

Nurse Aide: A Support for Patients in Hospice and Their Families

MP4 Video Transcript

Presenter: Cathy Wagner, adjunct faculty, Red Rocks Community College (CO)
Event: CHEO Discipline Panel Faculty Professional Development Workshop –
By Design: Taking ALL Allied Health Students Across the Finish Line
Date: May 15, 2015

I was fascinated by the technology that David has used, and this is really very much on the other end when we're talking about hospice. This is very low tech, a lot of artfulness involved in teaching hospice. Some of the same challenges that David talked about, but some different ones.

I always like to start with just making sure we're all on the same page and kind of setting the tone. Whenever I teach about hospice I start with this quotation that was developed by Dame Cicely Saunders, who was really the founder of the modern hospice movement.

And Dr. Saunders says that, "Hospice is a place of meeting, physical and spiritual, doing and accepting, giving and receiving, all have to be brought together. The dying need the community, its help and fellowship. The community needs the dying to make it think of eternal issues and to make it listen. We are debtors to those who can make us learn such things as to be gentle and to approach others with true attention and respect."

What I did at Red Rocks was work with the CHEO team there and develop three courses that are really very unique in the college environment. Hospice is usually taught in the community. It's usually a contact hour kind of thing. Hospice is usually taught by hospice leaders in the community, either at community workshops or internally at the hospice program. So it's very unique that this would be a program offered at a community college.

And it's very unique that it's a program that is offered specifically for nurse aides. So, this program is for nurse aides who want to specialize in hospice and/or palliative care. The program is two and a half courses. It's a certificate program so that the aides come out with a certificate when they're done. It is a hybrid program, two and a half credit hours. And there is an internship included in this certificate

program so that when the students are done with the two courses, they actually spend three days then at a hospice with an RN or another nurse aide, going into the field and seeing patients and actually seeing what it is like to participate in a hospice program.

I want to show you a little bit about what hospice is and what we start the students off with. Some of you remember seeing Lauren Hill in the media. Lauren died about three weeks ago in hospice, and I use that clip with you and with students as a way to capture attention about what hospice is and it isn't.

There's so many myths about hospice. People have so many ideas about what hospice is, and often those ideas are incorrect or half-truths, so I use that clip to try and show people that hospice does take care of people at home. Hospice does take care of young people. Hospice takes care of all kinds of people, not just cancer patients. We won't go into all of those details, but-- so that's the kind of clip that I use with students.

The two courses that are taught are hybrid courses. I wanted to mention the textbooks that I use, because they're not really textbooks at all. The first course, which is intro to hospice and palliative care, I use a book that is kind of a standard in hospice. Ira Byock is a physician who has worked in end of life care for many, many years, and anybody who works in end of life care knows about this book. It's kind of a standard.

This is a book that contains lots of vignettes about patients who are dying and the interaction with the health care system and with families. And so I ask the students to read this book. This is their only text for the course. They read this book and I ask them to choose a vignette that touches them, that they like, and then tell me in their paper why they like the vignette, why it touched them. What did it do to them?

And the reason that I do that is because hospice is the kind of work that not only do you need to learn the skills to work with dying patients and their families, but you have to learn your own hot buttons when it comes to working with hospice. We all need to, in this work, know what triggers us. We need to know how we feel about dying. We need to know whether we're going to become an emotional wreck at the bedside of a patient.

So we need to sort of explore these things ahead of time before we ever get to the bedside, and this is a way to do that. So, this is the text, if you will, that I use in the first course. In the second course I use a text, sort of similar, called Final Gifts, and this was written by two hospice nurses. One, in fact, lives right here in Boulder, Pat Kelley.

This is a book that contains information about-- it also has vignettes of people who are dying, but this talks about the special communications that dying people often exhibit as they're getting close to their death. And so, I ask students to read this. This is the only text for that second course, and I ask them to choose a vignette here that touches them and tell me why in their paper. What did it do to you? What insights did you gain from reading this?

For example, I'm not going to read any of these vignettes. They're too long. But I did hear something a couple of years ago that I wrote down that really was very symbolic of the kind of thing that's in this book. You all know Ann Curry from NBC broadcasts. Back in 2008, Ann Curry's father died, and Ann Curry was talking about it on the air.

And she said that her dad was a long time Navy officer. He was a long time military guy in the Navy. And as he was dying, very close to his death, he said to the family, "I can feel the wind changing. It's time to turn this boat around." And they all thought he was confused. They thought he was hallucinating. This is the kind of symbolic language. This is a Navy guy talking about turning the boat around, that the winds are changing. You hear the symbolism in that.

That's the kind of stuff that's in this book, and I want students to learn about that because it's so common. We see this so commonly in dying patients. So, that's what we do for the text in the second course.

The struggles that I had are similar to what David shared, in terms of what can be online and what needs to be face to face in the classroom. I'm kind of a purist. I come from that hospice world that started 30 years ago for me, and I kind of thought, oh, hospices, very touchy-feely. It all has to be face to face in the classroom. And I learned a lot in doing this, that much of it can be online.

I remember having the conversation with Kai, the instructional designer, the expert that I worked with. And she was encouraging me to put more online, and I did put more online than I was comfortable with originally. We end up with about 40%

online content and about 60% face to face. And it's not that these students-- David described that some of the students need a higher level of attention. They need more face to face attention.

That's not really the case with the CNAs. The case with this group is that emotionally, people need more attention because of the nature of this content. For example I was teaching a group of RNs once, in an RN refresher program, and we were talking about some of the symptoms of dying. And one of the students was just weeping in the back of the classroom, just weeping.

And I asked the class to take a break and I went to talk with the student. And it turns out her mother had just died, like four days ago, and had experienced much of what I was talking about, in terms of the process of dying. It was just too much. That student could not sit through that course. So, I excused her, told to go home, leave. That was distracting to everybody else, and it was too much for her. So, because of the intense emotional nature of this work, I think a lot of it does need to remain face to face, but some of it can be online.

So, this is some of the kind of stuff that I put online. The principles of hospice care lend themselves nicely to online content. The roles of the different team members in hospice, the Medicare hospice benefit, which is very, very extensive but pretty pedantic. That could go online. Religious and cultural aspects of care. Some of that there's an art to, and some of that is done in class as well. But a lot of that, it can be done online. You can read about how different cultures and how different religions view different aspects of dying and grief and funeral practices.

Advance directives is something that can also be online and then followed up in class. So those are the kinds of things that are done online, and it isn't just readings. There's a lot of video clips. There's some full DVDs online. A lot of discussion posts, there are some assignments, some personal reflections, that sort of thing. And then the face to face or the classroom content is very, very interactive.

You can't just stand up and talk about this stuff because students always have stories. They want to tell you about what it was like when their grandmother died, or they want to tell you what it was like when their first patient died who they just took care of six months ago. They interact by drawing this to their own life. Many of the students are young and have not experienced a death, but many have experienced a death, particularly grandmothers, or maybe they had a friend who

died in motorcycle accident, which is different than terminal illness, but some of the grief processes are the same.

So, in class we talk about the dying process. We focus on comfort measures, since these are nurse aides. The focus is on, OK, so the patient is experiencing shortness of breath. How can you bring comfort? How can you make that patient more comfortable? So that's what we focus on. When we talk about the dying process in class, we actually watch a YouTube video clip that shows how the breathing changes in patients. Not something I wanted to bring to all of you to show you, because it can be really tough to watch.

But these nurse aide that are going to go in to hospice, they need to know what it looks like. So, we actually watch a video clip showing a patient that has the death rattle. We watch a video clip of how the skin can change color, what we call mottling, as a patient is dying, so that when these aides go to the bedside, they're not shocked at some of the things that happen as the human body shuts down.

We talk a lot about pain management in class. We talk about how nurses will use morphine. We talk about the irrational fear of addiction that we have in our health care environment surrounding morphine. If morphine is used properly, with art and with science, I always say, we need to be not so afraid of addiction.

We talk about ethical issues at the end of life. We do a case study, actually. We talk about the principles of ethics, and then we do a case study which is really a very heavy case study about a 16-year-old girl who gives birth. She's single. She gives birth to a baby who has very, very severe birth anomalies that are incompatible with life. The baby basically is born without a functioning brain, and the mom wants everything done for the baby including the baby taken to surgery to put in a tube for feeding, right into the stomach.

And so, we talk about the emotions that that brings up. I see some of you kind of wincing. It's tough stuff, and we talk about the rights of individuals and what does it mean to do good in health care, and are we doing good by the baby or doing good by the momma. And so, it's pretty complex. And it really, I think, opens up the students' eyes to the complexity of working with patients at the end of life, when these ethical issues can arise.

We do a lot with end stage dementia. Dementia is a very difficult disease to manage and in the end stages, when patients can no longer eat, they can no longer swallow,

they can no longer talk, they can no longer walk. It's a very devastating disease. And so, we do a lot a work around dementia care at the end of life. And we watch a video, and we learn tips to actually help the aides so that when they go to the bedside, they will understand better how to care for people with dementia.

We talk a lot about professional boundaries, what it means to uphold professional boundaries. We talk about grief and bereavement, which again can be emotional for students, so I like to do that in class in case it brings up stuff for people. We talk about time management skills in the field, how to plan your day. We talk about communication and conflict techniques. And these are just some of the things that we do in the classroom.

We talk about palliative care in the classroom because there's so much confusion about the distinction between palliative care and hospice care. We spend a good amount of time talking about palliative care. This is a very, very rapidly growing, let me say, business or aspect of care. Palliative care is a holistic program of care that cares for people at any stage of illness, not just those that are dying. It is focused on promoting comfort. And there's lots of innuendos around that we don't need to go into here, but the students need to understand the distinctions between palliative care and hospice care because they are different.

And both programs are growing. The palliative care is growing incredibly rapidly. And by the way, the State of Colorado passed a palliative care regulation in March of 2014. I was the chair of that task force. It was very exciting. There is no other state in the country that has a regulation around what palliative care is and creating standards around palliative care. So, Colorado was really in the forefront in this area.

The students do a personal exercise with Five Wishes. Some of you may be familiar with this document. This is an advance directive. I ask the students to actually go through this document at home, and then they come to class and we discuss it. This document takes you through assigning a person to make health care decisions for you in the event you can no longer speak for yourself.

It takes you through the kind of medical treatment I want or don't want, the kinds of comfort measures that would be important to me, who I would like it my bedside, what I would like for my aftercare, memorial service, et cetera. This can be very emotional. So they do this at home, and then they come to class, and we discuss

this. We discuss the need for sharing this document with your loved ones so that you alone don't know your wishes. Because if you can't speak for yourself, this becomes your wish, and we all need to know what those wishes are.

So, they do that personal exercise. Then they do another personal exercise where they actually share in class what it would be to have a good death. What would that mean for me? Who would I like with me? What kind of music what I like playing? Do I want to be home? Do I want to be at the hospital? How comfortable do I want to be if there's a trade-off between how alert I can be versus maybe I'm a little more sleepy because I'm taking more medications? How do I feel about that?

So they go through this whole exercise of defining for themselves what it would be like for me, the student, to be dying. And I have them try and experience that, again, as a way to prepare them for when they get to the bedside of that dying patient. Their own triggers and their own stuff hopefully has been addressed. This can be a very emotional exercise for them.

And there's one other little video, very quickly, that I would like you to see. A lot of what we do in class is talk about the role of the CNA, or the certified nurse aide, the role that they play in hospice care. How can they promote comfort? What do they do in hospice? What do they do at the bedside of a dying patient? How do they help families? And this is very illustrative.