Abstract
To help nurses develop effective clinical decision-making skills, it is essential that palliative care education includes opportunities for undergraduate and practicing nurses to develop cognitive skills in addressing real-life clinical problems. This article describes the learning experiences within an elective nursing course designed to strengthen the clinical decision-making skills of students in the context of palliative care and interprofessional practice. A description of the course context, major learning assignment and evaluation rubric, and reflections on the learning process in terms of clinical decision-making and interprofessional practice provides an example of how meaningful learning opportunities can be used to prepare nurses for the challenges they will face as collaborative team members in their palliative clinical practice.

Key words: Clinical decision-making skills ● Evaluation rubrics ● Interprofessional practice ● Nursing education ● Palliative care

Nursing education programs are preparing students to practice in the context of a rapidly changing and complex healthcare environment that includes increased patient acuity, limited economic and human resources, shifts in the location of care-giving, cultural diversity, and complex technology. Concurrently, healthcare systems in many parts of the world are adapting to the needs of a rapidly-expanding aging population where many will live with chronic and degenerative diseases that will ultimately evolve into end-stage illness (World Health Organisation, 2004). Advances in science, health care, and technology mean that the experience of death and dying in our society has changed radically over the last few decades. Many people are now living longer with chronic, long-term and degenerative diseases that have a protracted terminal phase, and who require evidence-based, compassionate palliative care.

Palliative care is concerned with both the quality of care and the quality of life for patients and their loved ones, and is most effectively delivered by an interprofessional team of healthcare providers knowledgeable and skilled in all aspects of the caring process related to their discipline of practice (Canadian Hospice Palliative Care Association, 2002). Nurses are an integral component of this team, as the frequency and continuity of contact nurses have with their patients makes their role central in the provision of care to the terminally ill (Vachon, 2001). Nurses themselves have claimed that ‘as patients shift from a sick to a dying role, it is the nurse that assumes the dominant role’ (Vachon, 2001: p648), and that ‘the care of the dying is essentially a nursing and not a medical problem’ (Benoliel, 1976: p36).

Nurses in palliative care provide both physical and emotional support to dying persons and their families. The complexity of patients’ needs often requires nurses to make clinical decisions that integrate an in-depth knowledge of effective pain and symptom management, supportive care interventions, ethical frameworks and the use of therapeutic communication skills. Nurses must also have an understanding of the relationship between the relief of suffering and promotion of quality of life to patients’ and families’ psychosocial, spiritual, cultural and bereavement needs (Coyle, 2006). Nurses utilize their clinical decision-making skills to address particularly complex care situations, such as supporting patients’ and families’ end-of-life decision-making. Decisions concerning end-of-life care can include determining place of care and goals of care, care planning, managing refractory symptoms and addressing special end-of-life care needs of populations such as the elderly, children, and those from different cultures.

Upon graduation, nurses are expected to have developed fundamental competencies in end-of-life care that include knowledge of the dying process, symptom control, ethical frameworks and decision-making, and the psychological care and support required to meet the emotional needs of the patient and family (Canadian Nurses Association, 2003; Malloy et al, 2008). However, there is wide variation in the degree to which
specific palliative care theory and clinical practice is part of undergraduate nursing curricula, with palliative care content offered as a required course, an elective course, and/or integrated throughout the curriculum (Manias et al, 1997; Arber, 2001; Mallory, 2003; Birkholz et al, 2004). Evaluations of undergraduate nursing programs reveal that many students request opportunities to enhance their knowledge and skills in the provision of end-of-life care (Cooper and Barnett, 2005; Brajtman et al, 2007).

A new approach to providing meaningful learning experiences

To help nurses develop effective clinical decision-making skills, it is essential that palliative care education includes opportunities to develop cognitive skills in addressing real-life clinical problems. To that end the purpose of this article is to describe the learning experiences within an elective nursing course designed to strengthen the clinical decision-making skills of students in the context of palliative care and interprofessional practice. A description of the course context, major learning assignment and evaluation rubric, and reflections on the learning process in terms of clinical decision-making and interprofessional practice follows.

This palliative care course is offered as an elective within a post-diploma undergraduate nursing program. Students are experienced registered nurses returning to university to complete an undergraduate nursing degree, usually on a part-time basis. While some students practice in palliative care or hospice settings, the majority care for dying patients in areas such as internal medicine, surgery, intensive care units, emergency, paediatrics, oncology and long-term care. The course focuses on the principles of palliative care, the role of nursing, and addresses key issues such as pain and symptom control, ethics, therapeutic communication, culture, spirituality, loss and bereavement and support of the family.

A previous final assignment in this course required students to write an essay on an end-of-life care topic such as nausea, dyspnea, or non-pharmacological pain management. Students were allowed to choose a topic that interested them; however, a list of instructor-generated topics was included with the description of the assignment. The new approach provided the students with the opportunity to explore a palliative care nursing clinical practice problem derived from their personal or professional experience.

To strengthen the clinical decision-making skills of students in meaningful ways, the major assignment within the course was changed so that students now analyze a palliative care practice problem derived from their personal or professional experience. Development of the learning assignment was based on the principles of authentic assessment, in which learning activities are designed to offer students opportunities to practice skills that would be used in real-world contexts (Svinicki, 2005). Nurses working in palliative care frequently encounter complex clinical situations. When students must solve real-world clinical case situations, they also develop situation mental models, and in the process develop important cognitive skills such as problem identification, integration of knowledge, generating solutions, and constructing arguments (Azzarello and Wood, 2006). As practicing nurses, students often discussed in class their challenges in managing symptoms, helping patients to make end-of-life decisions, and working within the context of an interprofessional team. These real-world challenges now became the focus for their major assignment.

In the major assignment, students were asked to:
1. Describe a clinical situation that they had encountered in their practice
2. Identify the specific nursing practice problem
3. Analyze the contributing or causative factors to this practice problem situation
4. Develop realistic strategies that could change practice in their identified clinical context.

Students were expected to use current evidence to support their analysis of the situation, and their suggested strategies for change. The use of a specific case situation identified by each student permitted an in-depth examination of issues from multiple perspectives (Campbell, 2004). In addition, students had the opportunity to explore a clinical situation of their own choosing that was based on real-world practice. Table 1 provides examples of practice challenges chosen by the students for their assignments.

A rubric previously developed and used in other undergraduate courses was used to guide the assessment of the learning assignments. A grading rubric refers to an assessment tool that identifies levels of student achievement by identifying a set of criteria or dimensions of quality (Allen and Tanner, 2006). Although grading rubrics have been used in elementary and high school education, there are few examples from the literature that describe the use of rubrics or criterion-referenced tools to enhance the learning and assessment process in professional education programs. Developing and using rubrics to assess student performance...
serves two purposes. First, students are able to identify the levels of performance and expectations for a given assignment (Neil et al., 1999). Secondly, instructors are able to focus their assessment of student work using predetermined criteria to enhance consistency and transparency in grading, with the added benefit of reduced marking time (Daggett, 2008). The grading rubric used for the final assignment in the course is illustrated in Table 2.

The rubric identifies three major dimensions for scholarly papers, including organization and expression of ideas, support for ideas and arguments, and synthesis of ideas and depth of argument. Within each of the three dimensions, explicit criteria are described. While the criteria are organized into three achievement levels, it would be possible to develop additional levels, if desired. Three levels of achievement are articulated for each dimension: 0–5 points include criteria that reflect unsatisfactory performance; 6–8 points reflect satisfactory performance; and 9–10 points reflect excellent performance. In this example, the passing grade is 50%. The levels of achievement can be adjusted in accordance with other passing grades. For example, if the passing grade is 60%, then 1–6 points would reflect unsatisfactory performance, 7–8 points would reflect satisfactory performance, and 9–10 points would reflect excellent performance. The criteria outlined in each dimension reflect the focus on analysis of the problem situation, and the development of scholarly arguments that are supported with evidence from the literature. As judgments are made about the quality of the article according to the specific criteria, the instructor circles the relevant criteria or descriptors that best reflect student achievement, and then identifies the points awarded for each criterion. The rubric allows the instructor to identify varying levels within each dimension. To score each dimension the instructor calculates the average points for the relevant criteria, and multiplies by the dimension weighting.

Reflections on the teaching/learning process and development of clinical decision-making skills

Holistic, supportive care is required for a quality end-of-life experience and developing competencies to be able to provide patient-centered care is a valued goal for all nurses. Each patient’s experience will be unique, and nurses are challenged to tailor their interventions accordingly. As such, a major goal of nursing education is to help students to learn to function in clinical situations where there are no clear ‘right answers’ or standard procedures.

Helping students to enhance their decision-making and problem-solving skills was a primary consideration in the development of the course we have profiled in this paper.

The process involved in the development of the learning assignment encouraged students to critically think about challenging and complex patient care situations encountered in palliative care from multiple perspectives (e.g., contributions of other disciplines, complexities involved in supporting patient decision making, and the influence of systems and policies). Consequently, the assignment is more than a method of evaluating a student’s content knowledge of a specific topic. The assignment itself becomes a learning experience for the students, who are challenged to synthesize the knowledge obtained from their critical evaluation of contributing factors to the problem and to apply this new understanding to the development of realistic, evidence-based interventions that have the potential to change present and/or future care.

As a practice profession, nursing competence resides in the use of context specific knowledge, skills, and clinical judgment to meet patient and families’ health needs. Nurses must filter, interpret, and apply research evidence to be able to use it in specific clinical situations (Bucknall, 2007). Students were required to select, interpret and apply evidence from the literature in the development of realistic interventions that could potentially change present and/or future care. By reviewing and reflecting on what happened in the
clinical situation, and what they could do differently, students have the opportunity to view their practice from a new perspective, and are empowered to apply what they have learned to new situations. Furthermore, their motivation to engage in the assignment is enhanced when students perceive the value of applying the new knowledge to their own clinical practice. Students also learn to develop realistic strategies to improve patient care that often incorporate an interprofessional care approach.

**Implications for interprofessional learning and practice**

This form of learning and student assessment can be adapted and applied in undergraduate, graduate, and continuing education nursing and/or interprofessional courses in which learners are involved in palliative clinical practice situations. This authentic learning assignment provides students with the opportunity to broaden their perspective on palliative care and to encompass a more holistic view of the multiple factors that may contribute to a practice problem, and the need for a collaborative team-based approach for optimal patient care. In fact, the provision of interprofessional care through a collaborative team-based approach is recognized as an enabler for improving patient care and for meeting the growing demands on our healthcare system (Yan et al, 2007). The interprofessional model of care is particularly appropriate in the provision of palliative care, as no one healthcare professional can meet all multiple and complex needs of patients and their families (Coyle, 1997; Rock, 2003).

While there is currently no consensus on when interprofessional education should begin in the health professional's educational curriculum or the preferred methodology for facilitating interprofessional learning (Oandasan and Reeves, 2005), there is an understanding that students and clinicians require opportunities to engage in experiential learning activities (D'Eon, 2005). It has been suggested that when learners focus on a
specific patient-centred goal or learning activity, a method called ‘idea dominance’, the team’s attention is focused on a clear and recognizable idea or goal (Petrie, 1976; Hall and Weaver, 2001). A learning experience, such as the one described, allows learners to focus on a specific clinical practice problem that has direct implications for their current practice and can increase their appreciation of the need for interprofessional collaboration to address complex care issues.

Nurses are recognized valuable and essential members of the palliative healthcare team. Nurses play a central role in communicating the patient’s and family’s needs and concerns to the physician and other healthcare providers because of their increased interactions with patients and their families. This understanding has the potential to empower nurses to take an important role in initiating and influencing dialogue between healthcare professionals, and the development of interventions that can contribute to enhancing the provision of comprehensive end-of-life care.

**Conclusion**

As the need for expertise in palliative nursing continues to expand over the next decades, nurse educators need to incorporate meaningful learning opportunities to prepare nurses for the challenges they will face in their clinical practice. Students need opportunities to develop and refine their clinical decision-making skills. Nurse educators need to provide students with meaningful, empowering learning experiences which challenge them to integrate and apply theoretical knowledge to real-world care situations, such as palliative care. Developing challenging teaching and assessment strategies can strengthen student learning and application to their present and future practice. These learning experiences can also help to foster the continued development of nurses as knowledge users, critical thinkers, decision makers, interprofessional team collaborators, and active participants in the delivery of optimal patient and family end-of-life care. ([ JPNN)

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Canadian Hospice Palliative Care Association (2002) *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice*. CHPCA, Ottawa


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