END-OF-LIFE DECISION MAKING FOR OLDER ADULTS: COMPETENT AND COMPASSIONATE CARE

OVERVIEW OF TEACHING STRATEGY

The complexities and challenges older adults and their families confront during end-of-life transitions can be overwhelming. The interdisciplinary health care team plays an important role in helping ensure each older adult has individualized, compassionate, humanistic, and dignified care at the end of life. The following teaching strategy can be used to introduce end-of-life care and enhance the learning of students in beginning and/or advanced pre-licensure nursing courses. The teaching strategy can be utilized in a variety of teaching and learning situations, including didactic lectures; clinical settings, such as post-clinical conferences and debriefings; simulation scenario debriefings; and small seminar discussions.

LEARNING OBJECTIVES

Students will:

- Appropriately assess client and family needs during end-of-life transitions for older adults.
- Assess and recognize the clients’ physical, emotional, and mental changes associated with the dying experience.
- Understand the complexities involved in coordinating and managing end-of-life care for older adults.
- Describe the importance of the interdisciplinary team and the specific role of the nurse when providing care at the end of life.

ACES ESSENTIAL NURSING ACTIONS

- Assess Function and Expectations
- Coordinate and Manage Care
- Make Situational Decisions
NLN EDUCATION COMPETENCIES

- Nursing Judgment
- Human Flourishing

GETTING STARTED

This teaching strategy focuses on assessing expectations, coordinating and managing care, and making situational decisions with older adults. The strategy enhances students' human flourishing and nursing judgment.

1. The following tools can be used in a variety of teaching and learning settings to enhance student learning and understanding of end-of-life care: (1) videos, (2) case studies, (3) concept mapping.

   A. Videos can be useful to help students understand the human aspect of providing care for older adults and their families at the end of life. Using end-of-life (palliative care and/or hospice) videos helps demonstrate to students the difficulties older adults face when making decisions regarding end-of-life care. This may be particularly useful when introducing end-of-life concepts during large didactic lectures, as it provides students with real-life situations and a view of the complexity and challenges older adults face at the end of life.

   B. Case studies are useful to help students better understand the challenges individuals and families face during end-of-life transitions. Case studies foster students' critical thinking by illustrating and contextualizing the complexities associated with end-of-life care. This approach may be best suited for small group discussions, or post-clinical debriefings and discussions.

   C. Concept mapping facilitates students' critical thinking related to the needs of older adults and their families during end-of-life decision making. Concept mapping based on a clinical situations or case studies stimulates student thinking and broadens students' conceptualization of important end-of-life care needs, as well as allowing them to individualize those needs to specific contexts, individuals, and family situations.

2. Each of the above approaches should emphasize the essential and important role of the interdisciplinary team regarding end-of-life care. Students should be introduced to various professional roles on the
interdisciplinary end-of-life care team (nurse, physician, pharmacist, chaplain, social worker, bereavement counselor, and other relevant roles as appropriate), and the impact and specific role of nurses on the care of the older adults at the end of life.

3. Students should be encouraged to explore websites such as the How to Try This and the Hospice and Palliative Care Nurse Association websites for additional assessment tools and information.

4. If time and circumstance allow, assessments regarding end-of-life care on clients residing in assisted living facilities, long-term care facilities, acute-care facilities, and at home can be completed and compared for differences and similarities.

MATERIALS
1. Hospice and palliative care videos can be found in a variety of locations. One video (and segments of the video) that has been used in the past comes from Graceful Passages, The Hospice Journals (2009, The Center for Hospice & Palliative Care, Inc). Any hospice or palliative care video can be used to implement this strategy.

Web Page
Video Journals

2. Case study material can also come from a variety of sources. However, there are several well developed unfolding cases on the NLN ACES website which are excellent. One unfolding case, Julia Morales and Lucy Grey, is particularly useful for addressing end-of-life care, but all of the unfolding cases may be appropriate if adapted. An important factor for any case study, and one that is included in the ACES unfolding cases, is a focus on context and the unique situations and experiences each of the older adults and their families face. End-of-life care is holistic and must incorporate the unique contexts, challenges, and life experiences of older adults and their families. At the end of this document is a case study example of Julia Morales, which can be used to stimulate discussion or creation of a concept map.

ACES Unfolding cases

Julia Morales and Lucy Grey Unfolding Case
A. Case studies can also be used to help students explore issues with end-of-life caregiver strain and burden. The article from *The Atlantic*, “Letting Go of My Father” (Rauch, 2010), details the challenges and strain a caregiver might face when caring for family members during end of life transitions.

*Letting Go of My Father*

3. Concept mapping is an emerging and useful teaching tool in nursing education. Concept maps facilitate critical thinking by allowing students to visually create a framework of important constructs or components of a given situation and create propositional links between them.

Concept mapping stimulates critical thinking and creativity and can be particularly useful when helping students to think about the holistic and complex challenges older adults and their families face during end-of-life transitions. Several recent articles have been published detailing the use of concept mapping in nursing education.


4. Additional useful tools and web sites when caring for older adults at the end of life:

A. Assessment of Spirituality in Older Adults: FICA Spiritual History Tool

B. Caregiver Strain

   I. Tool: Modified Caregiver Strain Index
   II. Video
SUGGESTED READINGS


ASSESSMENT TOOLS

ConsultGeriRN.org, the website of the Hartford Institute for Geriatric Nursing at New York University's College of Nursing, contains many evidence-based assessment tools. Those listed below from the *Try This:*® and *How to Try This* series are particularly recommended for the content on geriatric syndromes. The tool, an article about using the tool, and a video illustrating the use of the tool, are all available for your use. The SPICES tool is listed first, since it is an overall assessment tool; the remaining tools are listed in alphabetical order.

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CASE STUDY FOR DISCUSSION OR CONCEPT MAPPING

Julia Morales

My name is Julia Morales and I just turned 65-years-old. My life has not been a traditional one. I have always believed in following your dreams and being true to yourself, that’s what my parents taught me. When I look back over my 65 years on this earth, I feel happy and proud with what I have accomplished, and I don’t need any pity. Of course I was shattered when I learned I had lung cancer four years ago. But I fought a good fight. I followed all the recommendations my doctor had for me. I did the radiation and all the chemotherapy. I even got complementary treatment from a naturopathic doctor. It’s just that we all know it’s not doing any good anymore. I’m ready to stop all the treatment and just let go. It hurts to breathe, it hurts to move. Everything hurts. But like I said, I don’t need any pity.

I’ve had a really great life. Would have liked to stick around a little longer, but I know it’s not to be. Still, I think my folks would be pretty proud to see what I’ve done. They got married young, right out of high school, and my Dad left Ohio to go off to war. He left Mom behind and fought in Europe for two years. My Dad was a strong person, he landed on the beach at Normandy and lived to tell about it. My mom worked hard in a factory while he was gone, and when he got back they had me, their only child. They did so much for me. Whatever I was interested in, they encouraged. We were a close family, took a lot of trips together, that’s how I got the traveling bug.

They wanted me to go to college to be a nurse, or a teacher. I went because they saved money and encouraged me. But I never really wanted to be a nurse or a teacher. I got a degree in business instead, and ran a small nursery. My folks were happy because I was happy. Then when I was about 50, I got tired of the business end of it, so I sold it to a young couple, and continued to work for them. I loved the place and the job. Still do. Just haven’t had the strength to work for the past six months.

I had a few relationships in college, got married for a short time right after I graduated. Had my son, Neil, he’s 42 already. But that didn’t last. We got divorced when Neil was little, I raised him on my own. I still talk to my ex on occasion. He remarried, though I never did. I had a few relationships, and always lots of friends. I met Lucy over 20 years ago when she moved in next door. We’ve been together ever since. We’ve traveled all over in the past 20 years. She would never have gone without me doing the planning, but she’s enjoyed it as much as I have. We’ve been to Japan, Italy, Ireland, and all over the US. She has a bad knee and had surgery, she’s a little unstable and I worry about that. We had to stop taking the long trips.
I've been pretty healthy too, until this cancer. I smoked for about 10 years, after college. Then I quit. We didn't really know then that it was dangerous. Nobody knew. I was surprised when I got lung cancer. At first we thought I had pneumonia. But it never got better, and after the bronchoscopy they found lung cancer. I did the radiation treatment and the chemotherapy. For some of it I had to be in the hospital a few days, which just about killed me. Never did like hospitals, ever. But the treatment makes you so sick you want to die. And the bad thing is, it didn't cure the cancer. We tried a few different treatments but no more. Nothing good came out of it. I just felt weak and sick, and the cancer got worse.

I'm ready to stop all this. I just want to be here in this house that I love. I'm comfortable here. Lucy is here, and she understands. She doesn't like to see me so sick either. She does a good job taking care of me, and we're doing OK. My son Neil would like me to try more treatment, but even the doctor says there's not much more they can do, besides keep me comfortable. I'm tired, and I'm just ready to let things happen naturally. Do you think that's giving up?