

Learning About End-of-Life Care in Nursing - A Global Classroom Educational Innovation

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Learning About End-of-Life Care in Nursing - A Global Classroom Educational Innovation

--Manuscript Draft--

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Abstract:	<p>Background: Teaching nursing students how to provide patient-centered end-of-life care is important and challenging. As traditional face-to-face classroom teaching is increasingly supplanted by digital technology, this presents opportunities for developing new forms of end-of-life care education. The aim of this paper is to examine how a 'global classroom' was developed using online technology, to enhance nursing students learning of end-of-life care in England and the United States.</p> <p>Method: The Plan Do Study Act (PDSA) quality improvement approach was used to guide the design and delivery of this curriculum innovation.</p> <p>Results: The global classroom enhanced the educational experience for students. Teaching needs to be inclusive, focused and engaging; the virtual platform must be stable and support individual learning; and learning needs to be collaborative and authentic.</p> <p>Conclusion: Our findings can be used to inform the integration of similar approaches to end-of-life care education in other healthcare professional preparation programs.</p>
Response to Reviewers:	<p>Response to Reviewer comments for JNE-2017-002R1</p> <p>Reviewer #1 Comment: The author describes the use of PDSA cycle to plan and evaluate a "global classroom" addressing learning around end-of-life nursing care. The manuscript is well written, nicely organized and is relevant to nurse educators in the US as well as other countries.</p> <p>Response: Thank you for your positive comments about the paper.</p> <p>Reviewer #1 Comment: My one recommendation is that the author clearly describe the purpose of the educational innovation paper. Is it to talk about the use of PDSA in the development of educational innovations? Is it to evaluate the use of a "global classroom"? or is it to talk about teaching and learning focused on EOL nursing care? These are all a component of the paper and interesting, but in the abstract and in the text of the paper I kept coming back to what the overall purpose of the manuscript is. I think to include a clear purpose statement and then to ensure that the rest of the paper aligns with that purpose would be very helpful.</p> <p>Response: Thank you for this helpful comment. We tried to cover a lot of ground in the paper which was necessary to provide an accurate account of the development and delivery of the 'global classroom'. However, if this has resulted in the overall purpose being unclear, this was clearly not our intention. Thank you again for bringing this to our attention. In view of this, we have made a number of changes to address this concern which we hope have improved the paper (please see below). All substantial changes in the text are in red.</p> <p>Abstract lines 15-18: A statement has been included here to emphasise the aim of the</p>

paper which is to examine how a 'global classroom' was developed using online technology, to enhance the learning of nursing students in end-of-life care. It presents an account of how this initiative was managed to demonstrate its potential for implementation more widely.

Abstract lines 20-22: A change has been made here to highlight that the development of an understanding of cultural competence in end-of-life care, on the part of the students, was a focus of the work.

Paper lines 74-79: A new paragraph has been added here which makes a clear statement about the purpose of the project: to address the policy (identified in the preceding section); to demonstrate how cultural competence can be developed using this educational approach; and to provide an account of the 'global classroom' initiative that may be helpful to others.

Paper lines 108-110, 123-126, 169-170, 196-198: Additional statements about the focus on cultural competence have been made here to clarify this aspect of the paper.

Paper lines 223-226: The final section of the conclusion has been amended to re-emphasise the overall purpose of the paper.

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6 **Learning About End-of-Life Care in Nursing – A Global Classroom Educational**

7 **Innovation**

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11 Abstract

12 Background: Teaching nursing students how to provide patient-centered end-of-life care is
13 important and challenging. As traditional face-to-face classroom teaching is increasingly
14 supplanted by digital technology, this presents opportunities for developing new forms of
15 end-of-life care education. **The aim of this paper is to examine how a ‘global classroom’ was
16 developed using online technology, to enhance nursing students learning of end-of-life care
17 in England and the United States.**

18 Method: The Plan Do Study Act (PDSA) quality improvement approach was used to guide
19 the design and delivery of this curriculum innovation.

20 Results: The global classroom enhanced the educational experience for students. Teaching
21 needs to be inclusive, focused and engaging; the virtual platform must be stable and support
22 individual learning; and learning needs to be collaborative and authentic.

23 Conclusion: Our findings can be used to inform the integration of similar approaches to end-
24 of-life care education in other healthcare professional preparation programs.

25 *Keywords:* Global classroom, End of Life Care, US & England, Digital Technology

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33 **Background**

34 Palliative care, which includes end-of-life (EOL) care, helps those with advanced,
35 progressive, incurable illness to live as well as possible until they die (U.S. National Library
36 of Medicine, 2016). Part of good EOL care is advance care planning, which is enabling
37 people with a life-limiting illness to make decisions about their care preferences (National
38 Hospice and Palliative Care Organization, 2016). High quality EOL care is patient-centered
39 (National Quality Strategy [NQS], 2014). An important consideration when teaching students
40 how to provide person-centered care is the development of students' cultural competence
41 through knowledge building, and acquisition of appropriate attitudes and behaviors (Riner,
42 2011). Cultural competence has been defined as "the capacity to provide effective healthcare
43 taking into consideration people's cultural beliefs, behaviors, and needs" (Papadopoulos,
44 2003, p. 5). Teaching nursing students about cultural considerations involved in EOL care in
45 order to promote patient-centeredness although challenging, is important because education
46 can have a direct and positive effect on students' attitudes towards care of the dying (Bailey
47 & Hewison, 2014). However, to be effective, the educational delivery needs careful
48 consideration.

49 The pedagogical environment in higher education is rich with digital learning
50 opportunities (Lock, 2015) and there has been an increase in the availability of e-learning on
51 mobile and tablet devices. Students also have access to an array of asynchronous digital
52 technologies which can support independent learning (e.g. virtual discussion forums and e-
53 learning packages) and synchronous technologies which can be used to engage in learning
54 with others remotely (e.g. expert lectures via videoconferencing) which support current
55 teaching practices. It has been argued that this represents a "paradigm shift in educational
56 thinking" (Murgatroyd & Couture, 2010, p. 20), contributing to the development of a "new
57 culture of learning" (Thomas & Brown, 2011, p.17).

83 **Plan-** the change to be put in place, predict what will happen and identify data to be
84 collected; **Do-** implement the change collecting the necessary data; **Study-** consider the data
85 collected before and after the change; and **Act-** identify further changes needed based on
86 study phase to continue improvement (Langley et al., 2009; Kilo, 1998). The underlying
87 rationale of the approach is that short-cycle, small-scale tests, linked to reflection, can enable
88 healthcare teams to learn from actions taken and their effects (Berwick, 2003; Iles &
89 Sutherland, 2001). It is recommended as a helpful tool in healthcare (National Health Service
90 Improvement, 2010; Scoville, Little, Rakover, Luther, & Mate, 2016) and widely used as it
91 provides a framework for collaborative working (Boaden, Harvey, Moxham, & Proudlove,
92 2008).

93 **Plan: The Global Classroom**

94 A global classroom is where two or more groups of students work together (in this
95 case from two countries) to study a common topic (Nelson, 2008). A number of design
96 principles for the global classroom were considered. Manso and Garzón (2011) suggest four
97 components are essential in the development of effective collaborative global projects. They
98 are: (1) The **topic** needs to be relevant and connected to the core curriculum/discipline; (2)
99 Integration of **information and communications technology (ICT)**; (3) **Collaboration**
100 which implies a commitment to learn together and to co-operate in the achievement of
101 something that cannot be achieved individually; and (4) **Exchange** of information to allow
102 the activity to advance with clear criteria that specify the nature of student participation
103 (Manso & Garzón, 2011).

104 The project team considered each component when making decisions and planning
105 the structure and delivery of the global classroom. Advance care planning was identified as a
106 crucial process in EoL care that the students could explore in classroom lectures and group
107 activity. **It was selected because it is central to practice, incorporates consideration of cultural**

108 competence as part of person-centered care, and was consistent with the learning outcomes at
109 both universities. With the assistance and support of Information Technology (IT) staff at
110 both institutions, virtual platforms were chosen that were reliable, user friendly, and allowed
111 for asynchronous and synchronous collaboration. Lastly, a group activity was chosen that was
112 achievable in a short timescale, realistic in terms of workload so as not to overburden the
113 students, and purposeful in terms of developing their learning. The expectations in terms of
114 student participation, professionalism, and peer communication were clearly delineated in a
115 supporting document provided for both groups.

116 Three synchronous classroom sessions were planned over a six-week period using
117 Zoom™. Zoom is an innovative web-based conferencing system that allows for video, audio,
118 and screen sharing capabilities (Zoom Video Communications, Inc., 2016). The first session
119 planned was an introduction where students and faculty could meet, and a technology check
120 for proper functioning could be undertaken. Students were required to view films produced
121 by the faculty team which summarized the English and US healthcare systems prior to the
122 scheduled introduction session to provide necessary background information. The second
123 session was a joint lecture from faculty at both sites on advance care planning, highlighting
124 the differences between the approaches in the US and England particularly with regard to
125 cultural competence. Finally, the third session was an interactive discussion about the movie
126 Wit, specifically the patient's experience of EOL care and the roles of members of the
127 healthcare team. Palliative care clinical colleagues from both sites were invited to contribute
128 to the discussion along with the faculty. Additionally, the students were asked to organize
129 two 'virtual' small group meetings to work synchronously on a group activity (an e-
130 resource on advance care planning for patients and families). Each group included
131 participants from both countries who were able to connect using Slack™. Slack is a
132 messaging application that allows group members to create channels for conversations, both

133 synchronized and archived, and share files (Slack, 2016). Seventy-five students from the US
134 and 54 students from England participated. This planning provided a firm basis for the next
135 ‘do’ phase of the project.

136 **Do: Global Connections**

137 The global classroom brought together experts in EOL care from the US and England
138 to provide undergraduate nursing students in the two countries with a unique learning
139 opportunity. During the course of the project, the students built a relationship with the
140 lecturers from both countries as well as with their peers. In the Slack channel project groups
141 there was a sense of camaraderie and comments indicated that learning about different
142 healthcare systems as well as differences in nursing education in the two countries occurred.
143 The students commented that they enjoyed working ‘together’. All of the groups produced an
144 electronic resource on advanced care planning. These took the form of blogs, infographics,
145 leaflets, webpages, and e-presentations. These outputs indicate that the global classroom was
146 purposeful and had significance for student learning.

147 **Study: Evaluation and Limitations**

148 As with any change, evaluation of the global classroom was important in order to
149 make any modifications necessary to improve the quality of the learning experience for
150 students and to integrate this approach into the curricula at both institutions on a permanent
151 basis if it was found to be effective in enhancing learning. Since this first offer was a
152 feasibility study, most attention was given to the logistics. We evaluated whether the content
153 was placed in the right place in the two curricula, if the information technology (IT) platform
154 was ‘fit for purpose’, if the students were able to participate in both the synchronous
155 classroom and the group work, and if their group assignments were meaningful.

156 We collected feedback from students via email and personal conversations. Overall,
157 the feedback received was positive and suggestions for improvement corresponded with areas
158 identified by the project team. Students commented on the difficulties presented by different
159 time zones and working patterns making it challenging to meet up virtually to work on the
160 group activity, however the majority of comments were positive:

161 *“It was definitely a challenge being busy students working with other busy students across*
162 *the world, but I love the idea of the program and it was neat to learn about another country*
163 *and their nursing processes.”*

164 Although we focused our efforts on ensuring students knew how to connect via Slack,
165 their schedules were also a limiting factor. There were further issues with the synchronous
166 global classroom as the first one was cancelled due to a snowstorm in the US. This limited
167 the time available for the students to meet each other and familiarize themselves with the
168 global classroom before they were taught some of the more difficult areas of EOL care (e.g.
169 **discussion of cultural sensitivities**) and so engagement of students was delayed. At times both
170 the faculty and students felt there was insufficient time to reflect on content, learning, and
171 development of next steps in depth. Despite this, the reflective comments were positive. For
172 example, after the first session students said:

173 *“I am quite excited about working with [the US University]. I think this is a great opportunity*
174 *and cannot wait to see the differences”.*

175 *“I’m greatly looking forward to this opportunity as I am interested in the US and really*
176 *appreciate the hard work you have put in to making this a reality”.*

177 **Act: Plans for the Next Global Classroom**

178 The global classroom is a beneficial educational innovation that can be incorporated
179 into the curriculum with careful planning. Based on our evaluation, in future iterations, the

180 global classroom will be delivered using a cumulative approach. Instead of having all content
181 on EOL care in one course at each university, we will deliver the content over three semesters
182 and three courses. We plan to have an introductory session in semester one, a second session
183 in semester two, and a third session in semester three. We hope this will afford the students
184 time to digest content and to get to know each other better in the activity peer groups which is
185 what they enjoyed the most. Further, the EOL care content will feel more like an integral part
186 of the respective educational programs that provides consistency and constancy as a whole
187 rather than being viewed as an additional project in one course. We are also exploring how to
188 expand the global classroom to include students from the wider healthcare team; for example,
189 students from medicine and the allied health professions.

190 **Discussion**

191 The intention of engaging in a detailed planning process was to try and ensure that the
192 global classroom was based on sound educational principles and that the complex logistical
193 challenges involved in delivering the experience were addressed. We considered four
194 components in the planning stage in order to engage students and promote inclusive learning
195 in a global context. First, the topic needs to be engaging, and appropriate for all students. **The**
196 **focus on EOL care, and specifically cultural competence as part of advance care planning,**
197 **was appropriate because it was an issue of concern for both groups of students.** Second, the
198 virtual platform has to be stable but flexible enough to meet the requirements for learning
199 such as easy uploading of documents, sharing views of documents, and enabling virtual
200 discussion to foster student cohesion. Zoom worked successfully for the virtual links for the
201 classroom activities and Slack was an ideal platform for the group work as it enabled students
202 to work together in small groups, share ideas, and learn from the experiences of their peers.
203 Third, collaboration was key to the success of this project which involved 129 students.
204 Having ‘buy in’ from the universities, other faculty, and students was essential as was the

205 expertise of subject and technology specialists. Also, regular and frequent communication
206 between faculty was important. Fourth, the group activity had to be purposeful and
207 achievable. All groups produced e-resources on advance care planning and feedback was
208 positive in terms of international linking and learning opportunities (Examples:
209 <https://endoflifecaresite.wordpress.com/>, [https://prezi.com/3aa8mkdhgpwr/advanced-care-](https://prezi.com/3aa8mkdhgpwr/advanced-care-decisions/)
210 [decisions/](https://prezi.com/3aa8mkdhgpwr/advanced-care-decisions/)). The development of cultural competence was apparent in the e-resources
211 produced, as demonstrated by those that focused on the individualized needs of patients and
212 their families. For example, one group created a google document highlighting the issues
213 involved in agreeing to a ‘do-not-resuscitate’ order as part of EOL decision making (Figure
214 2).

215 **Conclusion**

216 In summary, the global classroom was a success, but to increase its impact in the
217 future we plan to deliver the global classroom over three semesters. We have witnessed the
218 value of using a global classroom in that students are able to learn much more when
219 international perspectives and the associated discussion of different cultural contexts are
220 incorporated into their learning. The PDSA cycle was useful as were the four components of
221 an effective collaborative global project. Lessons learned can inform others to use our work
222 as a framework when designing and implementing a global classroom. **Our hope is the use of**
223 **a global classroom approach to teach concepts that are central to EOL care, such as advance**
224 **care planning and cultural competence, will become part of educational programs in**
225 **healthcare to enhance learning in an international context.**

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