



CARES: AACN's New Competencies and Recommendations for Educating Undergraduate Nursing Students to Improve Palliative Care

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Nurses spend the most time of any health care professional caring for patients and families dealing with the challenges of serious illness. The demand for nursing expertise in palliative care is growing as more people are living with chronic, life-limiting illnesses. Nursing faculty must prepare future nurses to meet this demand. The new American Association of Colleges of Nursing Palliative Competencies And Recommendations for Educating undergraduate nursing Students document, released February 2016, identifies the 17 competencies that all undergraduate nursing students should achieve by the time of graduation. This historic document is a revision of the 1998 American Association of Colleges of Nursing *Peaceful Death* document and is now the guiding framework for undergraduate nursing education. In an effort to support nursing faculty and prepare nursing students to deliver quality palliative care, an innovative, interactive on-line undergraduate End-of-Life Nursing Education Consortium (ELNEC) curriculum is under development and will be released in January 2017. This new curriculum will meet the competencies and recommendations for achieving those competencies outlined in the Competencies And Recommendations for Educating undergraduate nursing Students document. (Index words: Palliative CARES document; Palliative nursing; Undergraduate nursing education; Undergraduate nursing competencies) J Prof Nurs 32:327–333, 2016. © 2016 Elsevier Inc. All rights reserved.

NURSING FACULTY PLAY the most critical role in educating the next generation of interprofessional health care team members who will provide most of the care for the seriously ill. Today, there are nearly

3,000,000 nurses in the United States, working in acute care facilities, clinics, skilled nursing facilities, homecare, hospice, and schools of nursing ([Health Resources & Services Administration, 2013](#)). Over the past 18 years, since the publication of the [American Association of Colleges of Nursing \(AACN\) Peaceful Death](#) document, which outlined the competencies needed by nurses to provide end-of-life (EOL) care, there have been many advancements to improve the quality of care for patients with serious illness and their families. Most of the changes began with the hospice movement in the 1970s and improvements in EOL care in acute care settings in the late 1990s. Recent recommendations have called for

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advancing palliative care, across the disease trajectory, and in all clinical settings (Institute of Medicine [IOM], 2014). In order to accomplish this, palliative care education must be included in all nursing schools.

Nursing faculty cannot teach what they do not know, and their students cannot practice what they do not know. The IOM Report, *Dying in America*, (2014) devoted one of its four key recommendations to the importance of preparing future health care professionals, especially nurses, in basic palliative care. Nurses are the largest sector of health care professionals (IOM, 2011), and they are the ones who spend the most time at the bedside of patients and families. Because of the increasing acuity and complexity of patient care, new graduates are expected to be competent in caring for patients who are seriously ill and their families from the onset of their professional career. Thus, it is critical that undergraduate nursing students receive education and training in providing palliative nursing care prior to graduation from their nursing programs.

This education is not only critical but also timely, as today 90 million people in the United States are living with a serious, life-threatening illness (Center for Disease Control and Prevention, 2013). Twenty percent of Medicare beneficiaries have five or more chronic illnesses, so this adds to the complexity of care (Center for Disease Control and Prevention, 2013). Future nurses must be able to help patients manage serious illness and its associated symptoms across the disease trajectory; communicate effectively and compassionately with patients, families, and the health care team; and provide psychosocial and spiritual support during care transitions and the bereavement period.

City of Hope Medical Center, which is a partner of the AACN on the [End-of-Life Nursing Education Consortium](#) Project received a generous grant from Cambia Health Foundation to assess the current state of palliative nursing, to make recommendations for improving undergraduate nursing education in palliative care, and to develop an on-line ELNEC curriculum to help schools of nursing meet new competencies. A select group of faculty and palliative care nursing experts came together in October 2015 to revise the 1998 AACN document, *Peaceful Death: Recommended Competencies and Curricular Guidelines for End-of-Life Nursing Care*, which had been the guiding framework for preparing students to provide EOL care for patients and their families for the past 18 years. In February 2016, the board of directors at AACN unanimously approved the new curricular competencies and recommendations for preparing undergraduate nursing students to deliver palliative care. This historic document, *Palliative Competencies And Recommendations for Educating undergraduate nursing Students (CARES)*, contains a brief history of palliative care nursing education—the competencies all nursing students should have achieved by the time of graduation—offers recommendations for integrating palliative nursing content into curricula at all schools of nursing, and identifies where the competencies align with *The Essentials of Baccalaureate Education for Nursing Practice* (AACN, 2008).

The purpose of this manuscript is to describe the need for the revision of the *Peaceful Death* document, to discuss the new CARES competencies and recommendations, and to highlight the development of an on-line ELNEC curriculum, which will be available in January 2017, to help faculty in all schools of nursing meet the curricular recommendations laid out in the CARES document.

Background

Around the same time the *Peaceful Death* document (AACN, 1998) was written, Dr. Betty Ferrell and colleagues at City of Hope were assessing the state of palliative and EOL care nursing education. The process involved reviewing undergraduate nursing textbooks to evaluate the quality of palliative care content in textbooks that were commonly used in schools of nursing (Ferrell, Virani, & Grant, 1999). The investigators developed criteria and a comprehensive framework in which to review selected texts. Fifty textbooks met their review criteria. Only 2% of the total number of textbook pages (45,683) and 1.4% of 1750 chapters contained content related to EOL or palliative care. The EOL care topics that had the strongest content were pain management and ethical issues. The weakest areas were quality-of-life issues at EOL and the needs of family caregivers (Ferrell et al., 1999). These findings identified a huge teaching gap in EOL and palliative care undergraduate nursing education, and the findings supported the need to improve education to meet the *Peaceful Death* document competencies.

The Creation of the ELNEC Project

As a result of the AACN *Peaceful Death* document recommendations and the analysis of EOL content in nursing textbooks, AACN and the City of Hope investigators collaborated on an educational project known as ELNEC. The ELNEC project provided comprehensive nursing education program in palliative care and has been educating nurses since 2001. The ELNEC curriculum emphasizes eight critical components of palliative care: introduction to palliative nursing; pain management; symptom management; communication; cultural considerations; ethics; loss, grief and bereavement; and care during final hours of life.

Initially, the ELNEC project focused on a nursing train-the-trainer program to educate faculty from U.S. schools of nursing, and then, it expanded its trainings to prepare practicing nurses in all clinical settings. To date, the ELNEC project has educated over 20,700 trainers who have gone on to educate over 625,000 nurses and other interprofessional health care providers in all 50 U.S. states and 88 countries internationally. The curriculum has been translated into eight languages and is being used to educate nurses around the world (www.aacn.nche.edu/ELNEC). Today, ELNEC is providing excellent continuing education in palliative care for practicing nurses and has expanded to offer specialty palliative care curricula in a variety of nursing specialties such as

geriatrics, pediatrics, critical care, and advanced practice registered nurses.

Methods and Process: Improving Undergraduate Palliative (PC) Nursing Education in 2015

In July 2015, the ELNEC project received a 3-year \$800,000 Cambia Health Foundation grant supporting (a) a review of the current state of palliative nursing undergraduate education, (b) a revision and update of the *Peaceful Death* document, and (c) the development of an interactive on-line undergraduate ELNEC curriculum.

There were three components to the 2015 assessment: a current assessment of undergraduate nursing textbooks; a faculty survey; and a review of the most recent National Council of State Boards of Nursing (NCSBN) 2011 Nursing Knowledge Survey, which is used in the development of the National Council of State Boards of Nursing Licensure Examination test questions (NCSBN, 2012).

Step 1: Assessment of the Current State of PC Nursing Education

Textbook Review. The findings of the comprehensive review of 11 undergraduate nursing textbooks in nursing specialty areas (Table 1) demonstrated an improvement from the original 1999 textbook study (Ferrell et al., 1999). PC and EOL page content increased from 2% to 18%, and the number of chapters devoted to PC/EOL content increased from 1% to 17%. In addition, there are now at least 100 textbooks dedicated to hospice and palliative care, and the Oxford Textbook of Palliative Nursing is in its fourth edition (Ferrell, Coyle, & Paice, 2015). Although these textbooks are not usually required for undergraduate nursing courses, they are great resources for faculty and students for quality palliative care and were not available at the time of the first 1999 review of textbooks.

Despite the improvements in the amount and quality of content in some texts, there were noticeable gaps and errors in others. Some of the textbooks fostered misconceptions about common ethical dilemmas, provided confusing definitions of hospice and palliative care inaccuracies in pharmacologic management of pain and other symptoms, and lacked current references in chapters that contained PC/EOL content.

Table 1. Selected Textbook Content

Fundamentals of nursing practice
Medical surgical nursing
Pharmacology
Health assessment
Community and population health
Critical care nursing
Ethics
NCLEX review text
Pediatric nursing
Mental health nursing
Gerontological nursing

Faculty Survey. The nursing faculty survey was administered to 71 faculty attending national ELNEC courses held during a 6-month period in 2015. Faculty represented 33 of the 50 U.S. states. The survey addressed faculty members' perception of how well undergraduate nursing programs are preparing students in palliative care. Although many survey participants indicated that they were teaching concepts of palliative care in their undergraduate programs, the eight key components of palliative care, as identified by the National Consensus Project (NCP) Guidelines for Quality Palliative Care (NCP, 2013) and the ELNEC training curriculum, were not covered consistently. Faculty reported lack of time and space in the curriculum and limited faculty knowledge of this content as common reasons for not teaching palliative care.

NCSBN Nursing Knowledge Survey (2012). Finally, the results of the 2011 NCSBN Nursing Knowledge Survey were helpful to our understanding of newly licensed nurses', educators', and nursing supervisors' perceived importance of knowledge in palliative and EOL care. Some aspects of palliative care such as pain management and professional communication were rated as important for safe and quality patient care; however, many other aspects such as psychosocial and spiritual care and care at the time of death were rated as not very important. These survey results demonstrate the need for nursing students, faculty, and supervisors to be more aware of the importance of providing quality palliative care by addressing the psychological, social, and spiritual needs of patients and families who are dealing with serious illness and at the end of life. In addition, NCLEX content reflects the NCSBN survey findings, indicating a need to strengthen the quality and increase the quantity of palliative care content on NCLEXs.

Step 2: Revision and Update of the 1998 *Peaceful Death* Document

Having assessed the current state of palliative nursing education, the ELNEC investigators of the Cambia-funded undergraduate nursing education project held a Summit at the Oregon Health and Science University in Portland, OR, October 19–20, 2015. Deans and chairs of selected schools of nursing were invited to send a faculty member to participate in the summit. National nursing leaders who represent palliative nursing and academic health care institutions were also invited to ensure that the competencies and recommendations of the updated document were aligned with the vision of AACN, the mission of the Hospice and Palliative Nursing Association, the National Consensus Project Guidelines for Quality Palliative Care (NCP, 2013), and the expectations of nursing administrations hiring graduate nurses.

The 25 summit participants (Table 2) reviewed the original *Peaceful Death* document, the IOM Report on *Dying in America* (2014), and the *NCP Guidelines for Quality Palliative Care* (2013) in preparation for attending the summit. During the 2-day summit, the *Peaceful Death* document was revised and updated to

Table 2. Summit Participants

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Casey Shillam, PhD, RN-BC: University of Portland School of Nursing, Portland, OR

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reflect the dramatic growth in palliative care and the changes in the health care system over the past 18 years.

The revision of *Peaceful Death* document was a historic event for nursing education. The new Palliative CARES document, which incorporates care for those with serious illness and those at end of life, is now the guiding framework for educating undergraduate nursing students in the U.S. in palliative nursing.

The CARES document provides the historical perspective of palliative care nursing education, outlines the current status of educational needs in undergraduate nursing programs and, most importantly, identifies 17 palliative care competencies that student nurses should achieve before graduation (Table 3). In addition,

Table 3. Competencies From the AACN Palliative CARES Document

Competencies necessary for nurses to provide high-quality care to patients and families facing serious illness:

Competencies new nurses need to have completed by the end of their undergraduate nursing education are the following:

1. Promote the need for palliative care for seriously ill patients and their families, from the time of diagnosis, as essential to quality care and an integral component of nursing care.
 2. Identify the dynamic changes in population demographics, health care economics, service delivery, caregiving demands, and financial impact of serious illness on the patient and family that necessitate improved professional preparation for palliative care.
 3. Recognize one's own ethical, cultural, and spiritual values and beliefs about serious illness and death.
 4. Demonstrate respect for cultural, spiritual, and other forms of diversity for patients and their families in the provision of palliative care services.
 5. Educate and communicate effectively and compassionately with the patient, family, health care team members, and the public about palliative care issues.
 6. Collaborate with members of the interprofessional team to improve palliative care for patients with serious illness, to enhance the experience and outcomes from palliative care for patients and their families, and to ensure coordinated and efficient palliative care for the benefit of communities.
 7. Elicit and demonstrate respect for the patient and family values, preferences, goals of care, and shared decision-making during serious illness and at end of life.
 8. Apply ethical principles in the care of patients with serious illness and their families.
 9. Know, apply, and effectively communicate current state and federal legal guidelines relevant to the care of patients with serious illness and their families.
 10. Perform a comprehensive assessment of pain and symptoms common in serious illness, using valid, standardized assessment tools and strong interviewing and clinical examination skills.
 11. Analyze and communicate with the interprofessional team in planning and intervening in pain and symptom management, using evidence-based pharmacologic and nonpharmacologic approaches.
 12. Assess, plan, and treat patients' physical, psychological, social, and spiritual needs to improve quality of life for patients with serious illness and their families.
 13. Evaluate patient and family outcomes from palliative care within the context of patient goals of care, national quality standards, and value.
 14. Provide competent, compassionate, and culturally sensitive care for patients and their families at the time of diagnosis of a serious illness through the end of life.
 15. Implement self-care strategies to support coping with suffering, loss, moral distress, and compassion fatigue.
 16. Assist the patient, family, informal caregivers, and professional colleagues to cope with and build resilience for dealing with suffering, grief, loss, and bereavement associated with serious illness.
 17. Recognize the need to seek consultation (i.e., from advanced practice nursing specialists, specialty palliative care teams, ethics consultants, etc.) for complex patient and family needs.
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recommendations for incorporating the new palliative care competencies into nursing courses are provided in the document, along with the competencies' alignment with the AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

The language of the CARES document has been updated from the language of the *Peaceful Death* document. “Goals of care”, respect for “shared decision-making”, “evidence-based approaches” to plans of care, and attention to “national quality standards” are clearly included in the competencies. In addition, two new competencies were added: reflection/recognition of state and federal guidelines as related to palliative care; and the self-care. Overall, the emphasis on quality EOL care has been revised to reflect the importance of palliative care for patients with serious illness and their families from the time of diagnosis and across the lifespan.

The authors of the CARES document retained the language of the nursing process: assess, plan, implement, and evaluate throughout the competencies. Communication with patients, families, and team members is still expected to be effective and compassionate. Communicating with the public about palliative care has been added as an advocacy statement. The importance of the nurse attending to physical, psychological, social, and spiritual needs is still emphasized.

Recommendations to Help Faculty Meet the New Competencies

The CARES document was shared with the AACN board of directors who provided unanimous approval of the document in January 2016. Appendix I of the CARES document focuses on which courses and content areas should include palliative nursing content. Cultural issues and ethical/legal palliative nursing content should be included in courses such as cultural considerations of health and nursing ethics, both of which are taught in many undergraduate nursing programs. PC nursing content should be integrated into a fundamentals or introduction to nursing course, in which topics such as pain, comfort, communication, and care of the imminently dying patient are often covered. Health assessment courses offer an opportunity to teach students how to take a comprehensive health history and assess pain and symptoms using a standardized, evidence-based tool. Students should have pharmacologic and nonpharmacologic pain and symptom interventions covered in both pharmacology and nursing management courses. The psych-mental health course is an opportunity to enhance student skill in communication, especially when dealing with difficult topics such as talking about a life-limiting prognosis or responding to patient and family grief.

The nursing management courses, such as medical-surgical nursing, critical care, geriatric/family practice, and pediatrics should contain information and clinical experiences in care of the seriously ill. These courses offer the students an opportunity to learn about disease trajectories through the end of life. Prenatal demise and fetal death should be part of the maternal child courses. Community/Population health can provide a hospice or palliative care clinical experience in the community setting and didactic education about the importance of education to the public and advocating for quality palliative care for those who are seriously ill. Nursing

research courses should expose the student to the growing science in palliative care. Finally, the nursing leadership or capstone courses should emphasize the role of the nurse on the interprofessional team and help the student develop communication skills that strengthen teamwork.

Appendix I in the CARES document also demonstrates where the palliative nursing content can be linked to the CARES competencies and the *AACN Essentials of Baccalaureate Nursing for Professional Nursing Practice* (2008). This information will be helpful to faculty for curricular mapping, self-study, and accreditation. This entire CARES document, with Appendices, is available on the AACN Web site at <http://www.aacn.nche.edu/news/articles/2016/el nec>.

Step 3: An On-Line ELNEC Undergraduate Curriculum to Assist Faculty and Students Meet the CARES Competencies

Nursing faculty have identified barriers to providing quality palliative nursing education, such as lack of time for developing teaching materials or courses, existing curricular demands, and lack of expertise (IOM, 2014). The Cambia Health Foundation grant is currently supporting the development of an on-line undergraduate ELNEC curriculum that will be essential to the success of improving palliative nursing education.

The on-line curriculum is being developed in collaboration with Relias Learning Systems. The curriculum will be comprised of six 1-hour modules, modeled after the ELNEC-Core Curriculum: Introduction to Palliative Care; Communication; Pain Assessment and Management; Symptom Management; Loss, Grief & Bereavement; and Care of the Imminently Dying Patient and Family. Each module will consist of approximately 20 minutes of PowerPoint slides and text for knowledge acquisition and 40 minutes of activity sessions for clinical application. The clinical application will include case studies, video vignettes with critical thinking questions, and “stop and think” questions that require the student to respond in order to continue through the module. At the end of each module, the student will be asked to respond to 10 NCLEX-format questions to achieve mastery. Additional teaching strategies, such as reflective writing opportunities, will be designed for faculty who choose to build on the experiences in the modules.

This curriculum can be used as a stand-alone on-line curriculum, which may be very helpful for schools with many rural students who use distance learning. It can be used in a face-to-face format, with the faculty teaching from the PowerPoint slides in the classroom and adding application activities as additional assignments. Some faculty may choose to offer the curriculum in a blended format; for example, teaching the pain and symptom modules in pharmacology course and having the other four modules integrated as on-line requirements for a fundamentals course. Strategies to help faculty provide their students with this curriculum will be incorporated into a faculty workbook, which will also contain the

supplemental experiences they may elect to use. The cost of purchasing this interactive on-line curriculum is covered by the grant for all undergraduate nursing schools in the states of Washington, Oregon, Idaho, and Utah, and the curriculum will be available for a very nominal fee to all other schools of nursing across the country.

Implications for Nursing Faculty, Students, Patients, and Families

The new Palliative CARES document competencies and recommendations will change the way palliative nursing is taught in undergraduate nursing programs. With AACN's endorsement, this document guides faculty at schools of nursing in preparing students to care for patients with serious illness. Students must be taught that palliative care is essential at the time of diagnosis of any serious illness or event and that nursing students have a responsibility to deliver basic palliative care across the life-limiting disease trajectory and across the life span. Future graduates must have the knowledge they need to be able to provide this quality care regardless of their work settings. Their future employers will expect them to have graduated with palliative care knowledge. Today, palliative care is steadily growing across the United States with 90% of all hospitals with 300 beds or more having a palliative care program (Dumanovsky et al., 2015). No other health care professional will spend more time at the bedside or out in the community with seriously ill patients, with multiple comorbidities than the nurse.

Faculty who have faced challenges to integrating palliative nursing content in their curricula will appreciate that the content offered in the on-line curriculum eliminates the challenge of finding time to work on developing current and accurate course content, writing test questions for new content, or finding someone with the expertise to teach this content. The new on-line ELNEC undergraduate curriculum will ensure that all nursing programs have the opportunity to teach quality palliative nursing care to their students.

Most importantly, patients with serious illness and their families will benefit from future nurses being well prepared to deliver quality palliative care. As the number of persons with serious illnesses continues to grow across the country, new graduates will be able to meet the demands of caring for those with serious illness across the continuum of care.

Summary

Nursing faculty have a unique opportunity to improve the care of patients with serious illness and their families by providing palliative care education to their students. A select group of faculty and palliative care experts met in October 2015 to revise the AACN *Peaceful Death* document from 1998. The new competencies of the Palliative CARES document lay the foundation for improving undergraduate palliative nursing education. Nursing schools across the country will need support to meet these competencies and implement the recommen-

dations of the CARES document. The on-line undergraduate ELNEC nursing curriculum is in development and will be released in January 2017. This engaging curriculum incorporates the 17 CARES competencies into the content and interactive activities in each of the six modules and prepares our future nurses to deliver quality palliative care to patients with serious illness and their families, without placing additional demands on faculty time and space in the curriculum. Most importantly, new graduates will be prepared for the increasing demand for palliative care expertise in all clinical settings. Patients with advanced disease and their families can be assured that nurses are well equipped to care for them at one of the most critical times in their lives.

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References

- AACN (2008). *The essentials of baccalaureate education for professional nursing practice*.
- American Association of Colleges of Nursing (AACN) (1998). *A peaceful death. Report from the Robert wood Johnson end-of-life care roundtable*. DC: Washington.
- Centers for Disease Control and Prevention (CDC) (2013). *The state of aging and health in America, 2013*. Atlanta, GA: Center for Disease Control and Prevention, US Department of Health and Human Services. Retrieved December 22, 2015 from http://www.cdc.gov/features/agingandhealth/stateofagingandhealthinamerica_2013.pdf.
- Dumanovsky, T., Augustin, R., Rogers, M., Lettang, K., Meier, D. E. & Morrison, R. S. (2015). Journal of *Palliative Medicine*, 19, 8–15, <http://dx.doi.org/10.1089/jpm.2015.0351>.
- End of Life Nursing Education Consortium (ELNEC). Retrieved February 22, 2016 from <http://www.aacn.nche.edu/elneec>.
- Ferrell, B., Coyle, N. & Paice, J. (2015). *Oxford Textbook of Palliative Nursing*. (4th ed.). New York: Oxford University Press.
- Ferrell, B., Virani, R. & Grant, M. (1999). Analysis of end-of-life care content in nursing textbooks. *Oncology Nursing Forum*, 26, 869–875.

Institute of Medicine (IOM) (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.

Institute of Medicine (IOM) (2014). *Dying in America: Improving quality and honoring individual preferences near the end of life*. Washington DC: National Academy Press. Retrieved January 31, 2016 from: <https://iom.nationalacademies.org/~media/Files/Report%20Files/2014/EOL/Report%20Brief.pdf>.

National Consensus Project for Quality Palliative Care (2013). *Clinical practice guidelines for quality palliative care*(3rd ed.). Retrieved February 23, 2016 from: [http://](http://www.nationalconsensusproject.org/Guidelines_Download2.aspx)

www.nationalconsensusproject.org/Guidelines_Download2.aspx.

National Council of State Boards of Nursing (2012). *Report of findings from the 2011 RN nursing knowledge survey*. Retrieved February 22, 2016 from: https://www.ncsbn.org/12_RN_KSA_Vol55_FINAL.pdf.

US Department of Health and Human Services (HRSA) (2013). *The US nursing workforce: Trends in supply and education*. 2013 Accessed February 16, 2016 from <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>.