



# Interactive ways to learn and teach palliative care

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## Nothing to declare

One of the writers of the guideline of the support for the closest-one

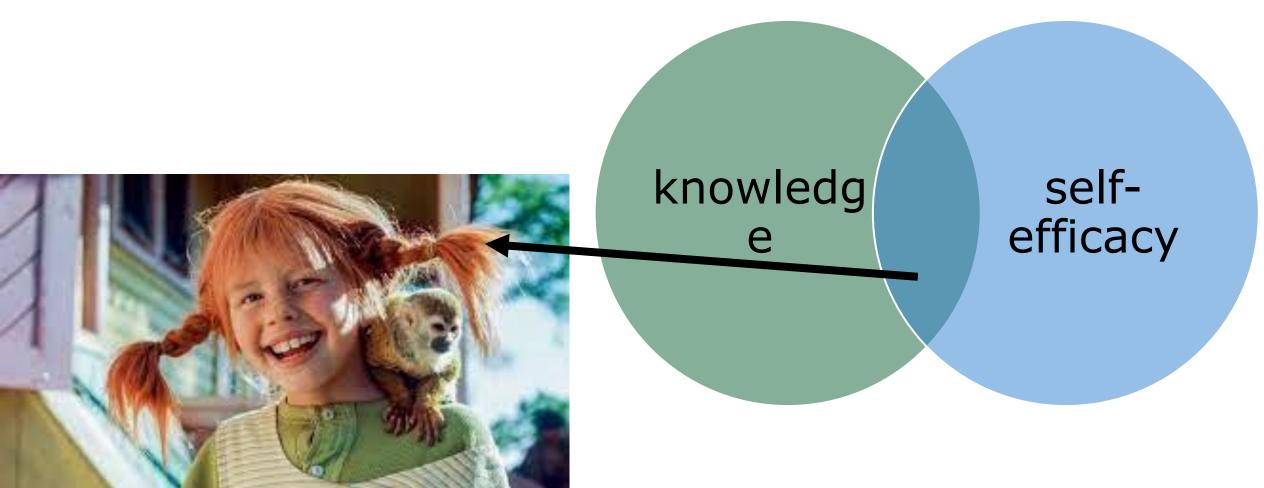
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### FROM CURE TO CARE

Education in palliative care as a joined responsibility of educational institutes and the workforce



### WHEN IS TEACHING EFFECTIVE?



"I've never done it, so I think that I can do it"

# How can palliative care be thought?





# Nursing students view of palliative care education (Hökkä et al 2022. BMC Palliative Care)

### AND VIEWS OF PC EDUCATION (f=524)

### THE NEED TO DEVELOP PC EDUCATION (f=414)

More PC education in general (f=270)

More comprehensive and coherent education (f=109)

Integrate PC clinical practice into the studies (f=35)

### MEANING OF PC AND ITS EDUCATION (f=110)

Importance of PC education (f=55) The meaning of PC (f=33) The importance of PC in nursing profession (f=22)

#### PREFERRED TYPES OF PC EDUCATION (f=1379)

#### TEACHING CONTENTS IN PC EDUCATION (f=905)

Encounters in PC (f=162)

Support in PC (f=123)

Holistic pain management (f=94)

Communication and interaction in PC (f=73)

Cultural issues in PC (f=61)

The basics of PC (f=56)

Special principles of pharmacology in PC (f=54)

Advanced care planning, decision making in PC (f=48)

Education of end-of-life care (f=31)

Ethical and legal issues in PC (f=31)

Somatic symptom management in PC (f=30)

Existential issues in PC(f=26)

Self-awareness in PC (f=25)

PC to different patient groups (f=23)

Psychological symptom management in PC (f=21)

Non-pharmacological care in PC (f=20) PC in different settings (f=17)

#### TEACHING METHODS FOR LEARNING PC (f=393)

Patient cases and collaboration with working field in teaching (f=146)

Multidimensional teaching methods (f=88)

Experiences and exposure-based teaching (f=49)

Learning from discussions about PC (f=46) Skills labs and simulation pedagogy in PC education (f=40)

Multidisciplinary teaching and learning (f=24)

#### PLACEMENT OF PC STUDIES (f=81)

Integrated and unifying PC education in the curriculum (f=35)

Preparatory teaching from the first semesters (f=29)

In-depth learning in the final semesters (f=17)

## PROMOTE OR HINDER C LEARNING (f=401)

#### FACTORS FACILITATING PC LEARNING (f=66)

Previous clinical experience about PC (f=31)

Obtained formal education (f=25)

Intrinsic motivation to learn about PC (f=10)

#### BARRIERS TO PC LEARNING (f=335)

Insufficient amount of education (f=119)

Insecurity of own performance

in PC (f=56) Discrepancy between teaching

methods (f=43) Insufficient structure of

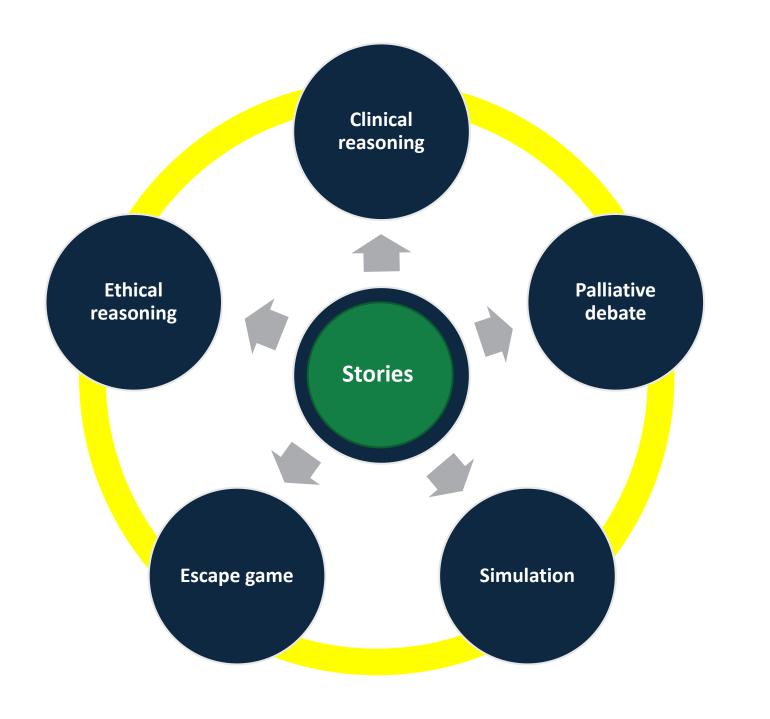
education (f=37)

Shortcomings of competences and clinical learning (f=35)

Impractical content of the

education (f=27)

Teacher's insufficient



### PROJECT APPROACH



## Research behind the stories

#### The core competencies and their representation in the novice stories

In Intellectual Output 1 of the NursEduPal@Euro project, 12 core competence categories have been defined that nursing students need to acquire during their studies in order to be ready to provide generalist palliative care once they go into practice. You can read all about the path towards these competence categories and their detailed description in the IO1 Report which you can download from the project website.

One of the aims of the project is to provide innovative teaching tools and resources to acquire and/or train these competencies. Therefore, we've indicated in the scheme below how the competence categories map on the novice level stories of the *Book of Cases*.

Competence category	Lukas	Elena	nhor	Patricia	Suzanna	Amy	David	Maria	Gabriella	Bruno
Competence in the holistic nature of palliative										
care										
Holistic communication, encounter, and										
interaction competence in palliative care										
Teamwork competence in palliative care										
Spiritual competence in palliative care										
Competence in symptom management in										
palliative care										
Competence in pain management in palliative										
care										
Self-awareness and self-reflection competence										
in palliative care										
Competence in ethical and legal issues in										
palliative care										
Competence in organising palliative care										
Competence in holistic support in palliative care										
Competence in empatitiely palliative care										
Competence in end-of-life care										

# Simulation

Substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes and new graduates that are ready for clinical practice

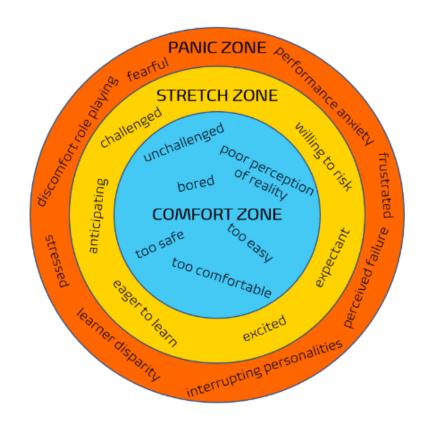
Hayden et al. 2014



## Without reflecting No learning

 Debriefing is a facilitated reflection encounter that takes place right after the simulation scenario has ended. During the debriefing, participants reflect on their thoughts and actions during the scenario, in order to learn and improve future performance.

## Simulations



Key for effective learning through simulation is to assure environment for all participants of the simulation experience. However, keep in mind that effective learning is mainly achieved the stretch Unchallenging simulations that keep the learners in their comfort zone or over complex simulations that bring them into the panic zone should be avoided.



# Escape games in palliative care education?

- The use of escape games has increased especially in healthcare education and feedback is mainly positive (Taraldsen et al. 2020).
- **Gender Violence:** Manzano-León A, Aguilar-Parra J.M, Rodriguez-Ferrer, J.M et al. Online Escape Room during COVID-19: A Qualitative Study of Social Education Degree Students` Experiences. Education Sciences 2021; 11, 426.
- Patient safety: Zhang, X.C., Diemer, G., Lee, H., Jaffe, R. & Papanagnou, D. Finding the 'QR' to Patient Safety: Applying Gamification to Incorporate Patient Safety Priorities Through a Simulated 'Escape Room' Experience. Cureus, 2019 (11)2.
- Teamwork: Zhang, X., Lee, H., Rodriguez, C., Rudner, J., Chan, T.M. & Papanagnou, D. Trapped as a Group, Escape as a Team: Applying Gamification to Incorporate Team-building Skills Through an Escape Room Experience. Cureus, 2018 10(3).
- Pharmacology: Hermanns, M., Deal, B., Campbell, A.M., Hillhouse, S., Opella, J.B., Faigle, C. & Campbell, R.H. Using an "Escape Room" toolbox approach to enhance pharmacology education. Journal of Nursing Education and Practice, 2018 (8), 4.
- Multiprofessional work: Teaford, H. Escaping the Professional Silo: Implementing An Interprofessional Escape Room. 2017. https://wcispe.wordpress.com/2017/12/01/escaping-the-professional-silo-implementing-an-interprofessional-escape-room/
- Research methods: EscapeED: Clarke, S., Peel, D.J., Arnab, S. Morini, L., Keegan, H. & Wood, O. International Journal of Serious Games. A Framework for Creating Educational Escape Rooms and Interactive Games to For Higher/Further Education. 2017. (4), 3.
- Serious gaming has shown to be good in learning problem solving and shared decision-making (Susi et al., 2007). → NURSING!



## In the end what is important?

- The possibility to reflect
- Safe environment
- All of us has the possibility to help a student, peer or team member to learn

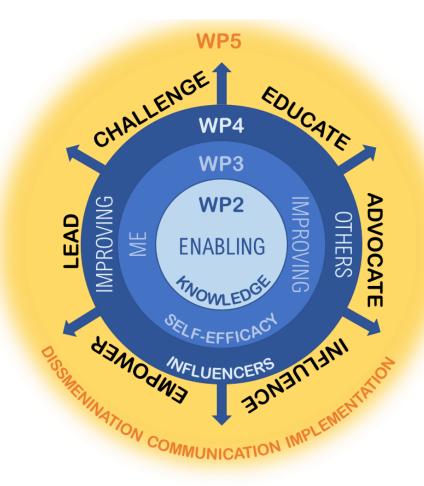


## O The future













- Thank you all!
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