



Evaluation of palliative care nursing education seminars

Betty Ferrell^{a,*}, Rose Virani^a, Judith A. Paice^b, Nessa Coyle^c, Patrick Coyne^d

^a Division of Nursing Research & Education, City of Hope, Duarte, CA, USA

^b Northwestern University, Feinberg School of Medicine, Chicago, IL, USA

^c Pain and Palliative Care Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA

^d Virginia Commonwealth University Health Care Systems, Richmond, VA, USA

A B S T R A C T

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Purpose: More than 50 million people die each year around the world. Nurses are crucial in providing care to these individuals and their families as they spend the most time at the bedside with patients and families. Yet many nurses have received little or no education about palliative care.

Methods/Sample: The Open Society Institute (OSI) and the Open Medical Institute (OMI) partnered with End-of-Life Nursing Education Consortium (ELNEC) to develop an international nursing palliative care curriculum. This international curriculum was implemented with two training courses held in Salzburg, Austria in October 2006 ($n = 38$) and April 2008 ($n = 39$) representing 22 Eastern European/Central Asian countries. Participants were asked to establish goals in disseminating the palliative care information when they returned to their country. The participants were mentored/followed for a 12-month period to evaluate their palliative care knowledge as well as challenges encountered.

Key Results: The participants provided excellent ratings for the training courses indicating that the courses were stimulating and met their expectations. The 12-month follow-up demonstrated many challenges (i.e., lack of funds, institutional support, fear of death), in advancing palliative care within each participant's setting/country as well as many examples of successful implementation.

Conclusions: There is an urgent need for improved palliative care throughout the world. The ELNEC-International curriculum is designed to address the need for increased palliative care education in nursing. In order to improve the quality of life for those facing life-threatening illnesses around the world, ongoing support is needed for world-wide palliative care educational efforts.

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Background

The End of Life Nursing Education Consortium (ELNEC) Program was initiated in the United States in 2000 as a national nursing education initiative to improve palliative care (Ferrell et al., 2006). Consistent with nationally recognized definitions, the term “palliative care” is applied throughout the curriculum to include care focused on comfort and quality-of-life concerns across the trajectory of serious illness from diagnosis to end-of-life care (National Consensus Project, 2009). The ELNEC curriculum was developed by nurse researchers and educators at the City of Hope National Medical Center (COH) in collaboration with the American Association of Colleges of Nursing (AACN). The conceptual framework guiding the development of the curriculum was the AACN's “Peaceful Death” document (AACN, 1997). This document was

created by national leaders in nursing education and palliative care to describe basic competencies needed by nurses if patients were to receive quality care. After review and extensive discussion by the core educators, along with consultation from outside experts, these competencies were condensed into nine core areas in palliative care: Overview of Palliative Nursing Care; Pain Management; Symptom Management; Cultural Considerations; Ethical/Legal Issues; Communication; Loss, Grief and Bereavement; Preparation for and Care at the Time of Death; and Achieving Quality Palliative Care.

The resulting program included a core curriculum to expand palliative care expertise for educators teaching in undergraduate nursing programs and continuing education programs. The project has now been expanded to include graduate nursing educators, pediatric nurses, geriatrics, oncology nurses, critical care nurses and nurses in all settings of care (Coyne et al., 2007; Ferrell et al., 2005; Ferrell et al., 2007; Kelly et al., 2008; Malloy et al., 2006a; Malloy et al., 2006b; Paice et al., 2006). The primary goal of the ELNEC training program is to provide participants with expertise in palliative care so they can apply the principles in their daily work as

* Corresponding author. City of Hope, 1500 E. Duarte Road, Duarte, CA 91010, USA. Tel.: +626 256 4673x62825; fax: +626 301 8941.

E-mail address: bferrell@coh.org (B. Ferrell).

well as teach this essential information to nursing students, practicing nurses, and others (i.e., members of the interdisciplinary team, community). To date, greater than 8900 nurses representing all 50 United States have been trained (for more information, see the ELNEC website: <http://www.aacn.nche.edu/elnec/about.htm>). ELNEC training has also been disseminated in more than 57 countries.

Through the generosity of the Open Society Institute (OSI) and the Open Medical Institute (OMI), the End of Life Nursing Education Consortium (ELNEC) Project Team adapted the ELNEC curriculum for an international audience and conducted a training in palliative care for the first time in October 2006 in Salzburg, Austria. The ELNEC-International curriculum was based upon the original ELNEC program (Paice et al., 2007). Universal themes woven throughout the ELNEC-International curriculum include: the family as the unit of care; the important role of the nurse as advocate; the importance of culture as an influence on palliative care; the critical need for attention to special populations such as children, the older adult (geriatric), the socially and economically disadvantaged, and the uninsured; and the importance of quality of life including physical, psychosocial and spiritual aspects of care. The relevance of palliative care issues in all systems of care across all settings; the influence of critical socioeconomic issues in palliative care; and interdisciplinary care as essential for quality care were other key concepts which serve as a foundation of the ELNEC curriculum. This article summarizes the experiences of ELNEC-International education provided through two courses held in Salzburg, Austria for health professionals in the Eastern European countries described below.

Project goals and objectives

The OSI/OMI funded ELNEC project brought four expert palliative care nurses to Salzburg, Austria. The goals and objectives of this collaborative effort were:

1. To hold a 5-day ELNEC training program in Salzburg adapted for the context of the Eastern and Central European, former Soviet, and Central Asian nurse participants.
2. To mentor participants over a year post course to increase their knowledge and confidence in palliative care.
3. To evaluate the impact and effectiveness of such a program through regular correspondence with participants regarding their activities related to advocacy for palliative care, applying the principles of palliative care to their work and the dissemination of the ELNEC curriculum.

The ELNEC curriculum is intended for nurses and to be taught by nurse educators. However in some countries, physicians play key roles in nursing education and a few countries identified a physician to participate in the course as the educator who could be most successful in implementing the ELNEC curriculum. Two out of 39 participants in course 2 were physicians.

Project summary: course 1, October 2006

Content experts in palliative care revised the original ELNEC curriculum to reflect the specialized needs of nurses in a global community to provide excellent care to patients throughout the disease continuum and during the final hours of life. For example, drug names were changed to those used by an international community and ethnocentric issues in the curriculum were deleted or decreased. In addition to didactic presentations, case discussions, group discussion, videos, communication exercises and other breakout sessions were included to enhance adult learning to

promote interactive discussion and sharing of palliative care issues or experiences by the participants. After completing this course, all participants have access to the ELNEC website which fosters networking and provides additional palliative care resources (<http://www.aacn.nche.edu/ELNEC/>).

The 5-day agenda was designed to introduce teacher centered didactic content first (such as pain and symptom management), while including more interactive sessions later. The rationale was to allow participants to develop a level of comfort with one another and with course instructors so that they would feel safe to discuss topics such as breaking bad news, communication issues, grief and bereavement. Participants were provided with a 1000 page binder that contained all lecture outlines, slide content, case studies, supplemental materials and references. They also received this content on a CD-Rom which included all of the powerpoint presentations to make dissemination efforts as easy as possible. Additionally, they received a copy of the *Textbook of Palliative Nursing 2nd edition* (Ferrell and Coyle, 2006). Table 1 presents the course agenda.

Thirty-eight nurses from 14 countries attended the October 2006 conference. According to the responses on the pre-course surveys, none of the nurses reported having any palliative care content in their basic nursing education. Of these participants, 16 (42%) reported attending a seminar after graduation that included palliative care content. Table 2 presents demographics of the participants. Ninety two percent (92%) were female and the participants had extensive years of experience in nursing.

Curriculum and presentations: course 1, October 2006

Four expert palliative care nurses and one international palliative care program director delivered lectures that were based on the ELNEC curriculum but tailored to suit the needs of the nurses. For example, the pain and symptom management modules were tailored to address those medications available in the participants' countries. Topics such as Grief and Communication included significant discussion time to provide the opportunity to address cultural practices and beliefs that would influence these aspects of care. The faculty delivered lectures on various topics related to palliative care and guided group discussion. At the end of each day, participants were asked to rate the lectures for effectiveness on

Table 1
Course topics.

| | |
|-------|--|
| Day 1 | <ul style="list-style-type: none"> ❖ Introduction/overview of syllabus and course ❖ Introduction of participants/discussion of palliative care in participating countries ❖ Overview of ELNEC materials, translation, and resources ❖ Overview of palliative nursing |
| Day 2 | <ul style="list-style-type: none"> ❖ Pain assessment and pain management ❖ Symptom management ❖ Computer lab |
| Day 3 | <ul style="list-style-type: none"> ❖ Small groups: discussion of pain and symptoms ❖ Communication ❖ Cultural considerations ❖ Hospice visit ❖ Chamber concert |
| Day 4 | <ul style="list-style-type: none"> ❖ Ethical issues/discussion ❖ Grief ❖ Care at the time of death ❖ Overview of international efforts in palliative care ❖ Palliative care as a public health issue |
| Day 5 | <ul style="list-style-type: none"> ❖ Quality improvement/setting goals and implementing ELNEC training ❖ WHO foundation measures for palliative care development ❖ Advocacy in palliative care ❖ Small groups: goal setting, professional development ❖ Graduation reception ❖ Banquet |

Table 2
Participant demographics – course 1 (*n* = 38).

| Country | Number of participants | Average years in nursing |
|---|------------------------|--------------------------|
| Armenia | 9 | 11.5 |
| Estonia | 3 | 17.6 |
| Georgia | 1 | 14 |
| Kazakhstan | 1 | 40 |
| Kosovo | 6 | 14.2 |
| Kyrgyzstan | 3 | 13.3 |
| Lithuania | 2 | 8 |
| Former Yugoslav Republic of Macedonia (FYROM) | 1 | 11 |
| Mongolia | 3 | 20.3 |
| Romania | 3 | 11.5 |
| Russia | 1 | 22 |
| Slovakia | 3 | 7.6 |
| Slovenia | 1 | 15 |
| Tajikistan | 1 | N/A |
| Gender (<i>N</i> = 38) | Female: 35 (92%) | Male: 3 (8%) |

a scale of 1–5, with 1 being not helpful and 5 being very helpful. Overall, the participants rated all the modules high, with average scores ranging from 4.4 to 4.9. Table 3 provides a summary of module topics and average evaluation scores.

Overall course evaluation: course 1, October 2006

When asked their overall opinion of the conference, the mean rating was 4.9 on a scale of 1 = poor to 5 = excellent. Regarding whether they perceived the information was stimulating and thought provoking in relation to palliative care issues in nursing, the mean rating was 4.9. Participants rated the extent that the course met their objectives and expectations as 4.7 on average. Table 4 presents a summary of overall ratings. In response to the open-ended question about strengths of the conference, several themes emerged. The participants greatly valued the professional level of the presentations, the practical, clinically based content, the extensive resources, as well as the availability of the educators. They noted that the conference fostered interaction and networking amongst participants, providing them with support when they return to their home countries.

Suggestions for improvement included more time for small group work, interactive sessions and discussion. Although several participants provided brief presentations, many would have liked to hear more about the status of palliative care in other countries. A significant number of participants requested more information about pediatric palliative care, in part because of the increased childhood mortality seen in some of these countries, as well as the

Table 3
Evaluation data from modules – course 1 (*n* = 38).

| Module/topic | Average score 1 = not helpful 5 = very helpful |
|---|--|
| Palliative care development in the region | 4.7 |
| Overview of ELNEC project and materials | 4.7 |
| Overview of palliative care | 4.5 |
| Discussion of participant's settings | 4.4 |
| Listening exercise | 4.5 |
| ELNEC module: overview of palliative nursing | 4.4 |
| ELNEC module: pain management | 4.9 |
| Small group case discussions | 4.5 |
| Panel discussion: questions, case discussion regarding symptoms | 4.6 |
| ELNEC module: care at the time of death | 4.9 |
| ELNEC module: grief | 4.5 |
| ELNEC module: communication | 4.7 |
| ELNEC module: culture | 4.9 |
| Pediatric palliative care | 4.8 |

Table 4
Overall evaluation of ELNEC training program – course 1.

| (Scale: 1 = poor to 5 = excellent) | Mean |
|--|------|
| What was your overall opinion of this training course? | 4.9 |
| Was the information stimulating and thought provoking regarding palliative care issues in nursing? | 4.9 |
| To what extent did the course meet your expectations? | 4.7 |

Table 5
12 Month follow up by country – course 1.

| Country | Use of ELNEC training: summary of activities |
|------------|---|
| Armenia | <ul style="list-style-type: none"> Organized trainings of palliative care in hospital Presented communication module with Armenian pain control and palliative care association Involved in training new staff members Many modules were translated and shared with other nurses and colleagues |
| Estonia | <ul style="list-style-type: none"> Teaching nursing students palliative and geriatric nursing with materials for 2 seminars (8 h) Organizing an advanced seminar for nurses who work in long term care |
| Georgia | <ul style="list-style-type: none"> Prepared educational materials for nurses Prepare information for an education course for cancer patients' care, breast cancer care for disability patients |
| Kazakhstan | <ul style="list-style-type: none"> Organized a conference on palliative care in hospital Translated Communication Module |
| FYROM | <ul style="list-style-type: none"> Held briefings in clinic and the personnel were interested and satisfied |
| Kosovo | <ul style="list-style-type: none"> Have taught the information to nurse colleagues and have given them copies of the pain management and communication modules |
| Kyrgyzstan | <ul style="list-style-type: none"> Taught materials in advanced course in Gijlan Palliative care movement is growing in the Kyrgyz Republic A concept paper on palliative care is being developed Preparing a grant proposal for a partnership program in developing palliative care |
| Lithuania | <ul style="list-style-type: none"> Have talked and shared information learned at ELNEC with President of the Palliative Care Association of Lithuania Working with a pediatric oncology master's nursing student on translating the materials and will present the information to nurses in other pediatric units |
| Mongolia | <ul style="list-style-type: none"> Translating materials into native language |
| Romania | <ul style="list-style-type: none"> Palliative care is developing in Romania Many hospitals have created departments and need training for the personnel Created a project involving the public and private systems with training of 136 nurses, doctors, and caregivers Held a 3 day course in Bucharest for nurses in 2007 1.5 year course for the nurses who work in the City Cancer Center was arranged Article published in the Nursing Newspaper Arranged lectures for the group of 4 teachers and taught them the ELNEC content in the structure of the ELNEC course Helped these 4 nurse teachers translate some of the materials 15 nurses from the Cancer Center have graduated from our training program |
| Russia | <ul style="list-style-type: none"> 15 nurses from the Cancer Center have graduated from our training program |
| Slovenia | <ul style="list-style-type: none"> Lectures on palliative care for nurses Joined a palliative care team Palliative care group at the Ministry of Health discussing the possibility of starting a palliative care school for health practitioners in Slovenia Educating nurses at the Oncology Institute with the ELNEC curriculum Incorporating ELNEC materials into the curricula at the Nursing College in Ljubljana |
| Slovakia | <ul style="list-style-type: none"> Using ELNEC materials in nursing and teaching students at Slovak Health University reaching 250 nursing students Used ELNEC materials in a training for nurses and MD's from a cardiac ICU Added parts of ELNEC curriculum to the curriculum of the Pedagogic Therapists course at Comenius University |
| Tajikistan | <ul style="list-style-type: none"> Department of Palliative Nursing set up in Tajikistan Delivered presentations on palliative care using the ELNEC curriculum |

Table 6
Participant demographics – course 2 ($n = 39$).

| Country | Number of participants |
|----------------|----------------------------------|
| Albania | 2 |
| Armenia | 6 |
| Azerbaijan | 1 |
| Croatia | 1 |
| Czech Republic | 1 |
| Georgia | 2 |
| Hungary | 1 |
| Kosovo | 2 |
| Kyrgyzstan | 3 |
| Lithuania | 3 |
| Mongolia | 3 |
| Poland | 1 |
| Romania | 4 |
| Russia | 4 |
| Serbia | 1 |
| Slovakia | 3 |
| Ukraine | 1 |
| Gender | Female: 38 (97%) Male: 1 (3%) |

large number of children with HIV/AIDS. Many commented that they would like this course to be continued for other nurses.

12 Month follow up: course 1, October 2006

At 12 months after the course, a follow up was conducted with the first cohort of ELNEC-Salzburg participants. A brief survey/questionnaire was sent out to all participants ($N = 38$) with a response rate of at least one participant from each of the 14 countries represented and asked the following questions:

1. Please provide us with an update of how you have used the ELNEC curriculum in your work. Have you taught material from any of the modules of the ELNEC curriculum?
2. How receptive do you believe your program/organization has been to palliative care education? Please rate from 1 to 10, with 1 = not receptive and 10 = very receptive.

Table 7
Evaluation data from modules course 2 ($n = 39$).

| Module/topic | Average score 1 = not helpful, 5 = very helpful |
|---|---|
| Introduction/overview of syllabus and course | 4.92 |
| Introduction of participants/discussion of palliative care in participating countries | 4.82 |
| Overview of ELNEC materials, translation, and resources | 4.92 |
| ELNEC module: overview of palliative nursing | 4.87 |
| ELNEC module: pain assessment and management | 5.00 |
| ELNEC module: symptom management | 4.68 |
| Computer lab | 4.66 |
| Small groups: discussion of pain and symptoms | 4.88 |
| ELNEC module: communication | 4.71 |
| ELNEC module: cultural considerations | 4.89 |
| Hospice visit | 4.82 |
| ELNEC module: ethical issues | 4.79 |
| ELNEC module: grief | 4.86 |
| ELNEC module: care at the time of death | 4.92 |
| Overview of international efforts in palliative care/palliative care as a public health issue | 4.65 |
| Quality improvement: setting goals and implementing elnec training | 4.91 |
| WHO foundation measures for palliative care development; educational programs | 4.83 |
| Advocacy in palliative care | 4.86 |
| Small groups: goal setting, professional development | 4.96 |

Table 8
Overall evaluation of ELNEC training program – course 2.

| | Average score 1 = not helpful, 5 = very helpful |
|--|---|
| What was your overall opinion of this training course? | 5.00 |
| Was the information stimulating and thought provoking regarding palliative care issues in nursing? | 4.91 |
| To what extent did the course meet your expectations? | 4.78 |

3. Overall, how helpful has ELNEC been to you in improving palliative care content in your program/organization? Please rate from 1 to 10, with 1 = not helpful and 10 = very helpful.
4. What do you consider to be the greatest benefits of the training you received at ELNEC?
5. What do you consider to be the greatest limitations/barriers to use of the ELNEC curriculum for improving palliative care content in your program/organization?

Surveys were sent via email and consistent follow up took place to obtain responses. There were a number of barriers that prevented complete data collection from all participants, including the lack of consistent participant email access and the instability of employment for the participants; however, responses from at least one participant from each country were received. Attached is a summary of the results (Table 5) from the follow up by country.

The participants from the 2006 ELNEC Salzburg course have been active in their respective countries and institutions. Many have educated others using the ELNEC materials and have strategically placed themselves in a position of advocacy for palliative care education. Although barriers to implementing ELNEC principles and curriculum remain, the participants show dedication and a commitment to disseminating the information.

Overall, the participants responded that their institutions have been generally receptive to palliative care education. When asked to rate how receptive they believed their program/organization has been to palliative care education, the average score was 7.88, with 1 being not receptive to 10 being very receptive. When asked to rate how helpful the ELNEC training has been, the average score was 8.44, with 1 being not helpful to 10 being very helpful.

Table 9
Comments about ELNEC Salzburg course 2.

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| I am very happy I participated in this seminar. The seminar was organized very well. All things were very well (food, concert, lesson room, and hotel). Thank you very much again. I'll never forget this seminar. |
| The strongest points in this course were: teaching materials for participants, the teachers were in high level of teaching, opportunity to share experiences with people from many cultures and countries. |
| We are so happy attended this International Nursing Seminar on Palliative Care. The seminar was organized so well. Everything is ok. Food is delicious, Faculty gave us wonderful lecture. As well as learned a lot of new things on PC. |
| Perfect organization, good (useful) topics, excellent presentations, lots of motivation to improve my skills, to be helpful to other people who want to improve themselves. |
| One of the strengths is that we got educational materials. Another one is that the faculty was using simple words while presenting this information. They gave definitions and explained each new medical term. |
| I get more experience of symptom management, pain management, of support family members in palliative care. We get very good materials for nursing education. The tour in hospital was very interesting and necessary. |
| I think it is good, but it would be better if there were some internships for nurses to improve knowledge, maybe a month long or so. |
| We face restrictions but I am ready to work hard. I use the following to stay focused – "Start where you are, Do what you can, use what you have". |

Table 10
Experiences providing palliative care.

| |
|---|
| <p>Armenia I worked about 9 years at the department of hemodialysis. All patients at my department had incurable disease and most of them were dying at the hospital. During my practice many patients died in my hands. The first patient that died in my hands was a 16 year old boy. I was suffering spiritually very much, but later on I understand that it is my work. I just need to do my best, to help support my patients' families. Since they were at my department for a long time, they became my friends and every time it was hard for me to lose friends.</p> <p>Georgia I want to tell you about my story. The story is an ordinary story, but for me and my future, maybe, it was very important thing. My aunt died six years ago. She was forty-two years old. She had a cancer. She made the operation and after two years from her operation, she got worse and worse day after day. At that time, I was a third year student at the medical university. So, as a future doctor, I thought that the doctor must know everything about the disease, everything about the symptoms and their treatment. But I didn't know what is palliative care, or what was end-of-life care. My aunt died very quietly, thank God. She had no pain, but she was very grief-stricken because she had two boys, one twelve and one sixteen years old. I didn't know what to do, you didn't know how to help her. I didn't know anything. I miss her very much and that's why I know, when people lose their relatives, how is it. Maybe it was one of the reasons, that's why I'm here, I went to the mercy center, to the hospice to help people because I believe that I make something for patients, I make it for my aunt. So that's why I'm here. I do my work and I'll do my work every time with pleasure and love.</p> <p>Lithuania One day, I work in hospital. Our patients sleep after dinner. One young woman said to me: I will be today die. She say to me: Please don't stay me alone. I sit down and hold her by the hand. After one hour, she died.</p> <p>Mongolia My brother died 2 years ago. He died from liver cancer. He didn't take any drugs. But he had been taking traditional drugs. He has alopecia and has lost 20 kg since becoming ill. I have been educated by my brother. He was very intelligent. He died in his home. I always whispered this into his ear: If you tell me, I will listen. If you show me, I will see. If you let me experience, I will learn. -Lao Tyin Dear death brother, God bless my brother. I will do my best!</p> <p>SERBIA When I was young nurse, I worked in the night shift and in intensive care unit, where I have been working, was just one patient. I was alone with him. He had severe dyspnea and that night his condition was worse. He asked from me to promise him that everything will be fine. And I promised him. At the dawn, he was dead and I knew I didn't do the right thing! But then, I didn't know what to do.</p> |
|---|

Table 11
Common challenges cited in advancing palliative care.

| |
|---|
| <p>What are the hardest things or challenges for you to improve palliative care in your setting (your hospital or hospice or nursing school)?</p> <p>Albania</p> <ul style="list-style-type: none"> • Lack of knowledge on palliative care from doctors, nurses, and people in general. • The government is not supporting palliative care. • Lack of curricula on palliative care in medical faculty. • Lack of curricula on palliative care in most of the nursing schools. • To increase the topics of the palliative care in the nursing school in my city. • To work hard with my colleagues to offer much better quality of life for our patients. <p>Georgia I think that the hardest thing is to do translations of some of the new topics and to adapt them.</p> <p>Kosova It's hard to make the people change in health care settings to understand the nursing palliative care. It's hard to find out financial donations to implement strategies for palliative care. It's hard that there are many work ahead of us. We have to start and find out the priorities, to establish palliative care centers and hospices because it's something quite new in Kosova nursing (we need help or we need supervision in the beginning).</p> <p>Kyrgyzstan There are cultural barriers and mentality which oppose opening hospices in our country. There are not any developed standards for services on palliative care.</p> <p>Lithuania Support to family members after patient dying. They are in grief but didn't speak about one's problem and ask for help. We need to develop good palliative care at home.</p> <p>Mongolia We need to analyze our current curriculum. We need to improve nursing curriculum. To improve the communication between the medical personnel and the family. Integrate palliative care into national health care plans, policies, standards.</p> <p>Serbia Hardest challenges are to teach our doctors and nurses to not use inappropriate and aggressive curative treatments that can prolong the dying process and contribute to physical and emotional suffering.</p> <p>Slovakia To persuade all my colleagues that we have to be one team where all the members are equal (meaning nurse, physician, social worker, psychologist, priest) with one goal of helping the patient in his suffering. To consider in every situation benefit, burden and risk that our decision may bring to patient and after that to make "patient-friendly" decisions (many times we do "staff friendly" decisions in order that we feel like doing something, not just "looking at somebody dying."</p> <p>Ukraine In my unit of palliative care the bigger problem is the treatment of pain, pain management of patient and fear people before death.</p> |
|---|

ELNEC Salzburg: course 2, April 2008

In April 2008, the ELNEC project conducted a second ELNEC course in Salzburg. Through the generosity of OSI/OMI, a total of 39 participants from 17 countries attended the course. Table 6 lists participant demographics from course 2. Incorporating suggestions received from the 2006 participants, the second course included more culturally relevant content and materials, including a hospice visit, computer lab and a complete Russian translation of the 1000 page ELNEC curriculum.

Curriculum and presentations: course 2, April 2008

At the second Salzburg course, the same expert palliative care nurses presented the ELNEC curriculum and modules. Similar to the first Salzburg nursing course, the participants rated the presentations highly, with average scores ranging from 4.65 to 5, with 5 as being very helpful and 0 as not helpful. Table 7 presents modules and participant scores for this course.

Overall course evaluation: course 2, April 2008

When asked their overall opinion of the conference, participants mean rating was 5. Regarding whether they perceived the information was stimulating and thought-provoking in relation to palliative care issues in nursing, the mean rating was 4.9. Participants rated the extent that the course met their objectives and expectations as 4.7 on average (Table 8). Table 9 includes select participant comments about the ELNEC training from this second course. Participants also shared many of the challenges regarding implementing palliative care. These comments are presented in Table 10.

Summary and conclusions

The ELNEC experience of collaborating with OSI/OMI in Salzburg was very successful and resulted in an outstanding course as well as initiation of ongoing relationships with the participants across several Eastern European countries. The courses illustrate the tremendous diversity across countries and culturally specific issues

in palliative care. The courses also reinforce the belief that palliative care is a global concern and that the ELNEC curriculum specifically, and palliative care education in general, is greatly needed across countries.

The faculty believes that the five day format provided ample time for lectures as well as interactive learning and opportunities to share the rich cultural experiences across countries. The participants were most appreciative of the extensive materials, the format of materials ready for their use and for the Russian translation. Each course also ended with a “graduation ceremony” in which the participants received a certificate as an ELNEC Trainer and there was strong sentiment that this was a very positive experience to feel included in an international network of palliative care educators. The needs are enormous for improving care, but the attendees were very dedicated and extremely thankful for the education. Table 11 is a summary of comments from participants about their experiences in providing palliative care within their countries. These insightful comments are important illustrations of the need for improved palliative care.

Conflict of interest

None declared.

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