



Discussion Questions for ELNEC-Graduate

Below are resources, case studies, and role plays to assist you in discussions with your graduate nursing students as they review the ELNEC-Graduate curriculum. These can be used in a flipped classroom format, showcasing them in class, or posting on discussion boards.

- Graduate Palliative Care Competencies: *Preparing Graduate Nursing Students to Ensure Quality Palliative Care for the Seriously Ill & Their Families*. (2019). Endorsed by the American Association of Colleges of Nursing Board of Directors. Download for FREE. <https://www.aacnnursing.org/Portals/42/ELNEC/PDF/Graduate-CARES.pdf>
- *The Oxford Textbook of Palliative Nursing*, 5th edition. (2019). B.R. Ferrell & J.A. Paice (Eds). New York, New York: Oxford University Press. <https://www.amazon.com/Textbook-Palliative-Nursing-Textbooks-Medicine/dp/0190862378>
- *Advanced Practice Palliative Nursing*. (2016). C. Dahlin, P.J. Coyne, & B.R. Ferrell (Eds). New York, New York: Oxford University Press. <https://www.amazon.com/Advanced-Practice-Palliative-Nursing-Constance/dp/0190204745>
- *Clinical Pocket Guide to Advanced Practice Palliative Nursing*. (2017). C. Dahlin, P.J. Coyne, & B.R. Ferrell (Eds). New York, New York: Oxford University Press. https://www.amazon.com/Clinical-Advanced-Practice-Palliative-Nursing/dp/0190204702/ref=pd_lpo_sbs_14_img_0?encoding=UTF8&psc=1&refRID=XPSMVE876RH2RVWA4FRP
- National Consensus Project (NCP). *Clinical Practice Guidelines for Quality Palliative Care*, 4th ed. (2018). Download for FREE. <https://www.nationalcoalitionhpc.org/ncp/>
- Fast Facts and Concepts. (2019). A listing of over 200 common issues related to palliative care (i.e. managing pain and other symptoms, specific medications, wound care, ventilator withdrawal, calculating opioid dose conversions, etc). Provided by the Palliative Care Network of Wisconsin. <https://www.mypcnow.org/fast-facts/>

Questions?

For general sign-up, non-technical questions: elnec@coh.org

For technical issues, contact Relias at 844.735.2223 or

<https://elnec.academy.reliaslearning.com/contact.aspx>

Module 1: Introduction to Palliative Nursing

1. A scenario: The Chief Executive Officer (CEO) at a large healthcare system has been hearing of various hospitals throughout the country adopting principles of palliative care. Many have a palliative care team, generally run by APRNs. This afternoon, the CEO has asked you, the oncology nurse practitioner, to present the case for palliative care, including differentiating between what hospice and palliative care is, as well as statistics on how palliative care affects length of stay (LOS), emergency room visits, ICU admissions, and patient satisfaction scores. What would your 3-minute “elevator speech” sound like to the CEO and other administrators you will speak to later today?
2. Consider: Do you see yourself using palliative care in your practice when you graduate? What is your population of interest? What if you are going into administration, education, or research? Do you see primary palliative care being appropriate in your future work? Why or why not? Remember, palliative care is important for all populations, across the lifespan and across settings!
3. Review the IOM Report on *Dying in America* (2014) and come prepared to discuss this important document. After reviewing the report, what role does advance practice nurses play in improving care for patients with a serious illness and their families?
<http://www.nationalacademies.org/hmd/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx>
4. Review page 3 of the ELNEC-Graduate Competencies at
<https://www.aacnnursing.org/Portals/42/ELNEC/PDF/Graduate-CARES.pdf>
This document describes the growing evidence regarding the tremendous need for all master’s and doctorally prepared nurses to be educated and provide primary palliative care, as more physicians will be retiring than will be entering the workforce and record number of baby boomers will need primary care for complex, chronic illnesses. What unique role could palliative care play in meeting some of these needs? As an advance practice nurse, how can you uniquely turn these tremendous problems into opportunities to meet the needs of the seriously ill across the nation through primary palliative care?

Module 2: Communication in Palliative Care

1. Question: Can you think of any barriers to communication about serious illness that you may have seen in your own nursing practice and/or personal life (family, friends, neighbors struggling with a serious illness)? Possible barriers may include those from patients, health care professionals, health system barriers. How can nurses with advance degrees turn these barriers into opportunities?
2. If in the classroom, break into pairs to do a listening exercise. One person will be the listener and the other will share a story about a loss (dream, object, person, pet, etc). Allow this exercise to go for 3 minutes. The listener is to do nothing but listen. After the exercise, ask students who listened, to share how that felt. For students who did the talking, ask how it felt to have 3 minutes of uninterrupted time to talk about a loss. This is a very powerful exercise. Stress the importance of listening and reinforce the importance of what good listening skills look like (good eye contact, nodding when appropriate, full attention to the one talking—not looking at watch or phone, “bearing witness”).
3. Ask-tell-ask (A-T-A) is an important communication strategy. Practice A-T-A in pairs if in the classroom or in text on a discussion board. One student plays the patient who just learned that he/she has lung cancer. Another plays the APRN who enters the room to share some abnormal lab results. Debrief about how it was to give the news and ask the patient what it was like to receive that news, using the A-T-A method. Did the student who played the patient feel listened to? Felt empathy from the nurse? To review A-T-A, see a video on this topic at <https://www.vitaltalk.org/topics/disclose-serious-news/>
4. You are a clinical nurse specialist in all the critical care areas of your community hospital (ICU, CCU, and the ED). Louis is 67 years-old and is very well known by you and your staff, as he has been admitted to the CCU 9 times over the past 12 months. He has congestive heart failure, emphysema, and is in liver and renal failure. He lives alone in a rural area. In just the last 2 weeks, he has come to the ED for severe shortness of breath 3 times. Louis does not have an advance directive, no DNR/DNI. Would Louie be appropriate for a palliative care consult? Why?/Why not?

You have an interdisciplinary team meeting tomorrow to discuss Louis’ future and the fact that he is consuming a highly disproportionate share of healthcare resources. You recommend to the team that Louis should have a palliative care consult. The physician states, “absolutely not. We are managing him as well as possible.” How would you respond? What data would you need to include? Practice how this communication might go.

5. Consider what hope is? It is a difficult concept for many to comprehend in terms of serious illness. Consider asking them to think about what if they were diagnosed with serious illness, what would they hope for at the time of diagnosis? What would they hope for when the serious diagnosis is not responding to treatment? What would they hope for at the end of life? Have graduate students share their hopes. Are they similar? Are they very different

from others? Maybe some are hoping for a cure at first, some hoping for a remission? After disease progression, maybe some are hoping to see another holiday season, or get to see a child graduate from kindergarten? At end of life, it might be a peaceful death, or a hope that they are surrounded by loved ones at home or are dying with full awareness of their surroundings (as opposed to with dementia or heavy sedation).

6. Give the graduate students a chance to practice responding to a patient or family members question of “Am I dying?” or “Is my mother dying?” Try breaking up into pairs to practice responding to this question, and practice using the words, death and dying versus passed, no-longer-with-us. Afterwards, have the students share how it was to actually use the words, “death” and/or “dying,” with another human being. Was it difficult to do? Are you more prepared for when that question will come up?
7. Communication vignettes to review and practice:
 - Diffusing conflicts: Responding to anger: <https://www.vitaltalk.org/topics/defuse-conflicts/>
 - Track and respond to emotions: <https://www.vitaltalk.org/topics/track-respond-to-emotion/>
 - Offer prognostic information: How to balance hope and realism (Asking Permission): <https://www.vitaltalk.org/topics/offer-prognostic-information/>

Module 3: Pain Management in Palliative Care

1. Did you know that the assessment and management of pain is a basic human right? Therefore, nurse practitioners, clinical nurse specialists, midwives, nurse anesthetists, clinical nurse leaders, administrators, educators and researchers are on the frontlines of assessing and managing pain, educating future and current healthcare providers, providing leadership in promoting good pain management, and promoting up-to-date research in providing this care.

Read the following article and be prepared to discuss it online, in the classroom, and/or write a short review of the article.

Brenna, F., Lohman, D., & Gwyther, L. (2019). Access to pain management as a human right. *American Journal of Public Health, 109*(1): 61-65. Accessed from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6301399/>

2. Role play a nurse practitioner on the pain team who was contacted this morning by the surgeon to see the following complex patient. The nurse practitioner will perform a pain assessment (using a verbal pain scale of 0 – 10: 0 = no pain and 10 = the worse pain ever experienced) on a patient, Noel, 53 years-old. She has multiple sites of pain:
 - Left breast removed yesterday, due to stage 3 breast cancer, along with lymph node dissection (pain score of 9).
 - Metastatic bone pain from the breast cancer (pain score of 8).
 - One year ago, the patient had her right foot amputated, due to complications from diabetes. Since the amputation, she has frequent phantom pain (pain score of 7).
 - “Debilitating” rheumatoid arthritis (pain score of 8).

For the past 4 months, her primary care physician placed her on Oxycodone + Acetaminophen (Percocet® 7.5/500 mg) q 4-6 hours for arthritis and phantom pain.

Break up into pairs to practice a pain assessment on Noel – one is the patient and one is the nurse practitioner. Be sure to cover all aspects of assessment of the cognitively and verbally intact patient, paying special attention to assessing not only the physical aspects of pain, but how the pain is also affecting her psychologically, socially, and spiritually.

Share how it was to play the patient. Did he/she feel listened to? Was the nurse empathic during the assessment? How was it to do a total assessment, did you feel like you had a good understanding of the patient’s pain experience?

3. **Continuing with the case study above:** After the assessment, how should this patient’s pain be managed? How would you manage each aspect of her 4 sites of pain? According to her patient record, she was started on a PCA yesterday after surgery: Morphine 2 mg/hour (continuous) and Morphine 1 mg (upon demand q 30 minutes—she averages 4-6 attempts per hour). Questions to discuss:
 - Do you believe adjustments should be made to her morphine? If so, what would you request?

- Do you believe morphine is the best medication for her at this point? Please explain your answer. If not, what would you recommend?
 - Would you consider this patient opioid naïve? If not, is the dose of morphine she is currently on enough?
 - Will morphine provide relief from her incisional pain? Phantom pain (neuropathic pain) from her amputated foot? What about her metastatic bone pain? Rheumatoid arthritis pain? If not, what would you recommend?
 - Would you want to continue the Oxycodone + Acetaminophen/Percocet® 7.5/500 mg q 4-6 hours? If so, what type of pain would you be targeting?
 - Would you want to prescribe other adjuvant pain medications for this patient, making sure you have addressed all sites of pain? If so, what?
 - What non-pharmacological methods could you use to assist with her pain?
4. Take a field trip either to a pharmacy or online, to see how many over-the-counter products you can find that have acetaminophen in them. It is an interesting experience to see how many products have this or “apap” in them and how easy it would be for patients to exceed the recommended dose of acetaminophen/day. Compare findings in class or in a discussion board format online.
 5. Have a discussion regarding the important definitions covered in this module, citing examples of each of the terms, including ethical considerations related to misuse, abuse, and addiction:
 - Opioid misuse
 - Abuse
 - Addiction
 - Tolerance
 - Physiological dependence

What considerations related to misuse, abuse, and addiction would you use when teaching patients about how to take their prescribed opioid medications safely?

Discuss issues related to managing malignant pain in patients with a history of/or currently abusing a substance. Read further information from the National Institute on Drug Abuse about their commitment to address this crisis and the important role that all healthcare providers have in attacking this critical issue. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

6. Lead a classroom discussion on how to assess and manage pain in patients known to be at risk for inadequate pain management: (i.e. premature infants, children, older adults, the underinsured, cognitively impaired, non-English speaking, and/or those with addictive disease). Talk about the nurses’ role as patient advocate.
7. Review the Hospice and Palliative Nurses Association (HPNA) Position Statement on Pain Management at the End of Life: <https://advancingexpertcare.org/position-statements>

Module 4: Symptom Assessment in Palliative Care

1. Review the NCP *Clinical Practice Guidelines for Quality Palliative Care*, Domain 2 (Physical Aspects of Care, pp. 13-19) and Domain 3 (Psychological and Psychiatric Aspects of Care, pp. 20-25) at <https://www.nationalcoalitionhpc.org/ncp/>

In Domain 2: 2.1.4, page 13, *“Effective symptom management requires attention to the physical, emotional, spiritual, and cultural factors, as well as the social determinants of health that contribute to the total pain and suffering associated with serious illness.”*

- Express the meaning of this sentence.
 - What education/skills do you already possess to provide this type of symptom management?
 - What education/skills are lacking?
 - How does one pay attention to the “emotional, spiritual, and cultural factors?”
 - How can advance practice nurses play a key role in identifying social determinants of health in their community and act in a positive way to provide safe and compassionate care to all—both inside the healthcare system, as well as outside the system?
2. As a group, discuss the ethical considerations around artificial nutrition in anorexia and cachexia. Why do patients and families often ask for it? When is artificial nutrition helpful and when is it burdensome? Review HPNA’s position statement on this subject <https://advancingexpertcare.org/position-statements>
 3. Compare and contrast assessment of depression in a physically healthy individual and one close to end of life. How is the assessment similar? How do the physical findings, which are commonly seen in serious illness, mimic depression? What members of the interdisciplinary team would you want to include?
 4. Working in pairs, practice doing a spiritual assessment – with one student as the nurse, one as the patient. Allow the students to assess the patient using the FICA assessment tool:
 - F = Faith and Belief. *“Do you consider yourself spiritual and/or religious?”*
 - I = Importance. *“How important is spirituality in your life?”*
 - C = Community. *“Are you a part of a spiritual community?”*
 - A = Address in Care. *“How would you like for me and your entire healthcare team to address these issues while caring for you?”*

For further information on FICA, go to <https://smhs.gwu.edu/gwish/clinical/fica/spiritual-history-tool>

Further questions may include: *“What gives your life meaning?”* or *“Where do you get your strength in dealing with serious illness?”* Discuss the experience of a structured tool vs an unstructured open-ended conversation.

Module 5: Final Hours of Life

1. Discuss openly what you think constitutes “a good death.” Have you witnessed a death before? If so, what went well, what could have gone better? What is the advance practice nurses’ role with the patient and family during the final hours before death and immediately after?
2. Case study: You have been the APRN providing care to Matt, who was diagnosed with ALS 3 years ago. He has repeatedly refused ventilator support and was admitted to the ICU last night with severe dyspnea. When you made your rounds to see him this morning, he asked you the following question: “Is there anything you can do to help end my suffering and speed up this process of dying? How would you legally and ethically respond? See HPNA position statement: <https://advancingexpertcare.org/position-statements>
3. Case Study: You are a pediatric clinical nurse specialist and you work at a large Children’s hospital. You and your team have been caring for an 8-year-old named Natasha. She is well-known by all the staff, as she frequently comes to the hospital when she has a sickle cell crisis. Today, she is near death, due to sepsis. Her parents, grandparents, and siblings (ages 6 and 11 years) are all at her bedside. Describe how you would go about meeting the fundamental needs of this family today. What interdisciplinary team members would you want to alert? You only have one opportunity to provide a good death for Natasha. How would you be sure that happens?

After Natasha dies and her body has been taken to the funeral home, what can you lead the staff in doing for the family? Any anticipated needs at this vulnerable time? Are there friends and/or family you can call? Do you have a staff member assigned to accompany them out to their car from the hospital (are they OK to drive, or should they take a taxi)? Do they have information about bereavement services? Who will make a phone call and/or send a card to the family in 1 month? 6 months? 12 months? Discuss the “double grief” the grandparents feel—loss of their granddaughter + grieving for their child who is grieving the loss of their daughter. Remember: Your responsibility to the family does not end at the time of death of their loved one.

What about your staff? How will you meet their grief? Make the time to debrief with the staff about Natasha’s death. What went well? What improvements can be made? Lessons learned? Discuss some self-care strategies for your staff. Lead by example.

What about you? Do you have unresolved compounded grief? How do you care for yourself physically, psychologically, socially, and spiritually? Be a wonderful role model in this area for your staff.

Module 6: APN Leadership in Serious Illness

1. Review and discuss the Hospice and Palliative Nurses Association (HPNA) position statement on the Value of the Advanced Practice Registered Nurse in Palliative Care
<https://advancingexpertcare.org/position-statements>
2. Woven within each of the 8 domains of the National Consensus Project (NCP) *Clinical Practice Guidelines for Quality Palliative Care*, 4th edition are key themes that APRN leaders must be attuned to, practice, and role model for colleagues in providing this important care (NCP, 2018). <https://www.nationalcoalitionhpc.org/ncp/> Complete the table below as an assessment of how well you are doing in each of these 6 areas:

Key Themes	Grade (A-F)	Creative Ways I Am Already Doing This	Ways I Need to Improve
Comprehensive Assessment			
Care Coordination			
Care Transitions			
Caregiver Needs			
Cultural Inclusion			
Communication			

3. So much of leadership is built around commitment and excellent communication. As a rising leader in the nursing profession, you will have multiple opportunities to take on change, to encourage your staff to move forward, and to make difficult decisions. Your leadership must be earned. People must respect you, value your commitment, and honor your vision. The words you use will set the foundation of your work. The following table was in the Leadership module you just reviewed. Study the table below and place a star next to the areas you are doing well in. Circle areas that you need to improve in.

Concepts/Ideas	Supportive Language/Mindsets	Language/Mindsets to Avoid
<p>As new circumstances arise, a new type of leader emerges to lead in complex adaptive systems.</p>	<p>Leadership is seen through vision, determination, awareness of the complexity that lies ahead and aligns with the circumstances. Recognizing one's vulnerability/limitations encourages not only dialogue but helps in building new relationships.</p>	<p>Leading by directing and/or controlling others.</p>
<p>Open to new ideas and potential opportunities and/or approaches.</p>	<p>Consider opportunities and be optimistic, thoughtful, and creative. This encourages positive and useful changes.</p>	<p><i>"No, we can't do that. We have tried that before and it does not work."</i> Resistance discourages participation and support versus the lack of knowledge.</p>
<p>Teamwork to encourage and facilitate dialogue and assist team members to achieve and refine their work through critiquing.</p>	<p>Engaging, including, facilitating, and valuing team members. "Setting the table" promotes collaboration between content experts, opinion leaders, cultural resources, and experienced and novice colleagues in an effort to develop an exceptional experience and outcomes that are informative and helpful.</p>	<p>Diversity focuses on differences, versus inclusivity emphasizes including all.</p>
<p>Being open to learn from others—interprofessional colleagues, those from various cultures, etc. This allows for new and refined ideas.</p>	<p>Networking, building relationships, linkages, collaborating, identifying key stakeholders. This increases knowledge, expertise, and experience—all in an effort to find the best solution.</p>	<p>Participants are just ex officio/only representing their own position—not necessarily content experts or stakeholders.</p>
<p>Learning from issues that did not work out as planned.</p>	<p>Failure sometimes happens and is normal in both learning and adaptation. It provides information to assist in progressing our goals.</p>	<p>Errors infer that someone made a mistake or did something wrong. Errors generally are attributed to system dynamics versus someone making a</p>

<p>Obtaining a desired result that creates a difference.</p> <p>Purpose of leading is to strengthen and grow, as well as being open to future opportunities.</p>	<p>The valued results provide a positive difference compared to the first position.</p> <p>Transformation=empowerment. Vision with principles guides the activity. Principles provide the direction needed.</p>	<p>purposeful error. Seeking to find errors usually involves blame.</p> <p>Problems are issues to be fixed versus learning from them.</p> <p>Outputs/outcomes refers to fixed results/products that are questionable regarding sustainable improvements for the stakeholders.</p> <p>Transaction=exchange and is not always associated with a positive value.</p> <p>Strategic planning is guided by rules and not dynamic.</p> <p>Rules are nonnegotiable and do not permit adjustments based on any circumstance.</p>
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Reference: Porter-O'Grady T. & Malloch, K. (2018). Quantum leadership for a new age of nursing. In M. M. Gullatte, (Ed). *21st Century nursing leadership*. (Chapter 3). Pittsburgh, PA: Oncology Nursing Society.

4. How many times have you wanted to mentor another nurse, but you realized you were not perfect and so what could you possibly offer to someone? A good leader recognizes their opportunities to improve as equally as they remember their strong points and are fully cognizant that they are on a life-long journey. When mentoring future leaders, our own deficits showcase human frailties and provides opportunities to overcome adversity and limitations. While there may be issues such as lack of time, lack of confidence, doubt about what you can provide to your mentee, Porter-O'Grady & Malloch (2018) have identified 12 traits of a mentor.

Stop and consider: Which of these traits do you strongly possess? If you have a mentor, which of these traits do you most admire and want to emulate?

Vulnerable	Open	Flawed	Clear
Firm	Insightful	Experienced	Practical
Strategic	Empathetic	Patient	Available

5. Review the Position Statement on Palliative Nursing Leadership from the Hospice and Palliative Nurses Association (HPNA) <https://advancingexpertcare.org/position-statements>

- Why is nursing leadership in palliative care so essential today?
- What are the characteristics of a palliative care nurse leader?
- Describe ways that advance practice nurses can be involved in leadership in the following realms:
 - Clinical
 - Education
 - Research
 - Advocacy

Do any of these areas interest you? If so, how? What steps do you need to make to begin leading in this area? Do you need a mentor? Do you have a way to network—to become known for your interest? Do you have a desire to learn from others? Do you see the need for change and the determination to tackle the issue?