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Preregistration nursing students' experiences of a palliative care course in a resource-poor setting

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Abstract:

Background: Palliative care education for non-specialist healthcare professionals is an important strategy for widening access to palliative care.

Aim: To describe Cameroonian nursing students' experiences and perceptions of the strengths and weaknesses of a palliative care course, with a view to refining the course.

Methods: Three focus groups were conducted with 23 students and data analysed thematically using the framework approach.

Findings: The students reported connecting with their past personal and professional experiences in the care of patients with palliative care needs, during the course. The main course strength reported was its use of a variety of interactive educational strategies like role plays, group discussions and case studies and its main weakness was the lack of supervised clinical practice in palliative care.

Conclusion: The use of a variety of interactive educational strategies, including supervised clinical practice is considered by nursing students as vital to enhancing learning in palliative care education. However, the lack of supervised palliative care clinical practice opportunities is a challenge for Cameroon.

Keywords:

Palliative care curriculum; pre-registration nursing education; resource-poor countries; curriculum development.

Key Points

- Preregistration nursing students in a resource-poor country report a felt need for palliative care education.
- They value educational approaches that are interactive and which include a variety of strategies.
- They consider supervised clinical practice placement in a palliative care setting important for effective learning about palliative care.

Background

The Worldwide Palliative Care Alliance (WPCA 2014) estimates that the large majority (78%) of the adult population in need of palliative care reside in resource-poor countries. This includes people suffering from chronic and life-threatening illnesses like: cancer, HIV/AIDS cardiovascular and respiratory diseases, and problems related to ageing. In Cameroon, about 4.5% of the adult population (aged 19-49 years) are estimated to be living with HIV (USAID, 2015), and there is an upsurge of non-communicable chronic diseases, accounting for approximately 31% of all deaths annually (WHO, 2014; Echouffo-Tcheugui and Kengne, 2011). For most patients, the substantial suffering associated with living and dying from these conditions is amendable to palliative care interventions, if available (Payne et al., 2008).

The education of healthcare providers in palliative care is recognized as an important strategy for the improvement of the care of patients with life-threatening and chronic conditions and their families (Worldwide Palliative

Care Alliance, 2014) (Box 1). This demands that relevant curricula are developed (Stjernsward et al., 2007). Initiatives in palliative care education for preregistration nursing students are developing rapidly internationally, although they are more common in resource-rich countries (Cavaye and Watts 2014; Bassah et al., 2014; Cavaye and Watts, 2012; Dickenson et al., 2008). Several innovative and contextually feasible approaches to palliative care education have been employed (Box 2). However, there is limited evidence about the effectiveness of the various educational approaches that have been used so far. An important component in the development of any educational program is its evaluation, as this is vital to determining the value/worth the program, as well as to informing its enhancement (Frey et al., 2012).

Box 1: Some principles of palliative care nursing

Palliative care nursing:

- values a caring attitude, that involves sensitivity, empathy and compassion, and demonstrates concern for the individual;
- considers the patient as a unique individual;
- recognises and respects cultural differences and ensures planned care is culturally acceptable;
- ensures the consent of a patient, or those to whom the responsibility is delegated, is sought before any care is given or withdrawn;
- values good communication with patients and between the wider healthcare team involved in a patient's care;
- ensures appropriate care is offered to the stage of the patients' illness, with all efforts directed at the relief of suffering and the quality of life, and not necessarily at the prolongation of life;
- offers the best possible care that is available and appropriate;
- pays particular attention to the needs of family care givers of patients with life-threatening and chronic conditions;

*Adapted from: International Association for Hospice and Palliative Care:
<http://hospicecare.com/about-iahpc/publications/manuals-guidelines-books/getting-started/6-principles-of-palliative-care>*

Box 2: Some approaches that have been employed in preregistration palliative care education

- Using a theoretical package alongside placement learning at a hospice, a funeral home, and an anatomy laboratory (Mallory, 2003).
- Combining interactive classes with experts, reading of recommended texts, field trips and online discussions (Thompson 2005).
- Using lectures, supplemental texts, hospice and funeral home visits and cinemeducation approach by using a film called the 'Wit,' (Dobbins, 2011)
- Using a workshop approach incorporating emotionally charged learning activities through lectures, clinical case studies, individual and plenary reflective activities, viewing of a documentary film and role-playing simulations (Brien et al., 2008)
- Using student volunteers as companions of dying patients and their families (Kwekkeboom et al., 2006).
- Having students to keep a diary about their palliative care experiences and sharing stories about personal loss (Weismann, 2011).
- Employing clinical simulations using high fidelity patient scenarios (Eaton et al., 2012; Fluharty et al., 2012; Moreland et al., 2012; Leighton and Dubas, 2009)

A review by the authors revealed that, while studies exist that have evaluated preregistration palliative care educational programs, these are predominantly focused on the impact on nursing students' palliative care competencies and have employed quantitative methods of data collection and analysis (Bassah et al., 2014). There are relatively few studies that

have explored nursing students' feelings about, or their reactions to, palliative care education (Moreland et al., 2012; Dibartolo and Seldomridge, 2009; Brien et al., 2008). Yet it is well established that evaluative feedback from learners is vital to the curriculum evaluation process (Ranasinghe et al, 2011; Kern et al., 1998), particularly given the shift towards learner-centered approaches in education (Coe et al., 2012).

This paper reports data from focus groups conducted as part of a wider study to evaluate a 30 hour course in palliative care for pre-registration nursing students (Bassah, 2016). The study employed a quasi-experimental single group pretest/posttest design with an associated qualitative strand (critical incident interviews and focus groups). The focus groups were used to understand students' experiences of the course, their perceptions of its strengths and weaknesses and views about how it could be improved. The wider evaluation sought to understand the impact of the course on students' knowledge and self-perceived competence and confidence in palliative care, and the transfer of their palliative care learning to practice (Figure 1). The course evaluation strategy was informed by the Kirkpatrick's evaluation model (Hedges and Wee, 2014).

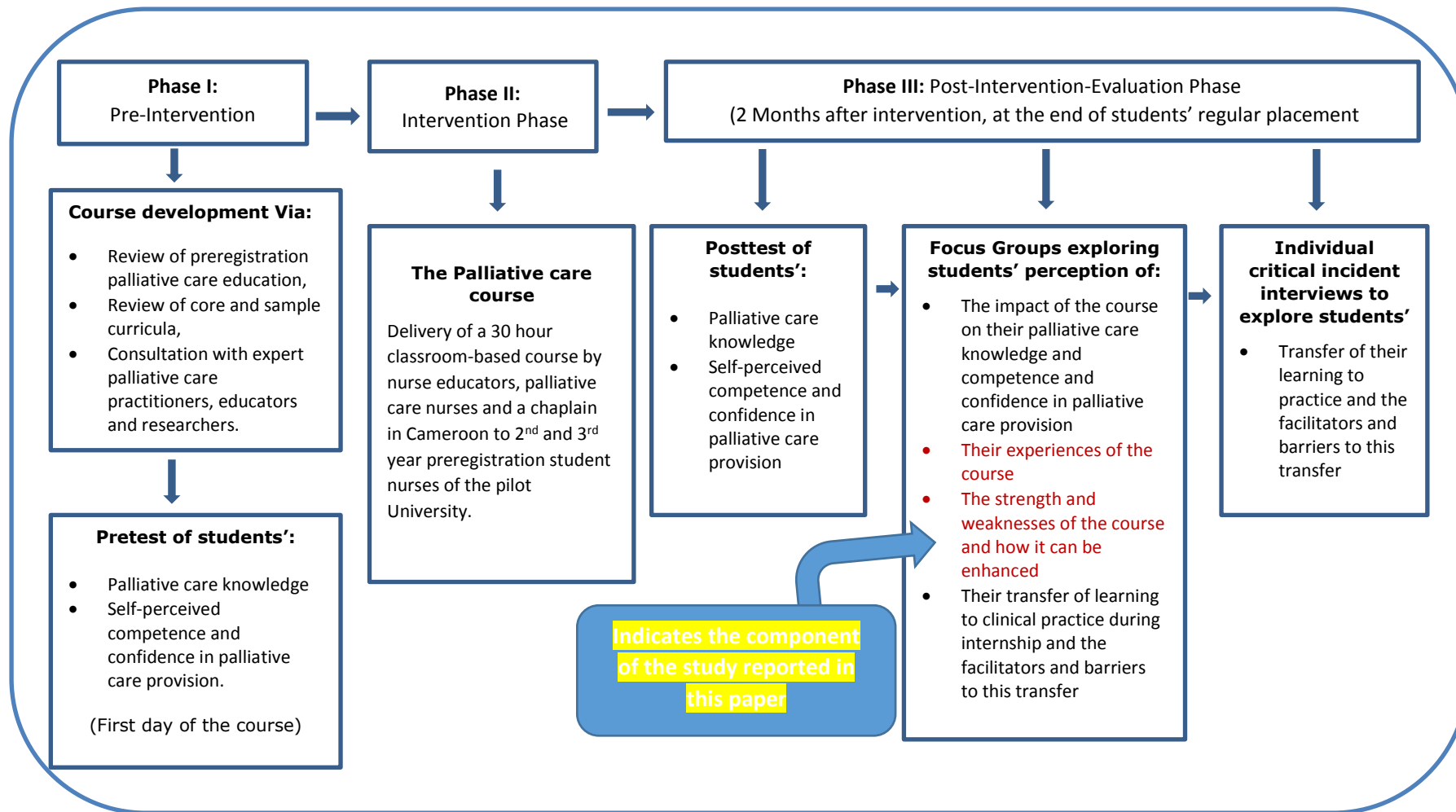


Figure 1: Diagrammatic presentation of the main study design

Findings relating to students' transfer of their learning to practice, showing that students could transfer their palliative care knowledge to practice, although there existed some barriers, have been previously published (Bassah et al., 2016). The findings on the impact of the course on students' palliative care knowledge and self-perceived competence and confidence in palliative care will be reported elsewhere (Bassah, 2016).

Study Context

This study was conducted in one University in Cameroon which offers a Bachelors of Nursing Science degree program. Palliative care education in Cameroon is currently limited, particularly at the preregistration level, although some palliative care education seminars have been implemented with qualified nurses (Bassah et al., 2016). We therefore developed a classroom based palliative care course for preregistration nursing students, comprising 30 hours of content, including: the philosophy of palliative care, communication and breaking bad news, pain and symptom management, ethical, legal and cultural issues in palliative care, care at the time of death and after death care, and bereavement management. This course was fitted into the nursing curriculum of the pilot university and offered as an option to student nurses. It was delivered to second and third year nursing students by nurse educators, palliative care clinical nurses and a chaplain in Cameroon. The course was underpinned by the experiential learning theory (Kolb, 1984) and was delivered using both didactic and experiential

educational strategies like lecture assisted with PowerPoint, videos, case studies, interactive demonstrations, small group discussions and role plays. Palliative care educational resources including palliative care manuals, toolkits, textbooks and DVD players were available to students and facilitators during the course. On each of the 5 days of the course, three 2 hour sessions were presented by either two or three facilitators. The philosophy of palliative care as well as communication and breaking bad news were delivered on the first and second day of the course. Pain assessment and management was covered on the third day, symptom management and psychosocial and ethical issues were presented on the fourth day and care at the time of death, spiritual care and bereavement management were covered on the fifth day. Upon completion of the course, students undertook their regular clinical placement in some wards like the medical, surgical, outpatient paediatric, and haemodialysis wards of a local hospital, under the supervision of their regular placement mentors. It was hoped that during this clinical placement students will encounter patients with life-threatening/chronic conditions and or dying patients, with the opportunity to implement their learning from this course, as well enhance their palliative care skills. More details about the course development and implementation can be obtained from Bassah et al. (2016).

Methods

Study Design

The focus group method was used to collect data for this component of the study (Figure I: Red Highlights). Given that the students studied together during the palliative care course, the focus group method was considered a realistic and natural way to access diverse course experiences and evaluations. We also felt we could capture deep and rich information in a more economic manner than by using individual interviews (Kress and Shoffner 2007).

Participants

The study participants were second and third year nursing students. Sixty nine students registered for the palliative care course and 64 completed all sessions of the course. A stratified purposeful simple random sampling technique was used to select participants for the focus groups in order to allow sufficient exploration and detection of consensus within and across groups, and ultimately increase rigour (Addington-Hall, 2007; Kitzinger, 2005). The course registration forms were used to facilitate this process. Every student on the registration form was a potential participant for the focus group interview if they gave consent to do so. A ballot of students in the various strata (female second year students, male second year students, female third year students, male third year students) was made and the selected student invited to participate by phone call. Eight students were invited per focus group (four students each from the second and third year class).

Ethical Considerations

Ethical approval for this study was obtained from the ethics review boards of the Faculty of Medicine and Health sciences, University of Nottingham and the Institutional Review Board of the Faculty of Health Sciences of the University of Buea, Cameroon. Study participants received the study information sheet and signed an informed consent form prior to participation. Participants' individual identity was kept confidential throughout the research process and anonymity and confidentiality were also ensured.

Data collection and analysis

The focus groups were conducted two months after course completion, when students had completed their regular semester clinical placement and in order to enhance reflections on experiential learning, which was the underpinning theoretical framework of the course. The focus groups were conducted in classrooms on campus, using an aide memoire and were audio taped. The development of this aide memoire was informed by findings from our review of literature about the education of preregistration nursing students in palliative care (Bassah et al. 2014), and taking into consideration the aim of the course evaluation process. Sessions were moderated by the lead author, with a research assistant as note taker.

Data were transcribed verbatim and analysed thematically, using the framework approach (Gale et al., 2013; Braun and Clarke, 2006), by the lead author under the academic supervision of JS and CK.

The analysis was started by close examination of data from one focus group. Initial coding of the data was undertaken with the research questions and the Kirkpatrick’s model for training program evaluation in mind. However, we also remained opened to emerging issues from the narratives of research participants. This initial analysis was used to develop an analytical framework which was applied to the data from the other two focus groups, while checking for any new codes. This allowed for the formation of subcategories which were then gradually grouped together into main categories (table 1).

Table 1: Categories and Subcategories

Category	Subcategory 1	Subcategory 2
Students’ report of their experiences during the course	Connecting with and reflecting on past experiences of end of life care	
	Realization of the importance of palliative care	
	Ambiguity of feelings about the course.	
Students’ evaluations of the course and how it can be enhanced	Students’ perceptions of the Strengths of the course	The use of a variety of educational strategies
		The novelty and relevance of course content
	Students’ perception of the Weaknesses of the course and suggestions for enhancement	Lack of a supervised clinical practice in palliative care nursing curricula
		Work overload and extensive course duration
		Poor facilitation
	Poor psychological climate	

Results

Three focus groups were conducted with 23 students, as one of the invited students did not attend the focus group. The results obtained are presented under two main themes: students' experiences of the course and their evaluation of its strengths and weaknesses.

I. Students' report of their experiences during the course

Students expressed varying experiences during the course, both positive and negative. However, generally, the course was well received by the students. Their experiences included:

A. Connecting with and reflecting on past experiences of end of life care

The palliative care course seems to have made students to connect with, reflect on and synthesize their past personal and professional experiences in the care of patients with palliative care needs. During the course, students were engaged with re-examining and re-evaluating their past experiences in palliative care and thinking about how better they could practice in the future. These connections and reflections seemed to enable self-assessment and learning for the students.

"When I reflected back at home on what happened when my step mother died. She died in pain, of cancer pain... and I regretted, if I had done this course before, I would have helped her to die peacefully" (FG2P3).

[FG1P2 = Focus Group # 1 participant #2]

B. Realization of the importance of palliative care

Participating in the palliative care course seems to have enhanced students' understanding of the need for palliative care, and how important palliative care education is to nursing. It made them to reflect on the need to include palliative care in their nurse training curriculum.

"It is, from the course I discovered that it (palliative care) is an integral part of nursing and should be included in the training program" (FG3P6).

"Before, I did not know the meaning of palliative care. This course has been a real eye opener...I only knew that if you have HIV/AIDS, you are just like someone who has malaria...I did not have any idea that you needed to take care of these people, so that they can have a good quality of life...the course has really helped me a lot". (FG3P4).

C. Ambiguity of feelings about the course

In one of the focus groups, students had a discussion about whether or not they liked the course. Some students, while being of the opinion that the course was beneficial in improving their palliative care competencies, said they did not like the course because it concerned dying. However, others thought the course was worthwhile, even though it focused on dying. This ambivalence of view is demonstrated in the following interaction.

FG2P3: "For me...I don't actually like it (the course), because, I cannot be dealing with clients that are terminally ill... working with

people that are in great difficulties... who are asking you some types of questions, why is it me?, when will I die”?

FG2P6: “To me, I like the course, because... it gives me so much joy to see a patient who knows that what I have cannot be cured... but at least my quality of life will be improved and they are happy about it”.

II. Students’ evaluations of the course and how it can be enhanced

A. Students’ perceptions of the Strengths of the course

i. The use of a variety of educational strategies

Most students greatly appreciated the use of a variety of student centered teaching methods during the course. They reported that the educational strategies used promoted interactions among students and facilitators. They found these to be more stimulating and interesting and reported it was significant to increasing their motivation, participation and enthusiasm for the course, thus enhancing their learning.

“One of the methods that were used during the sessions that really enhanced my learning was the teaching styles. It was more students centered... more interactive” (FG1P2).

They particularly talked about the use of role plays, case studies, group discussions and sharing of personal experiences as well as the use of pictures. These they said were effective in making the course practical and giving them an opportunity to rehearse skills in a safe and supportive environment. The experience of photographs which showed how patients

with life-threatening conditions might present was seen as providing anticipatory guidance for what they might experience in clinical practice.

“In line with what she said, when [name of facilitator withheld] came for his own session, I really enjoyed it. The manner in which he tackled the various modes the patient could portray, it was really interesting... putting it practically... he gave me some insights...that I could apply when I am in the clinical setting” (FG3P8).

“I am really in line with what [FG3P5] has said because seeing the type of conditions that they showed to us, they were conditions that were really critical and I have never seen such before... I knew that after this course I should be prepared to face those types of challenges, so, that really made me to be more prepared for palliative care” (FG3P6).

A few students said assessing their prior knowledge at the beginning of the course was vital. They reported that the pretest, which was one of the methods used to assess the impact of the course on students’ palliative care knowledge, (Bassah, 2016) was a good diagnostic tool for them, and was helpful for a self-assessment of their knowledge gaps and learning needs. They said it aroused their interest and motivation and gave them some notion of what to expect during the course. This is illustrated in the following interaction:

“In addition to what [FG2P5] is saying, the pretest was almost very confusing because it was talking about morphine and pain, a lot of

things that I had never heard or seen in my life. So it made me to know what to expect during the course and it really enhanced my learning” (FG2P2).

The availability of supplemental learning resources, like the palliative care toolkit participants’ manual, developed by Lavy and Woodridge (2008) that was used during the course, was found to be significant in keeping them engaged throughout the course, and this facilitated their learning.

“... there was a textbook given to us...we could go back home and relook at what had been taught... and to come back to the next class, at least half prepared” (FG1P3)

ii. The novelty and relevance of course content

Engaging with new content was particularly important to these students and raised their enthusiasm for learning during the course.

“What enhanced my learning was the fact that it... was a new field, I have never heard of it before... I wanted to learn everything that I could learn” (FG2P2).

“...the pictures I saw, I don’t think I have seen something worse than that in the hospital...the pictures really raised a lot of preparedness and it enhanced my understanding a lot” (FG3P5).

Students reported that the emphasis on the message that ‘there is always something you can do in palliative care’, by the facilitators, was significant to their learning. This seems to have been the take home message from the course:

“The fact that they brought in the concept that in palliative care...there is always something that we can do. That was really significant to me” (FG2P1).

B. Students’ perception of the weaknesses of the course and suggestions for enhancement

i. Lack of a supervised clinical practice in palliative care nursing curricula

A major weakness talked about by almost every student was the lack of supervised clinical practice component of the course. Although they appreciated the theoretical component, they said they needed to have real encounters with palliative care patients, practice with them and receive feedback on their practice from experienced nurses, with palliative care skills.

“The only thing that I can say did not meet up with my expectation was that I will have loved to have a working example...to have a patient in the hospital that the lecturers were following up” (FG1P2).

Some students described instances during the course where they wished they were provided with more practical and hands-on experiences to enhance their learning. This was often with regards to pain management, administering morphine, and communicating with patients and their relatives.

“When I started finding out that morphine was of great use in this field, actually I have never seen morphine, so I thought maybe they will bring some of it to class. Also,...I was thinking like maybe we could have an opportunity to go down (to the hospital) and see how a palliative setting looks like” (FG3P5).

This desire for a supervised clinical practice in palliative care motivated one student, to visit one of the course facilitators in the palliative care unit where he works to experience palliative care in practice:

“... I took off time to go to [name of hospital withheld]...to see what it was all about, taking care of those who are dying ... I had to witness how the nurse took care of a cancer patient and for me what was thought in class and what I saw in the hospital is really the same”(FG3P7).

ii. Work overload and extensive course duration

Most of the students felt they were overloaded with material over a day’s session and they found it challenging to accommodate this large volume over a very short time. The following interaction demonstrates this point:

“What did not work well for me is that...we were taught so many things in one day” (FG1P5).

“I agree with the point that my friend said. I think that teaching too many things in one day was a problem”(FG1P1).

Some of them felt that the sessions were too lengthy and they found it uneasy sitting through the long sessions. Here is what one student said:

“... I really got very angry with the time issue, because it was really long. I have never sat in place like that for just one thing” (FG3P1).

iii. Poor facilitation

Poor examples of facilitation were also recounted as a weakness. Students complained that some facilitators used ineffective facilitation strategies, like presenting lengthy explanations, which sometimes made the sessions boring.

“Some of the facilitators were, I don’t know if that is the way they talk, but they were at times really boring” (FG2P4).

iv. Poor psychological climate

Students recounted certain classroom experiences that they were not happy with because it had negative impacts on their emotions and made them to develop negative feelings about the topic of palliative care. Firstly, the fact that during the course dying was a major concept talked about aroused paralyzing fear, as well as death related concerns and anxieties in some students. Secondly some students were not comfortable when in citing examples facilitators referred to them or inquired what their own thoughts were regarding their own dying.

“Another problem I faced during the course was just the terms that were used. Like the [name of facilitator withheld], was just like referring it to us, somebody like me I was scared of it. He was using

us like an example, so I became so depressed in the class, and I don't know, I did not like the course again" (FG2P3).

"... all along the palliative care course, they were only talking about dying, dying, dying, dying. So everything I was just hearing was dying, dying, so it was really disturbing" (FG2P5)

Discussion

This evaluation of a palliative care course for preregistration nursing students in Cameroon indicates a felt need for palliative care education among the students who took part in this study. Other researchers have demonstrated a similar desire among nursing students for palliative care content in their training curriculum, to enhance their skills to care for the dying (Mutto et al., 2012; Leighton and Dubas, 2009).

A mix of both didactic and experiential learning strategies is considered integral to effective learning in palliative care (Wee and Hughes, 2007). In this study, like in others, providing students with supplemental educational resources like the palliative care manuals and textbooks, was a good strategy to boost the course and bridge the limited presence of palliative care contents in core medical-surgical nursing textbooks (Pullis, 2013; Dobbins, 2011; DiBartolo and Seldomridge 2009).

A similar feeling regarding the lack of a supervised clinical practice component of the course was expressed by participants of an interdisciplinary palliative care workshop in Botswana who commented that field or clinical experiences would have strengthened the workshop (Ersek et al., 2010). In another study conducted in Australia, medical students who did not have the opportunity to interact with dying patients after taking part in palliative care education expressed this as a major concern while those who had the opportunity described it as the best part of their palliative care learning (Brand et al., 2015). Moreover, graduates of a postgraduate distance learning course in palliative care for doctors in South Africa strongly recommended the inclusion of a practical component in their curriculum, in order to enhance theoretical learning (Ens et al., 2011). Some commentators have noted that palliative care courses that do not incorporate high quality practice placement with adequate student support and optimization of learning opportunities can be misjudged as theoretical and unrelated to practice. The consequence of which can be a widening of the theory-practice gap (Gamondi et al., 2013). Adequate clinical experience in the care of patients and their families who are approaching the end of life is therefore fundamental to palliative care education and valuable to authentic learning about palliative care (Centeno et al., 2016; Gallagher et al., 2014). Nevertheless, the challenge for Cameroon will be the limited availability of palliative care placement sites and competent clinical mentors who can be role models of evidence based palliative care and who can support students in clinical practice. Although simulations can

be used to breach this gap to some extent (Eaton et al., 2012; Moreland et al., 2012; Leighton and Dubas, 2009), they require funds to design and run them as well as training of nurse educators in the design and use of this modern technology. Thus a train-the-trainer course to adequately develop course faculty, including classroom teachers and clinical mentors is needed to overcome this potential barrier. Brajtman et al. (2009) note that the need to integrate palliative care content in preregistration nursing curriculum, necessitates faculty development and support. Train-the-trainer courses have been shown to improve on this expertise, and a good example of this is the ELNEC project that trains nurse educators to teach palliative care, both in the USA and internationally (Malloy et al., 2014; Malloy et al., 2008). In addition there is a great need for the development of palliative care policies in the country. With these in place, general hospital settings, which are said to be of equal benefit to a placement in a specialist palliative care setting, if students are adequately supported, can serve as placement sites for students (Gamondi et al., 2013).

Death anxiety is normal and expected when talk about death and dying are initiated or when a dying patient is experienced (Gallagher et al., 2014; Leighton and Dubas, 2009). Moreover, participation in a course on palliative care can bring to mind some emotionally loaded past personal experiences of dying (Weismann, 2011; Leighton and Dubas, 2009; Brien et al., 2008). Thus such anxieties need to be appropriately managed during palliative care courses, to prevent them from becoming overwhelming. Generally, in

planning the delivery of palliative care education to preregistration nurses, it is imperative to consider the need for relevant and manageable contents, including clinical practice, good facilitation, good psychological climate, as well as interactive educational strategies to enhance students' participation and learning.

Limitations

This study only utilised a volunteer sample from one university which limits the generalisability of the study findings to the general population of preregistration student nurses in Cameroon. However, the optional nature of the course might have facilitated the recruitment of students with an interest in palliative care. Furthermore, conducting the course evaluation focus groups two months after students had completed the course might have compromised students' recall of their experiences during the course, and thus their report of this in the focus groups.

Conclusion

Preregistration nursing students are supportive of and willing to participate in palliative care education. However, they require educational approaches that are interactive and which include a variety of strategies to enhance their learning in palliative care. The findings from this study suggest that it is important to include a supervised clinical practice component in palliative care programs for preregistration nursing students, to enable them to refine

and consolidate skills learnt in theory in a safe and supportive learning environment. However this will require a train-the-trainer program to enable palliative care experts to prepare both nurse educators, and clinical mentors who can educate and support preregistration nursing students' theoretical and practical learning in palliative care in Cameroon, as well as other resource-poor settings. The challenge to develop and implement a train-the-trainer course in Cameroon, given the lack of expertise in the field of palliative care in this country, will require collaboration with experts in the field for program development, implementation and mentorship, as has been the case in other resource-poor settings (Hospice Africa Uganda, 2014; Malloy et al., 2014). Moreover, successful implementation would depend to a greater degree on the expertise and commitment of the course facilitators; administrative support for timetabling, and allocation of resources, as well as support from clinical placement sites and mentors. This resonates with the views of Sullivan et al., (2004) and Ddungu (2011) that the success of palliative care education requires the involvement of Deans and other healthcare education opinion leaders as well as the learners themselves.

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