SENIOR NURSING STUDENTS’ KNOWLEDGE OF PALLIATIVE CARE: A PILOT STUDY

By

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A thesis submitted in partial fulfillment of the requirements for a baccalaureate degree in nursing in cursu honorum

Reviewed and approved by:

_____________________________________________
Thesis Supervisor

Submitted to
The Honors Program, Saint Peter’s University

April 6, 2016
Dedication

I would like to dedicate this dissertation to my mother, Patricia McHale-Eosso and my Father, Charles Eosso. Thank you for teaching me the values of independence, dedication and hard work. Those lessons have lead me to where I am today.

I also would like to dedicate this paper to my brothers, Ray McHale and Charlie Eosso. Thank you for making me into the strong willed person I am today. You both have taught me to stand up for what I believe in and have always supported me.

Thirdly, this dissertation is dedicated to my dear friends, Amanda Yaros and Niah Campbell. I would not be where I am today and this dissertation would not be what it is without the whole-hearted support and encouragement from you two.

This dissertation is also dedicated to my God Daughter Jayla Jeter and my niece and nephew Gianna and Jason McHale. You all inspire me to push harder and go farther to be the best I can be to set a good example for you.

Finally, I would like to dedicate this paper to my fiancé, Tristan Torres for helping me find my love for patient care starting out in pre-hospital care. Thank you for mentoring me through being an EMT and teaching me how to manage emergencies. Lastly thank you for showing me unconditional love and support.
Acknowledgement

I would like to thank Professor Sandra Horvat, mentor of my dissertation and professor, for her dedication and encouragement throughout this process. I cannot thank you enough for reminding me multiple times throughout writing this dissertation that it will get done. Professor Horvat, thank you for being an inspiration to me.

To the faculty of Saint Peter’s University School of Nursing, thank you. Each and everyone of the faculty members have helped shaped me to become the best nurse I can be. Countless hours in classrooms, clinical, and simulation lab being mentored by the faculty has given me many opportunities including writing this dissertation.

A special thanks to my sixth grade teacher, Mrs. Fowler. If it wasn’t for you seeing potential in me and advocating for me to go from remedial classes to honors classes I am not sure I would be writing this honors dissertation.
Abstract

This study explores the knowledge level on palliative care of senior level nursing students in a baccalaureate nursing program. It also will examine if the implementation of a palliative care simulation lab will improve the nursing student’s knowledge on palliative care. The World Health Organization (WHO) depicts the increasing numbers of patients in need of palliative care. Both the WHO and the Institute of Medicine (IOM) have recommended a stronger focus on palliative care education. This paper will examine the need for greater palliative care education for senior baccalaureate nursing students by means of pre and post assessments and the implementation of a palliative care simulation in relation to other research articles that suggest the need for additional education in this field.
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CHAPTER I

Senior Nursing Students’ Knowledge of Palliative Care: A Pilot Study

Chronic disease or illness can happen at any point in a person’s life. A person may have hours left to live or decades, both of which symptom management and comfort are crucial factors of improving that person’s quality of life. With the aging population and people living with chronic conditions the need for the implementation of palliative care is imperative (Lubkin, 2016). It is estimated that forty million people are in need of palliative care annually and that number will continue to grow with the aging population (WHO, 2015). The need for palliative care surges, but only 1 in 10 patients who are in need of it are receiving it (WHO, 2014a). How well can palliative care be implemented if the nurses, who are on the forefront of patient care and are spending the most time with the patients, are not being properly educated in this field? Generally, there is a need for undergraduate nursing curriculum to place a greater emphasis on palliative care (Institute, 2015a; WHO, 2014).

The definition of palliative care varies from source to source, for this studies purpose the World Health Organization’s (Connor, 2014) definition will be referenced. According to the WHO’s 2002 revised definition of palliative care for adults; palliative care works to improve the quality of the patient’s life (Connor, 2014). It encompasses treating the physical, psychosocial and spiritual issues the patient may be facing, including side effects of medications. The implementation of palliative care may start as soon as a patient is diagnosed with a life-threatening illness and may be used along with curative treatments (Connor, 2014). Palliative care supports the patient in living an active lifestyle and also provides support for the patient’s family through the process (Connor, 2014). The overall goals are to improve the patient’s quality of life, affirm life, and exemplify death as being a normal event.
The researchers first experience as a nursing student with palliative care was during a summer externship at a cancer institute. It was there that the researcher was exposed to lectures on palliative care and to patients receiving this type of care. This is what sparked this study to be done. The purpose of this pilot study was to examine if senior Bachelor of Science in Nursing (BSN) students, in their last semester of schooling, were knowledgeable of palliative care and if an implementation of a palliative care simulation and debriefing were needed and, if so, was it beneficial to the students.
CHAPTER II

Review of Literature

Death is an inevitable part of life and is something that nurses will face in any field of nursing. During those times, when a patient is faced with chronic illness or is near end of life, the nurse is expected to deliver high-quality care. This includes being knowledgeable of palliative care, but are nurses attaining that knowledge? Various studies have been conducted to determine if nurses and other healthcare providers have adequate knowledge on palliative care. The deficit in education is one of the major barriers preventing patients from receiving palliative care (WHO, 2014).

Literature on palliative care dates back to 1898 the times of Florence Nightingale. In her chapter entitled *Chattering Hopes and Advices* in *Notes on Nursing*, Nightingale discusses the importance of bringing pleasure to the sick (Nightingale, 1898). She says that it is imperative to tell the sick good news when they no longer can partake in it, and to also to provide them pleasure, even if it only lasts a short amount of time (Nightingale, 1898). Nightingale was advocating for implementing better psychological and physical environments for patient care. More along the lines of palliative care, she emphasized communication and also incorporated the patient’s family. After a patient passed away she would write letters to their family recounting the last few days of their loved one’s life (McDonald, 2013). Her contributions were the foundation of palliative care and for enhancing the quality of patients’ lives. That was just the beginning of nurses on the forefront of providing palliative care. Over one hundred years later there is still a need to better prepare nurses to deliver palliative care like Nightingale did (McDonald, 2013).
One aspect of palliative care that tends to be overlooked, is its use in conjunction with aggressive treatment to improve the quality of life for people with chronic illness (Kuebler, 2011). In a study done by Kim Kubler DNP, APRN, ANP-BC the evaluation of nursing students perceived knowledge on the management of chronic illness was compared to their quantitative knowledge on this topic. This study took two baccalaureate nursing programs and surveyed them both with two identical tools. The first tool was the Self Rated Knowledge Survey, a Likert scale styled survey ranging from no knowledge to very knowledgeable (Kuebler, 2011). Followed by the Chronic Disease Objective Knowledge Examination, a multiple choice styled examination on chronic disease and the management of it. Both cohorts scored less than 50% on the second examination (Kuebler, 2011). The results of this study showed that there is a need to improve education on palliative care at the baccalaureate level.

The insufficient education taking place is an international dilemma. A study conducted on third year nursing students in Australia was done to determine the students’ attitudes, experiences, beliefs, knowledge and education on end of life care (Adesina, et. al., 2014). The participants were given surveys that questioned about their attitudes and beliefs on end of life care, their personal and professional experiences with it and if they felt they were adequately prepared by their nursing program. Out of the 62 participants, 63% of them felt as if their program did not adequately prepare them to care for a patient near end of life (Adesina, et. al., 2014). This study also emphasizes the importance of having experience with end of life care. The researcher concluded that there is a need to place a greater focus on end of life care in the nursing curriculum (Adesina, et. al., 2014).

Two similar studies have been done on registered nurses knowledge level on palliative care in India and in Southeast Iran. Both resulted in similar outcomes and determined there is a
need for improvement in palliative care education. The study conducted in India was done through a 20 item questionnaire to which the participant could choose correct, incorrect or unsure (Prem, Kavvannan, Kumar, Karthikbabu, Syed, Sisodia, & Jaykumar, 2012). The questions covered five content areas of palliative care: pain, gastrointestinal problem, philosophy, psychiatric problems, and dyspnea (Prem, et.al, 2012). The results of this study showed a shortcoming, substantial in the category of pain (Prem, et.al, 2012). The results from the Iranian study of Intensive Care Unit (ICU) ICU and oncology nurses agreed that there is a clear shortcoming in knowledge in this field (Iranmanesh, Razban, Tirgari & Zahra, 2014). Comparably the study was conducted by administering a palliative care quiz that assessed the participant’s knowledge on different topics pertaining to palliative care. Much like the other study, this one depicted poor scores on the assessment and concluded that these low scores were due to the absence of palliative care in their nursing curriculum (Iranmanesh, et.al., 2014).

In the United States both nursing and medical schools cover end of life issues throughout their curriculum. The extent of coverage within the curriculum is where the problem arises. Although palliative care may be discussed, the extent to which it is discussed is limited (Dickenson, 2007). An examination of medical and nursing schools in the United States through a questionnaire was done to determine what kinds of palliative care education was being offered at these facilities. Palliative care was being implemented into the curriculum of the 410 participating baccalaureate nursing programs in various different means (Dickenson, 2007). The majority of the nursing programs implemented palliative care into the curriculum by providing one or two lectures on the topic (Dickenson, 2007). Although palliative care was included in the curriculum, the time spent teaching it was less than 15 hours throughout the four years of schooling (Dickenson, 2007). The recommendation of this study is to follow up with nurses five
or more years after graduation to assess if the style of palliative care teaching they received was effective (Dickenson, 2007). There currently is a small amount of literature on evaluating any interventions done to improve palliative care education.

These barriers to provide a service that aids in enhancing the quality of patients' lives and managing pain are what influenced organizations to institute recommendations in an attempt to remedy the problem. According to the Institute of Medicine’s (IOM) 2014 study “Dying in America: Improving Quality and Honoring Individual Preferences Near End of Life,” both medical and nursing school curriculum included an insufficient emphasis on palliative care (Institute, 2015a). The IOM recommended that educational institutions, accrediting organizations, certifying bodies and state regulatory agencies should require palliative care education, clinical experience and competency in palliative care to improve the healthcare professional’s ability to utilize palliative care (Institute, 2015b). See Appendix A for a comprehensive table on the IOM’s recommendations.

The IOM was not the only organization in 2014 reporting on and making recommendations for palliative care. The World Health Organization’s (WHO) sixty-seventh World Health Assembly in 2014, addressed the need to enhance policies on palliative care, access to palliative care and further education on palliative care (WHO, 2014b). These were discussed in the WHO’s resolution WHA67.19. The resolution recognizes that the implementation of palliative care is the ethical duty of healthcare professionals. Furthermore, it addresses the limited accesses to the palliative care around the world. The lack of access results in millions of patients suffering from ailments that could otherwise be avoided with the implementation of palliative care (WHO, 2014b). The need to implement the IOM and the WHO
recommendations is critical to help prevent those suffering from the physical, emotional and spiritual side effects and symptoms from chronic illness.
CHAPTER III

Research Methodology

The purpose of this pilot study was to gauge the senior BSN nursing students’ knowledge on palliative care in their last semester of nursing school and to determine if by implementing a palliative care simulation and debriefing session, would enhance the student's’ knowledge. The goal of the study was to see if implementation of additional palliative care instruction would benefit the nursing students and if it was warranted.

Sample Planning

The population being sampled in this study were BSN nursing students currently in their spring semester of their senior year. There were a total of twelve senior BSN nursing students in Saint Peter’s University School of Nursing fitting the description for this study. The researcher was excluded, making the original targeted sample size eleven. During the study, one of the participant’s assessment results had to be excluded. The participant filled out and submitted the post-assessment first instead of the pre-assessment and notified the researcher immediately. This survey was removed from the data collection to prevent the data from being skewed. The end sample size was ten.

A purposive sample was the approach used for this study because the targeted population was only senior nursing students at Saint Peter’s University. The participants in this study were already enrolled in their final semester of nursing school, thus fitting the sample description. The participants were then divided into three groups of three and one group of two randomly. Each group got the chance to take the pre-assessment, participate in the simulation and debriefing and take the post assessment. This quantitative pilot study was restricted to having a small sample size.
Participant Protection

Before conducting this pilot study, the researcher completed the National Institute of Health, “Protecting Human Research Participants” web based training course. See Appendix B for certificate. The researcher also completed an Institutional Review Board (IRB) request to conduct this study. The Saint Peter’s University IRB approved this study. The written approval is included in Appendix C.

The participants were split randomly into three groups of three and one group of two. Once the groups were assigned, they were given a time to meet in the nursing simulation lab located in Pope Hall at Saint Peter’s University. Upon arrival the participants were given written consent forms which outlined what was to happen in the study and that they could choose to not participate or opt out at anytime. The written consent form outlined the potential risks of participating in this study and informed the participants that the risks were minimal. The participants were made aware that the potential risk was physiological harm of not feeling satisfied by their performance in the simulation aspect of this study. The researcher implemented a debriefing after the simulation to help minimize this risk. The participants also signed an online consent prior to each assessment.

All participants written consent forms were stored in a locked filing cabinet located in the School of Nursing. All responses to both the pre and post assessment were done through Google Forms anonymously. The results were stored on secure computers with only the researcher and the research mentor having access to them.

Instruments

Pre and post assessment tool:
The participants completed a fifteen question true or false pre and post assessment on Google Forms created by the researcher. See appendix C for the survey and answers. These questions covered a range of information relating to palliative care. Such topics as what palliative care is, when it can be initiated, how chronic pain presents, the use of a bowel regime while on opioids, were covered in this assessment to gauge the senior BSN nursing students’ current knowledge on palliative care. All responses were anonymous. Results were only shared with the researcher and the research mentor and kept on secure computers.

Palliative Care Simulation:

The simulation used for this study was Palliative Care High Fidelity Simulation Scenario, provided by the Palliative Care Curriculum for Undergraduate (Palliative Care Curriculum for Undergraduates, 2016). The simulation mannequin was voiced by the director of the simulation lab. Three out of the four groups ran the scenario with two nurses and one student observing and critiquing the performance. The fourth group only had two participants and ran the scenario with two nurses and no critic. Each group was given a verbal report on the patient and given the patient’s chart, which included history of the patient, chief complaint and the order sheet. The goal of this simulation was for the participants to experience caring for a patient with a life threatening illness, implementing palliative care, and using effective and therapeutic communication. The simulation patient example is of a 52-year-old male, who has a new diagnosis of pancreatic cancer within the past six months. He arrived at the emergency room for pain control. The patient witnessed his father’s painful death from cancer, which now makes him apprehensive of being seen by the palliative care team.

Palliative Care Information Pamphlet:
Upon completion of the study the participants were given “Palliative Care: The Relief You Need When You’re Experiencing the Symptoms of Serious Illness,” provided by The National Institute of Nursing Research and the National Institute of Health. This information pamphlet was used as additional information and resources for the participants to take with them for further reference. The pamphlet covered information regarding what palliative care is, pain management on palliative care, how to receive palliative care and other frequently asked questions concerning palliative care.

**Procedure**

1. The researcher did a preliminary literature review and concluded that other baccalaureate or BSN nursing students and new graduate nurses had a knowledge deficit in the field of palliative care

2. The IRB approval was obtained to perform this study on senior BSN nursing students’ knowledge on palliative care. This study was to assess palliative care knowledge before and after the implementation of a palliative care simulation. Also it was done to determine if the implementation of a simulation and debriefing on palliative care would be warranted and beneficial.

3. After soliciting the participants, they were randomly split into groups and assigned a time to arrive at the nursing simulation lab.

4. Once they arrived at the lab they were given a written consent form. All forms and questionnaires were accessed on individual iPads. If the participants signed the consent form agreeing to participate in the study they moved on to taking the fifteen, true or false question survey on Google Forms. Once the assessments were submitted the group participants were got assigned roles. Two were assigned to be the nurses and the third
was assigned the role of the critic. The critic observes the simulation and at the end provides feedback.

5. The participants then had five minutes to review the simulation patient’s chart before beginning the simulation.

6. Once the simulation began, they had thirty minutes to complete the simulation caring for a patient in need of receiving palliative care.

7. After the thirty minutes, the researcher, research mentor, the simulation lab facilitator and the participants met in a round table fashion debriefing. It was at this time that the participants discussed their feelings about the simulation, asked questions and received feedback from the critic, researcher and faculty. During the debriefing further education was done on palliative care.

8. The participants were asked to complete the post assessment, which was identical to the pre assessment. This assessment were done anonymously through Google Forms on individual iPads and all results were securely kept.

9. Upon completion the researcher handed out a pamphlet entitled “Palliative Care: The Relief You Need When You’re Experiencing the Symptoms of Serious Illness,” published by The National Institute of Nursing Research and the National Institute of Health.

Data Analysis

The researcher used an extension of McNamara Test citation for McNamara test to analysis the data. This nonparametric test was used to analyze before and after questionnaires and determine any significance of change between the two. The degree of freedom used was one, and the Critical Value was 0.05, resulting in the significance level of 3.841. Any results to the
right, or larger than 3.841 showed that there was a significant change from the pre assessment to the post assessment.
CHAPTER IV

Results

The researcher analyzed the results of the pre and post assessment on how the sample did collectively on each individual question and the content that question covered. Figure 1 depicts a comparison of the pre and post correct answers for each of the fifteen assessment questions. See Appendix E for a comprehensive table including the content of the question along with the percentage of correct responses for the pre and post assessments.

![Figure 1: A comparison of the correct answers from the pre and post palliative care assessment.](image)

The questions in the survey covered different content areas of palliative care, including but not limited to: pain management, who can receive palliative care, signs and symptoms of chronic pain, philosophies of palliative care and the effects of palliative care. Many of the results showed there was a substantial improvement after the intervention was put in place. One third of the results were highly significant, showing a positive change from the pre-assessment to the post-assessment.
The results of question one was unique to other responses. The results show a substantial increase choosing the correct answer from the pre and post assessment, but after statistical analysis of the responses it was determined that the test results were marginally significant. Question one asked the participants if palliative care could be used in combination with aggressive treatment. This question addressed if the participant understood how palliative care is implemented. The pre-assessment resulted in 60% of the sample size getting this item correct. After the simulation and debriefing 90% of the sample size answered this question correct on the post assessment. The test statistic was 3 which was slightly less than the critical value (CV= 3.841), making these result marginally significant.

Four of the remaining questions displayed that were statistically significant and all showed a positive change from pre-assessment to post assessment. Question three addressed if palliative care was only reserved for end of life. 70% selected the correct response on the pre-assessment, whereas, 90% selected the correct response of the post assessment (CV= 4.5). Question six addressed if palliative care hastens death. The results went from 90% correct to 100% correct (CV=9). Question twelve covered information about palliative care being implemented in patients without terminal illness. Only 60% of the participants got this questions correct initially. After the simulation and debriefing 100% of the participants selected the correct answer (CV=6). The final question, question fifteen assessed if the participant thought that palliative care initiation is reserved for when the patient’s health is deteriorating and they are near end of life. The correct responses went from 70% in the pre-assessment to 90% in the post assessment (CV=4.5). Four out of the five previous questions that showed to be statistically significant and the one question that was marginally significant, all similarly covered when it is appropriate to implement palliative care.
The following three questions were significant but the results showed no change from the pre-assessment to the post-assessment. All of the participants agreed that palliative care improves the quality of life for both the patient and their family on both the pre and post assessments. The statistical analysis resulted with a critical value of 10. Participants on both the pre and post assessment also all agreed that palliative care manages not only symptoms of the illness, but also side effects of the disease (CV=10). 90% of the participants choose the correct answer both on the pre and post assessment to the question asking if patients taking opioids need to be on a bowel regime (CV=6.4). The various content covered in these questions seemed to be where the participants were most knowledgeable.

Two of the items on the assessments had unique results. Questions eight, asking if palliative care is delivered by an interdisciplinary team, had significant results (CV=9), but the results went from 100% of the cohort choosing the correct answer to 90% choosing the correct answer. There is no definitive explanation for the one participant’s change from the correct answer to the incorrect answer. The other unique response was for a question that tested the participant’s knowledge on the signs and symptoms of chronic pain. On both the pre and post assessments only 50% of the participants choose the correct answers (CV=0). The content of this question was not focused on during the simulation or the debriefing, yielding no change in the participant’s results.

The remaining questions were not significant. Some of the responses showed significant improvement from the pre and post-assessment and others showed minimal improvement. Item two and item ten both were not significant and not substantial. One question addresses if palliative care is a form of hospice and the other addressed if burnout was inevitable for nursing working in palliative care. On the pre-assessment 50% chose the correct answer and on the post-
assessment 60% chose the correct answer for both items. Although these results were not significant they showed a deficit in the senior BSN nursing students understanding of what palliative care is and on the topic of burnout with palliative care.

Another question which resulted in being non-significant and non-substantial resulted in only 30% of the cohort getting the question correct on the pre-assessment and 50% on the post-assessment (CV=0.5). This question asked the cohort if pain management is determined by the extent of the disease. With only 50% of the participants getting this answer correct there is a knowledge deficit on pain management that was not strongly addressed in the simulation or debriefing.

The remaining two questions were non-significant but had substantial results. These two questions covered if the use of respiratory depressing drugs are appropriate, 50% choose the correct answer initially and that was followed by 70% choosing the correct answer (CV=0.5). The next questions addressed if there is a great concern for addiction with the administration of morphine for the patient on palliative care. On the pre-assessment 50% choose the correct answer and on the post-assessment 80% choose the correct answer (CV=1.285).
CHAPTER V

Discussion

Summary of the Study

The purpose of this study was to determine if senior BSN nursing students had knowledge on palliative care and if the implementation of a palliative care simulation and debriefing would enhance their knowledge. Statistically there is evidence that there is a need for enhanced palliative care education. On seven out of the fifteen pre-assessment questions only 60% or less of the participants chose the correct answers. On a majority of the questions there was a substantial increase in the amount of participants choosing the correct answers on the post-assessment versus the pre-assessment. Anecdotally, the participants in this study concluded that they felt the need for palliative care and end of life care simulations to be implemented throughout nursing school.

Limitations

This study was limited to using a purposive sample. The sample size was small and all participants were from the same institution. These results should not be generalized to a greater population due to the small, convenience sample. This study was also limited by not having a control group to compare the effects of the intervention against.

Future Recommendations

1. The assessment tool will be changed from a true or false styled assessment to a Likert Scale, in order to better gauge the participants’ beliefs, attitudes and opinions of palliative care.

2. The study will be replicated using a larger, more diverse sample size. Ideally the sample would include participants from various institutions.
3. There will be an addition of a control group who do not receive the palliative care simulation to analyze and compare the effects of the simulation intervention.

4. Access to the assessments will not be granted simultaneously in order to prevent the chance of a participant accessing the wrong assessment at the wrong time.

**Implementation for Nursing Education**

The researcher hopes that the feedback that this study produced, both statistically and anecdotally, will influence a change in the nursing curriculum. The goal of this study was to make BSN programs or BSN nursing school’ curriculum and educational programs nursing more aware of the need for education on palliative care and hopefully incorporate additional palliative care simulations and experiences.

**Conclusion**

As the population continues to age and the amount of chronic illness continues to rise, the need for palliative care becomes more in demand. Include citation for this data. About half of all adults in the United States alone suffer from at least one chronic illness and could benefit from this type of care (CDC, 2016). This pilot study agrees with previous studies; there is a need for improving the education BSN nursing students receive on palliative care. It is the nurse’s responsibility to provide high quality care and to alleviate suffering.

In order for nurses to carry out their duties they must be given the tools to do so. One such tool would be to incorporate more education via lectures, simulations and end of life experiences to better prepare them to implement palliative care. The holistic focus on physical, emotional, and spiritual interventions such as proper pain control, relaxation therapy, symptom management and emotional support for the patient and their family all are tools that can be implemented with the goal of giving the patient a better quality of life (WHO, 2016). Nurses
around the world are in need of a stronger foundation on palliative care in order to combat this barrier, and there needs to be a reform in BSN curriculum to include a greater emphasis on educating nursing students in this area.
CHAPTER VI

References


doi:10.1017/S1478951512001058

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Palliative Care Curriculum for Undergraduates (PCC4U) Project Team, with funding from the Australian Government Department of Health. (2016). *Palliative Care Curriculum for Undergraduates (PCC4U)*, www.pcc4u.org


Appendix A

IOM Recommendations

**Recommendation 3: Professional Education and Development**

Educational institutions, credentialing bodies, accrediting boards, state regulatory agencies, and health care delivery organizations should establish the appropriate training, certification, and/or licensure requirements to strengthen the palliative care knowledge and skills of all clinicians who care for individuals with advanced serious illness who are nearing the end of life.

Specifically,

- all clinicians across disciplines and specialties who care for people with advanced serious illness should be competent in basic palliative care, including communication skills, interprofessional collaboration, and symptom management;
- educational institutions and professional societies should provide training in palliative care domains throughout the professional’s career;
- accrediting organizations, such as the Accreditation Council on Graduate Medical Education, should require palliative care education and clinical experience in programs for all specialties responsible for managing advanced serious illness (including primary care clinicians);
- certifying bodies, such as the medical, nursing, and social work specialty boards, and health systems, should require knowledge, skills, and competency in palliative care;
- state regulatory agencies should include education and training in palliative care in licensure requirements for physicians, nurses, chaplains, social workers, and others who provide health care to those nearing the end of life;
- entities that certify specialty-level health care providers should create pathways to certification that increase the number of health care professionals who pursue specialty-level palliative care training; and
- entities such as health care delivery organizations, academic medical centers, and teaching hospitals that sponsor specialty-level training positions should commit institutional resources to increasing the number of available training positions for specialty-level palliative care.

Appendix B

NIH Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that Jaimie McHale successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 11/14/2015.

Certification Number: 1917858.
Appendix C

IRB Approval

Institutional Review Board

To:          Jaine McHale
             Honors Student, Nursing
             Sandra Horvat, mentor
             School of Nursing
             Saint Peter’s University

From:       Dr. Peter P. Cvek, chair
             SPU Institutional Review Board

Date:        January 4, 2016

Project Title:  Knowledge of Palliative Care in Senior BSN Students

Protocol Approval Date:  January 4, 2016 – May 30, 2016

In accordance with DHHS Regulations for Protection of Human Subjects (45 CFR 46.110), the human
subjects application for this project underwent Expedited review and was approved as minimal risk to
subjects. This project is approved as of January 4, 2016 and the approval remains active until May 30,
2016.

The IRB notes the use of anonymous pre- and post-surveys, with on-line consent procedures.

The investigator agrees to conduct the research in accordance with the Belmont Report and the SPU
Institutional Review Board guidelines, as well as the use of all approved protocols and forms.

Re-review of this project is required if:
      You wish to continue the project beyond May 30, 2016.
      There are any changes in the research protocol.
      There are any reports of injury or unanticipated problems involving risks to human subjects.
Note: any injuries or adverse events must be reported to the IRB within three days of the event.

Sincerely,

Peter P. Cvek, Ph.D.
Chair, Institutional Review Board
Saint Peter’s University
pcevk@saintpeters.edu
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</tr>
<tr>
<td>1. Palliative care cannot be used in combination with aggressive curative treatments (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>2. Palliative care is a form of hospice (National 2009).</td>
</tr>
<tr>
<td>3. Management of physical, psychological and emotional symptoms with palliative care is reserved for end of life care (National 2009).</td>
</tr>
<tr>
<td>4. Addiction is a major concern when administering Morphine for long term pain management with palliative care (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>5. Palliative care improves the quality of life for the patient and the family (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>6. Palliative care does not hasten death (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>7. The type of pain management is determined by the extent of the disease (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>8. Palliative care is provided by an interdisciplinary team (National 2009).</td>
</tr>
<tr>
<td>9. Drugs that cause respiratory depression are not appropriate in the use of a terminal patient with dyspnea (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>10. Dealing with high numbers of losses in palliative care, make nurses who work in palliative care inevitable to burnout (Ross McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>11. A patient with chronic pain presents with elevated vital signs physical inactivity and facial grimacing (Bilings &amp; Hensel, 2014).</td>
</tr>
<tr>
<td>12. Patients who do not have a terminal diagnosis can receive palliative care.</td>
</tr>
<tr>
<td>13. Palliative care manages not only the symptoms from the illness, but also the side effects of the medication the pt. is on (National 2009).</td>
</tr>
<tr>
<td>14. Patients taking opioids for chronic pain should be placed on a bowel regime (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
<tr>
<td>15. Initiation of palliative care only begins when a patient’s health is deteriorating and they are near end of life (Ross, McDonald &amp; McGuinness, 1996).</td>
</tr>
</tbody>
</table>
## Appendix E

Breakdown of the Percentage of Correct Answers on the Pre-Assessment vs. the Post-Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre Assessment % Correct</th>
<th>Post Assessment % Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Q.1 Palliative care cannot be used in combination with aggressive curative treatments (Ross, McDonald &amp; McGuinness, 1996).</td>
<td>60%</td>
<td>90%</td>
</tr>
<tr>
<td>Q.2 Palliative care is a form of hospice (National, 2009).</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>**Q.3 Management of physical, psychological and emotional symptoms with palliative care is reserved for end of life care (National, 2009).</td>
<td>70%</td>
<td>90%</td>
</tr>
<tr>
<td>Q.4 Addiction is a major concern when administering Morphin for long term pain management with palliative care (Ross, McDonald &amp; McGuinness, 1996).</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>***Q.5 Palliative care improves the quality of life for the patient and the family (Ross, McDonald &amp; McGuinness, 1996)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>**Q.6 Palliative care does not hasten death (Ross, McDonald &amp; McGuinness, 1996)</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Q.7 The type of pain management is determined by the extent of the disease (Ross, McDonald &amp; McGuinness, 1996).</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>**Q.8 Palliative care is provided by an interdisciplinary team (National, 2009).</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Q.9 Drugs that cause respiratory depression are not appropriate in the use with a terminal patient with dyspnea (Ross, McDonald &amp; McGuinness, 1996).</td>
<td>50%</td>
<td>70%</td>
</tr>
<tr>
<td>Q.10 Dealing with high numbers of losses in palliative care, makes nurses who work in palliative care inevitable to burnout (Ross, McDonald &amp; McGuinness, 1996).</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Q.11 A patient with chronic pain presents with elevated vital signs, physical inactivity and facial grimacing. (Bilings &amp; Hensel, 2014).</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>**Q.12 Patients who do not have a terminal diagnosis can receive palliative care (National, 2009).</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>***Q.13 Palliative care manages not only the symptoms from the illness, but also the side effects of the medication the patient is on (National, 2009).</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Question</td>
<td>Pre-assessment</td>
<td>Post-assessment</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>***Q.14 Patients taking opioids for chronic pain should be placed on a bowel regime (Ross, McDonald &amp; McGuinness, 1996).</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>**Q.15 Initiation of palliative care only begins when a patient’s health is deteriorating and they are near end of life (Ross, McDonald &amp; McGuinness, 1996).</td>
<td>70%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Figure 2: Shows the question along with the percentage correct answers on the pre and post assessment

*Results were marginally significant **Results were significant ***Results were significant, but there was no substantial
References

