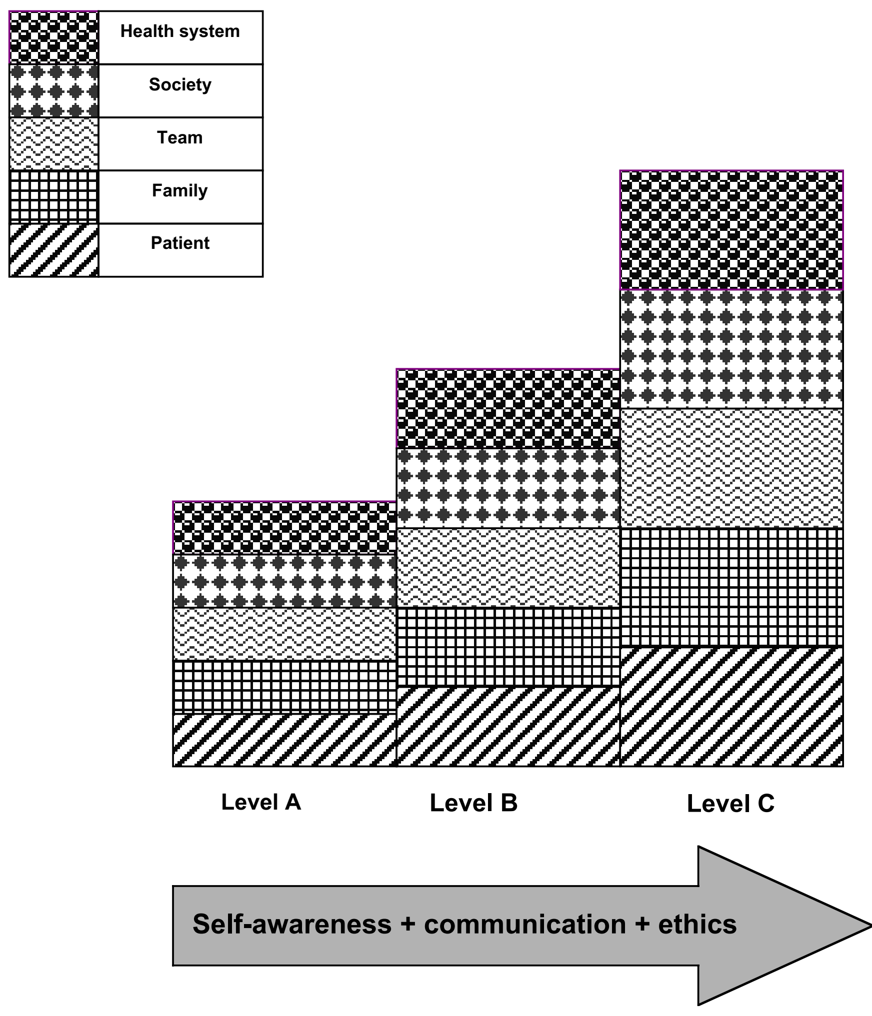


Figure 3. Dimensions of the Palliative Care learning process DE VLIEGER Martine, GORCHS Nuria, LARKIN Philip, PORCHET Françoise (2001)

4.1. The Patient

	Level A	Level B	Level C
	Basic	Advanced	Specialist
Observation, evaluation and symptom management			
Evaluation: Assessment tools - multifaceted approach - clinical examination - differential diagnosis: physiological systems - aetiology of disease - clinical profile - documentation		x	x
Common symptoms: Pain, G.I. Tract, dyspnoea anorexia-cachexia, weakness. Dry & sore mouth. confusion, depression etc.	x	x	x
Applied pharmacology, drug treatment of common symptoms. Side effects, Continual observation & evaluation		x	x
Drug pharmacokinetics and Drug interactions		x	x
Modes of administration (oral, enteral, subcutaneous, intravenous, rectal, transdermal)	x	x	x
Palliative Care Emergencies: Spinal Cord Compression, Haemorrhage, SVC syndrome, Hypercalcaemia		x	x
Difficult symptoms e.g cough, fungating malignant tumours, faecal incontinence, fistulas, skin problems		x	x
Psychological and/or psychiatric intervention		x	x
Role of physiotherapist and occupational therapist		x	x
Spiritual approaches to care	x	x	x

The patient (continued) [14]			
	Level A	**Level B**	**Level C**
	Basic	**Advanced**	**Specialist**
Nursing observation			
Comfort measures, mouth care, pressure sores, positions, complementary therapies, massages, relaxation, bathing, etc.	x	x	x
Pain			
Multidimensional aspects of pain (Total Pain)	x	x	x
Tools for pain evaluation	x	x	x
Pain assessment: presentation and aetiology		x	x
Pain management: WHO Analgesic ladder, pharmacology, side effects, role of adjuvant analgesics	x	x	x
Opiates: options - Titration - Toxicity	x	x	x
Opiate rotation		x	x
Indications for choosing different opioids (e.g. methadone)			x
Patient education on the use of opiates	x	x	x
Others: Pain management in specific palliative care situations: Elderly care and paediatrics		x	x

[14] The expression “patient” represents all human beings regardless of age.

The terminal phase and Death			
Anticipation of the terminal phase of life	x	x	x
Management of end of life symptoms (eg Noisy breathing "Death rattle"), meeting needs at end of life (e.g. subcutaneous fluids)	x	x	x
Issues of sedation at the end of life		x	x
Supportive care of the dying person and family	x	x	x
Death certification, care of the body after death, Grief & mourning immediately after death, administrative formalities	x	x	x
Spiritual support, rituals and customs		x	x

NB: Please note that the list given here in each domain is not exhaustive and Educators should use their own judgement as to the extent to which these recommendations fit the sphere of palliative nursing practice in their own country.

4.2 The Patient and Family [15-16]

	Level A	Level B	Level C
	Basic	Advanced	Specialist
The Impact of serious illness			
The impact of serious illness on the patient (body image, sexuality, etc.) and on the family (including children) psychological and spiritual suffering, role modification in the family crisis management, coping mechanisms	x	x	x
Social consequences of serious illness (work, finances, etc) support mechanisms	x	x	x
Communication and systemic approach			
Breaking bad news: Verbal and non-verbal communication, dealing with differing emotional responses, adapting information to an appropriate level of understanding which meets patient and family need, addressing changes in care (e.g stopping active treatment)	x	x	x
Knowledge of systemic approach	x	x	x
Education of patient, family and carers[17]	x	x	x
Family meeting and case conference		x	x
Support in complex situations through a process of negotiation, prevention of conflict		x	x

[15] The term " family " reflects all those considered by the patient to be significant to them.

[16] In less resourced countries, community involvement can be vital in a system of partnership to support the family and the patient and can guarantee better access to holistic palliative care.

[17] The expression " carer " means all those close to the sick person who may be called on to actively participate in some aspect of their care.

Terminal phase, death and bereavement			
Process of grief & loss	x	x	x
Specific care of the grieving child			x
Religious rites and customs		x	x
Developing systems for individual or group bereavement support			x

4.3 The interdisciplinary team[18]

	Level A	Level B	Level C
	Basic	Advanced	Specialist
Roles, responsibilities, leadership & networking			
Roles and responsibilities of different team members, including volunteers and families	x	x	x
Group dynamics and leadership		x	x
The influence of patient and family on the team dynamic		x	x
Negotiation and support in team conflict		x	x
Networking; methods of working with other specialists and teams			x
Advice and consultation by team members			x
Methods to introduce change into a team		x	x

[18] The term "interdisciplinary" means the interaction between representatives from differing professional disciplines.

4.4. Self-awareness - Ethical issues

	Level A	Level B	Level C
	Basic	Advanced	Specialist
Personal coping in the face of death, dying and bereavement			
Reflection on ones personal journey: values relating to life, end of life and death	x	x	x
Coping mechanisms (projection, transference and counter-transference), personal limitations, burn-out, caring for carers		x	x
The limitation of medicine and caring: Power and powerlessness (facing situations without no solutions possible), respect of self and other, referral to other specialities	x	x	x
Ethics: respect, patient rights, dignity, autonomy, beneficience, non-maleficience, etc.	x	x	x
Ethical decision making: Informed consent, judgement, patient wishes and advanced directives	x	x	x
Global understanding of the request for euthanasia	x	x	x
Requests for euthanasia and possible responses			x

4.5 Death in Society: Palliative care in the Healthcare System

	Level A	Level B	Level C
	Basic	Advanced	Specialist
Overview			
Definitions of medicine and palliative care and its implications for clinical practice, “core values”	x	x	x
Epidemiology of non-curable illness	x	x	x
Quality of life; model of bio-psycho-social care	x	x	x
Death & dying, the medicalisation of death, taboos surrounding death	x	x	x
“Informed consent”	x	x	x
Cultural and spiritual aspects of illness death and grief	x	x	x
Legal aspects of end of life care			x
Organisational aspects			
How the institution works, management structures, etc.		x	x
Factors which influence resistance to change within institutions		x	x
Organisation of Palliative Care at the local, national and International level **Palliative care networks**			
Structure and models of palliative services	x	x	x
The role of local, national and International Palliative Care organisations (e.g. EAPC)		x	x

The development of palliative care within local health care systems		x	x
Economic issues allied to Palliative Care provision			x
Media and public communication regarding palliative care			x
Palliative care and Quality initiatives			
Quantitative and qualitative research methodology			x
Quality control in Health care systems			x
Evaluation and audit of palliative care services			x

4.6 Training for educators in Palliative Care

	Level A	**Level B**	**Level C**
	Basic	**Advanced**	**Specialist**
Fundamental principles of adult education			
Styles of adult learning			x
Teaching methods		x	x
Education as specifically applied to Palliative Care			
Education and Empowerment	x	x	x
Uni- and multi-professional education		x	x
National and International education in Palliative Care		x	x
Knowledge of existing education system in the country		x	x

Evaluation of education & training			
Evaluation targeted to the needs of different groups			x
Formative and summative evaluation procedures[19] of coursework and knowledge applied to practice			x
Evaluation of education programmes			x
Evaluation of clinical practice			x
Understanding the concept of "research-based practice"			x

4.7 Training in Palliative Care research

	Level A	Level B	Level C
	Basic	**Advanced**	**Specialist**
Ethical and methodological principles for research in Palliative care			
Critical reading and academic writing skills		x	x
Application and limitations in palliative care research		x	x
Understanding research in the healthcare system, management structures, research and ethics committees, etc.			x
Developing and using a research tool			x
Methods of Data collection and analysis			x
Multidisciplinary research			x

[19] Formative Evaluation = carried out with the goal to assess the improvement in the learners knowledge and skills. Summative Evaluation = carried out to evaluate and quantify the students knowledge and skills in order to sanction their training course.

5.0 Nursing Statements for Clinical Practice.

As previously stated, it is not intended to suggest curricula which may be inappropriate and impractical for individual European countries. However, having suggested three levels of palliative education, (*see Pg 9*) it is important to state professional expectations of the practising nurse at each of the defined levels, A, B & C within the proposed dimensions of the palliative learning process (*described on Pg 18-19-20*).

Table 1, Pg 9 outlines the key differences between nurses working at each of the three levels and should be seen as a point of reference in considering the statements described here. These professional expectations are offered as a statement of the **minimum** requirement that can be reasonably expected of the nurse in practice, dependent on their exposure to and involvement with a palliative population.

- **It is also important to note that the acquisition of knowledge is cumulative. i.e. Nurses who practice at level C are expected to include all the aspects of Levels A & B in their practice.**
- **The nurse should always recognise their limitations and refer to colleagues practising at a higher level for further guidance as need arises.**

The Patient

At level A:

The nurse should understand the multidisciplinary nature of pain, specifically the concept of total pain and the tools used to guide pain assessment.

The nurse should be able to identify common symptoms associated with patient care at the end of life and be able to

describe the differing modes of administration of medication to relieve these symptoms, including opiates, adjuvant analgesics and associated side-effects. Additionally, they should be able to demonstrate skills in teaching the patient about their current medication.

As disease progresses, the nurse should be able to guide the patient and family safely and anticipate problems at the physical, psychosocial and spiritual level. Understanding the needs of their patient, the nurse should provide culturally sensitive care up to and immediately after death, responding to the families' need for guidance around emotion, grief and formalities which may be necessary.

At level B:

Additionally, the nurse should be able to demonstrate their ability to evaluate patient response to care through clinical assessment, examination and reflection. The nurse should clearly demonstrate their understanding of physiological systems, including applied pharmacology and pharmokinetics. They should identify and respond to difficult symptoms associated with palliative disease and influence the team approach by appropriate referral to colleagues from other disciplines involved in the patients care. They should also be able to demonstrate knowledge on the palliative needs of specific care groups e.g. Children and the Elderly, and advise colleagues on these and other aspects of palliative care as requested.

At Level C:

Inclusive of clinical practice described, the nurse should take the lead in providing an evidence based approach to palliative nursing practice for their unit, including acting as a resource

for patients, families, colleagues and the wider community. Liaison with the interdisciplinary team, they should provide a critical evaluation of patient care, identify and implement the need for clinical change in patient care. They should provide an educational resource through both formal and informal education which increases the potential for patient involvement in the planning and implementation of their care, as well as setting up a system of outcome measures to assess patient satisfaction and well-being.

The Patient and Family

At level A:

The nurse should be able to identify the impact of serious illness on all members of the family, as well as the social consequences which may follow. They should also be able to understand and respond to the normal processes of grief and loss, such as inter-familial conflict, identifying appropriate support mechanisms to assist a family at this time of uncertainty and change.

At level B:

Additionally, the nurse should obtain additional training in both verbal and non-verbal communication, specifically around the issue of breaking bad news and the cessation of treatment, demonstrating skills at supporting families at this time. Such support would include family meetings, one to one and group education and setting up or modifying structures to meet complex situations, such as the specific religious rites and customs as needed.

At level C:

Inclusive of the clinical practice described, the nurse should be responsible for the development of a system of individual and family support in the bereavement phase of care, based on their additional training and education in this area of care and acting as guide/role model for other staff. They should also clarify ways of determining a family centred approach through proactive working with the interdisciplinary team and highlighting the significant role of nursing in this aspect of care.

The Interdisciplinary Team

At level A:

The nurse should clearly identify the roles of each differing team member and be able to articulate their own unique contribution to the palliative care team.

At level B:

Additionally, the nurse should be cognisant of the team dynamic and the leadership potential of the nurse in this. They should also be able to influence and proactively support change within the team and family when and where it is required.

At level C:

Inclusive of the clinical practice described, the nurse should be competent to provide advice and consultation to the team and the wider community on teamwork, supervision, conflict resolution and negotiation.

Self-Awareness – Ethical issues

At level A:

The nurse should be able to demonstrate their understanding of key ethical issues which may affect the care of the palliative patient and family. This would include issues of respect, autonomy and dignity and the principles of ethical decision making. In order to do this, the nurse must be able to reflect on their own personal life view and the need to develop and maintain a sense of self-respect, as well as respect for the other. The nurse should also be able to differentiate between personal self-awareness programmes for developing better clinical practice and the role of psychotherapy, which may require a deeper and more intense reflective process.

At level B:

Additionally, The nurse must identify and respond to the differing coping mechanisms used by patients and families during care, as well as the impact of stress on personal well-being and practice.

At level C:

Inclusive of the clinical practice described, the nurse must have developed skills in the sensitive care of patients who may request euthanasia or cessation of supportive measures, e.g. hydration and be able to formulate an appropriate palliative response to this need. Education of other professionals and the public on this response is a vital component at this level of practice, as is skill at working within a media dimension.

Death in Society: Palliative care in the Healthcare system

At level A:

The nurse should clearly define the core values of palliative care, including quality of life and the role of palliative care within the bio-medical approach to care. This should also include an understanding of societal taboos around death and an overview of how death and dying is perceived in society. Information on the epidemiology of non-curable illness would be a necessary part of understanding the relationship between palliative care and the healthcare system in order to discuss the structure and models of different palliative care services offered in the region.

At level B:

Additionally, the nurse should be able to discuss the structure and function of national and international organisations involved in the planning and delivery of end of life care as well as the factors which influence change, both positively and negatively. The nurse should use this knowledge to influence their practice around the cultural and spiritual needs of communities who seek and require palliative care.

At level C:

Inclusive of the clinical practice described, the nurse should demonstrate their understanding of legal aspects of care and the importance of public communication on palliative issues through the media. Nurses should also be aware of the economic issues allied to palliative care and how funding is sought, administered and audited for equity and transparency. The focus of practice is on quality initiatives which requires clear demonstration of a research based approach, grounded in

applied research methods which reflect quality, evaluation and audit of patient care and clinical nursing practice.

Training for educators in Palliative Care.

At level A:

The nurse’s practice should reflect the fact that education is directed towards the empowerment of patients and families to gain a deeper understanding of their illness and its consequences. The nurse should demonstrate, through their clinical practice, that education is about facilitating learning and takes place as much at the bedside as in the classroom.

At level B:

Additionally, knowledge about different teaching methods and styles is necessary, specifically the value of multi-disciplinary education in palliative care. The need for evidence based practice should be encouraged through an understanding of palliative research in practice, both nationally and internationally.

At level C:

Inclusive of the practice described, a deeper knowledge of the principles of adult and education and the national education system is required to enable the nurse to formulate formative and summative education programmes which are responsive to the need of healthcare professionals in their region.

Training in Palliative Care Research.

At level A:

Although formal training and education in research methods for palliative care is not expected, the nurse should be encouraged to seek opportunities to develop research awareness and applied reading in the field to increase their existing clinical practice and promote professional development.

At level B:

Additionally, a deeper understanding of the value of evidenced based practice is essential as well as a further exploration of involvement in research initiatives, such as research methodology courses, journal clubs, and assisting in research studies where possible.

At level C:

Inclusive of the practice described, the nurse should be fully involved in research initiatives, which would include involvement in and initiation of research at both the uni/ and multidisciplinary level to enhance the development of palliative care in their area. This would require the nurse to have undergone formal training in the area of research methodology.

CONCLUSION

The Task Force views this report as the basis for the development of palliative nursing education. This report defines three levels of education required by nurses to equip them to meet the continuing care needs of palliative care patients. Although not exhaustive, these recommendations highlight the need for ongoing professional education at all levels and that education needs to be appropriately focused towards the discipline with quantifiable outcome measures for service delivery. The wide variability in palliative care services throughout Europe, challenge educators to work together to provide cohesive learning initiatives which reflect the key philosophical components of palliative care. Beyond this, each country should develop nurse training programmes which include care of the dying as a core concept for best practice. Mindful of the place of nursing in the development of Palliative care, specialist palliative nurse educators have a responsibility to advocate for adult centred learning which may set the pace for other disciplines who work as part of the collaborative palliative care infrastructure. This is best achieved through collaboration at the European level, in order to avoid wasting money and resources. Sharing and co-operation between these key players will enhance education initiatives throughout Europe and stimulate overall vision and strategy for the future of Palliative Care.

The EAPC Task Force on Palliative Nursing Education

Lausanne, Switzerland

Martine DE VLIEGER [20]	RN, Master in Nursing, University of Leuven, Belgium, lecturer aggregatie. General coordinator patient services and volunteer work of the Network Palliative Care Antwerp. Board Member, European Association for Palliative Care.
Nuria GORCHS [21]	RN, Diploma in Palliative Nursing (UK), Masters in Palliative care, University of Barcelona, co-ordinator of the Centre for the study of Palliative Care, Santa Creu Hospital, Vic-Barcelona, Spain.
Philip J. LARKIN [22]	RGN RSCN, B.SC, M.SC RHV, NDN, RNT. Regional co-ordinator for Palliative Nursing Services, Western Health Board, Galway, Ireland & Clinical Lecturer in Nursing, National University of Ireland, Galway. Vice-President, European Association for Palliative Care.
Françoise PORCHET [23]	RN, Post Graduate Diploma in Nurse Education, European Master in Palliative Care and Thanatology. Vice-President of the Swiss Society for Palliative Care (SSPC) and responsible of its Education Committee. Head of Postgraduate Interdisciplinary education, CHUV, Lausanne. Board Member, European Association for Palliative Care.

[20] Palliatieve Hulpverlening Antwerpen, Universiteitsplein 1, B - 2610 Wilrijk, tel: 0032.3.820.25.31, fax: 0032.3.820.25.30, e-mail: martine.devlieger@ua.ac.be
[21] Centre d'Estudis de Cures Palliatives, Coordinadora, Rambla Hospital, 52, 08500 Vic (Barcelona), tel: 0034.93.88.33.300, fax: 0034.93.88.95.087, e-mail: ce@hsc.hgv.es
[22] Centre for Nursing Studies, Colaiste na hOllscoile, National University of Ireland, Gaillimh/Galway, Ireland, tel: 0035391 524411 ext 2013, fax: 00353 91 750593, e-mail: philip.larkin@nuigalway.ie
[23] Service de la Formation Continue, Direction des soins Hospices/CHUV, Mont-Paisible 16, CH – 1011 Lausanne, Switzerland, tel: 0041.21.314.18.64, fax: 0041.21.314.18.28, e-mail: Francoise.Porchet@chuv.hospvd.ch

References

- A Core Curriculum for a Post-Basic Course in Palliative Nursing (1991). *The International Society of Nurses In Cancer Care.* Haigh & Hochland Manchester, U.K.
- Guidelines for the Development of a Palliative Care Service (1993). *The Irish Association for Palliative Care, Dublin, Ireland.*
- Hutchinson, L. (1998) Evaluating and researching the effectiveness of educational interventions. *British Medical Journal*, 1999 318 1267-9.
- Morales-Mann E.T. and Kaitell C.A. (2001): Problem based learning in a new Canadian Curriculum. *Journal of Advanced Nursing*, Vol.33 No 1 Jan 2001 13-19.
- McLeod R.D. & James, C. (1994): *Teaching Palliative Care: Issues & Implications,* Patten Press, U.K.
- Mueller M., Kern M., Nauck F., Klaschik E. (1997), *Qualifikation hauptamtlicher Mirarbeiter. Curricula für Ärzte, Pflegende, Sozialarbeiter, Seelsorger in Palliativmedizin*, Bonn.
- Lifelong Learning for Registered Nurses. (2001) United Kingdom Central Council for Nurses. U.K.
- Porchet F. (1999): *Formations en soins palliatifs: entre aspirations personnelles et compétences professionnelles. Examen de quelques formations de Suisse Romande 1999.* Mémoire présenté pour l'obtention du master européen en soins palliatifs et thanatologie, IKB et AFXB, Sion.
- Porchet F., Eychmueller S., Steiner N. (2002): *Formation en soins palliatifs. Recommandations nationales*. Groupe

de Travail Formation de la Société Suisse de Médecine et de Soins Palliatifs, Berne.

- Recomendaciones básicas sobre formación en cuidados paliativos. *SECPAL Medicina Palitiva 2000*;Vol.7; 23-25.
- Reed J., and Proctor S. (1993). *Nurse Education, A reflective approach*. Edward Arnold U.K.
- Report of the National Advisory Committee on Palliative Care (2000). Department of Health & Children, Dublin, Ireland.
- Schaerer. M. (1995/3): Que signifie la qualité pour la formation des adultes?. *Education permanente, Revue suisse pour l'éducation des adultes*. 1995/3 137-139.
- Sebag-Lanoe, R. (1992): Les perspectives essentielles pour le développement de la formation en soins palliatifs, les défis en clinique et dans la formation. *Les Annales de soins palliatifs, les défis*, Coll. Amaryllis, Montréal, Canada.
- SFAP, Collège Soins infirmiers (1999): *L'infirmière et les soins palliatifs. "Prendre soin": éthique et pratique,* E. Masson, Paris
- Spencer J.A. & Jordan R.K. (1999) Learner centred approaches in medical education, *British Medical Journal,* no 318 May 1999 1280-1283.
- Stjernsward, J (1995) Nurses in the Front Line (Editorial). *International Journal of Palliative Nursing,* Volume 1 Number 3 July-September 1995.

Acknowledgements

The Palliative Nurse Education TASKFORCE wish to express their sincere thanks to:

- **the 80 nursing colleagues from Belgium, France, Germany, Holland, Ireland, Italy, Norway, Spain, Switzerland and United Kingdom**

  who gave generously of their time to respond promptly and efficiently to the questionnaire between February-March 2003.

- **the 39 nursing colleagues**

  who attended the workshop on Palliative Nurse Education during the EAPC Congress in The Hague, April 2003 and made comments on the most significant parts of the document

- **Dr C. Sepulveda et Ms. A. Marlin** (WHO, Switzerland)
- **Dr B. Fittkau-Tönnesmann** (Germany)
- **Dr F. Nauck** (Germany)
- **Prof. J. Pereira** (Canada)

for their generous collaboration and review of this document.

- **Prof. S. Kaasa**, President EAPC
- **Heidi Blumhuber**, Executive Officer, EAPC
- **and the EAPC Board members**

for their ongoing support **.**

Appendix 1

PALLIATIVE NURSE EDUCATION:
A VISION FOR THE FUTURE

Recommendations of the EAPC task force on palliative nurse education

Dear colleague,

We are writing to you on behalf of the EAPC task force on palliative nurse education. As a palliative nurse/educator in your country, we are seeking your views on the enclosed consultative document and would appreciate it if you would review the paper and complete the brief questionnaire. We estimate that it should take no longer than 45 minutes to complete. This will allow us to obtain a broad set of opinions and help us to finalize the document through a process of consultation. We therefore are contacting nurses in about 10 countries where palliative nursing / education is developing. Your responses will only be used to assess the overall benefit of this paper for the development of palliative nurse education. **Please return your response no later than Friday 21st March 2003.**

We greatly value your time and effort and look forward to hearing from you.

Yours sincerely,

Martine DE VLIEGER (Belgium)
Nuria GORCHS (Spain)
Philip J. LARKIN (Ireland)
Françoise PORCHET (Switzerland)

Please complete the following details:

Questions	Answers
Main area of professional practice	☐ clinical ☐ education ☐ other (please specify)
Place of work	☐ hospital ☐ hospice ☐ home care ☐ day care ☐ other (please specify):
The document is clear and understandable	☐ yes ☐ no if no, please explain why:
Do you think the document could be used to implement/support palliative nurse education development in your country?	☐ yes ☐ no if no, please explain why:

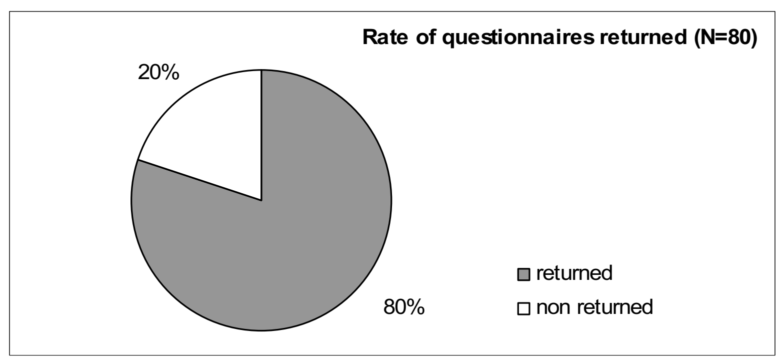
Do any palliative nurse education recommendations exist in your country?	☐ yes ☐ no
Please comment briefly on the positive aspects of this document	
Please comment briefly on any modification you could suggest	
Any further comments?	
Would you like us to keep in touch with you regarding the development of palliative nurse education in Europe?	☐ yes ☐ no if yes, precise your E-mail:

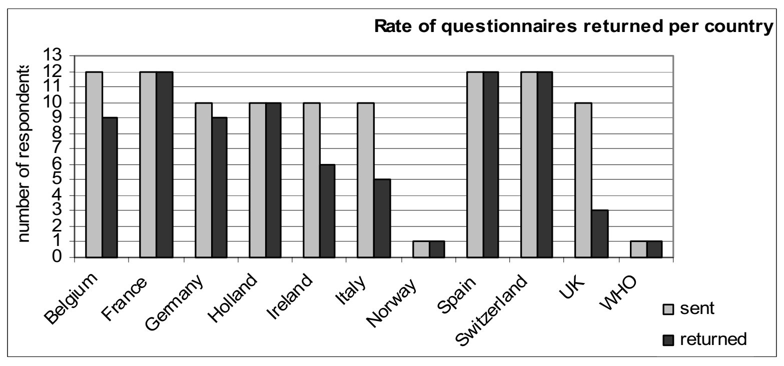
Thank you for your cooperation.

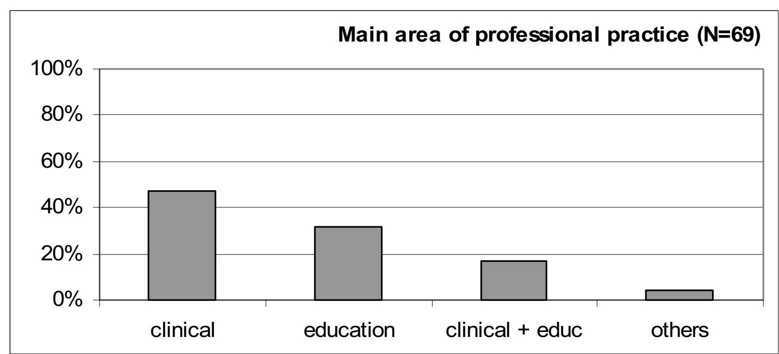
Appendix 2

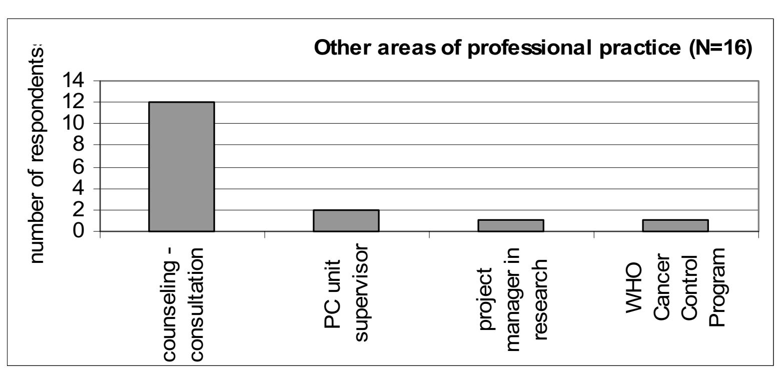
EUROPEAN CONSULTATION:

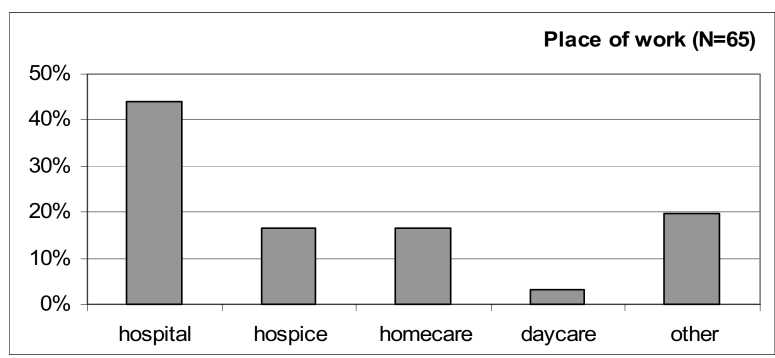
PRESENTATION OF THE RESULTS

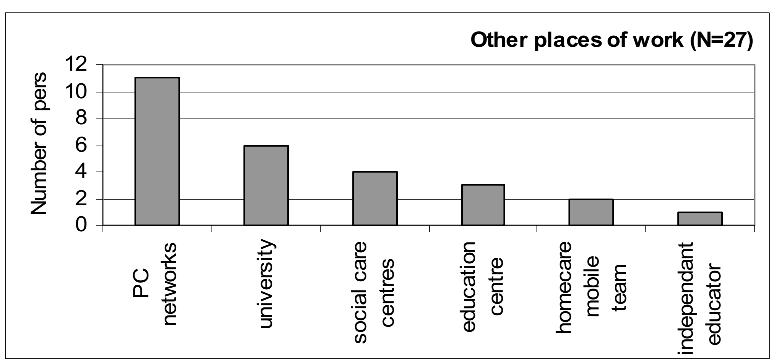


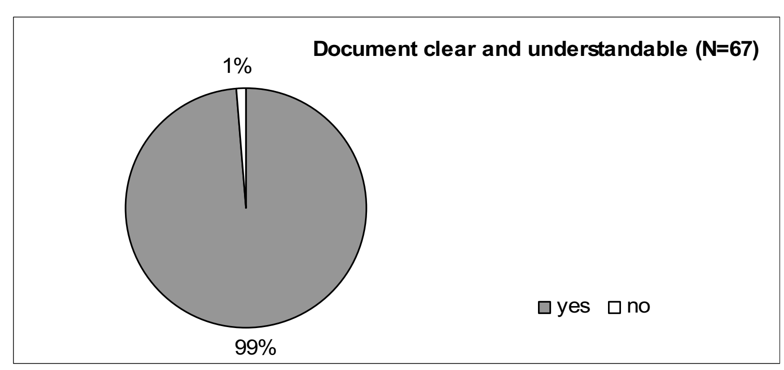


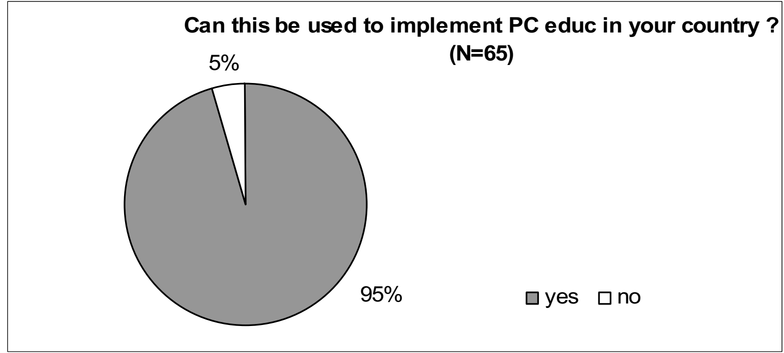


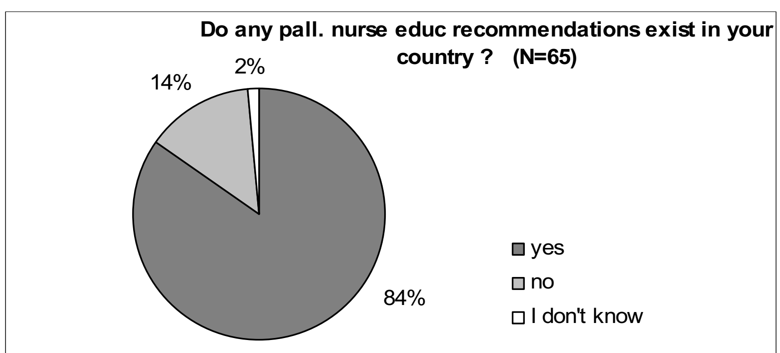

Other areas of professional practice (N=16)
number of respondents
14
12
10
8
6
4
2
0
counseling - consultation
PC unit supervisor
project manager in research
WHO Cancer Control Program


Place of work (N=65)
50%
40%
30%
20%
10%
0%
hospital
hospice
homecare
daycare
other


Other places of work (N=27)
Number of pers
12
10
8
6
4
2
0
PC networks
university
social care centres
education centre
homecare mobile team
independant educator


Document clear and understandable (N=67)
1%
99%
yes
no


Can this be used to implement PC educ in your country ? (N=65)
5%
95%
yes
no


Do any pall. nurse educ recommendations exist in your country ? (N=65)
14%
2%
84%
yes
no
I don't know

Appendix 3

Review of Comments from The EAPC Task Force

- Recommendations are NOT curricula
- Knowledge of national education recommendations varies within the same country
- Language should be adjusted to the local needs because of various meanings

General comments from the respondents

- Rigorous and clear contents, adaptable to the different and various European countries
- Excellent structure, very useful figures and tables, easy reading
- Covers all the aspects of the PC education
- A precious guide, patient-centred and grounded in practice
- Will contribute to define and improve quality of palliative care

General comments

- Education which is targeted, planned and efficient is economically viable
- Congratulations for this pioneering work
- The document is complete, coherent and pertinent
- Aspiring to a humanistic learning approach
- Unpicks the complexity of palliative nursing
- This is a federative project on the European level

Levels

- Different levels of competence clearly defined, which allows competency assessment

Partnership between healthcare service, education centre and student

- Very important
- This partnership should be formalized

Interdisciplinary learning

- Emphasizes the team approach to meet the global patient's needs

Adult education

- This document meets the up-to-date principles of adult learning
- Includes teaching methodology

Education evaluation

- Clarification of goals can lead to better teaching and teachers
- Qualifications for teachers are explicit
- Promotes life long learning

Contents per domain

- Interesting to mention palliative care research
- The contents match to evidence based practice and material is contemporary
- Needs more emphasis on comfort measures

Comments from Dr C. Sepulveda and A. Marlin, Cancer Control Program and Palliative Care, WHO

- Excellent paper of broad use besides the European boundaries
- Document offers a framework which prevents the unnecessary use of human and financial resources
- In terms of planning and allocating resources, it may be advisable to describe the length of time assigned to each level.

Tipolitografia Trabella
Milano