CASE REPORT ARTICLE

THE TEACHING OF NURSING CARE IN A CORE OF PALLIATIVE CARE: CASE STUDIES

O ENSINO DO CUIDADO DE ENFERMAGEM EM UM NÚCLEO DE CUIDADOS PALIATIVOS: RELATO DE EXPERIÊNCIA

LA ENSEÑANZA DE CUIDADOS DE ENFERMERÍA EN UN CENTRO DE CUIDADOS PALIATIVOS: ESTUDIOS DE CASO

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ABSTRACT

Objective: reporting about the teaching of care for patients with disease outside of healing possibilities.

Method: a descriptive study of experience report type carried out from the teaching training admitted to a Palliative Care Unit during the Master’s and Doctorate Courses with nursing graduate students, from April to May 2012. Results: activities were developed on the body care, communication with patients in the process of death and dying and their families as well as specific care techniques of palliative care. Conclusion: it is concluded that the atmosphere on/in the field facilitated the process of teaching and learning for both graduate students and for nurses who performed the teaching activities.

Descriptors: Education; Education Postgraduate Nursing; Death; Palliative Care.

RESUMO

Objetivo: relatar sobre o ensino do cuidado a pacientes com doença fora de possibilidades de cura. Método: estudo descritivo, tipo relato de experiência, realizado a partir do estágio de docência em internados em um Núcleo de Cuidados Paliativos durante os Cursos de Mestrado e Doutorado com alunas de graduação em Enfermagem, no período de abril a maio de 2012. Resultados: foram desempenhadas atividades relativas à higiene corporal, a comunicação com os pacientes em processo de morte e morrer e suas famílias, além de técnicas de cuidado específicas dos Cuidados Paliativos. Conclusão: conclui-se que o ambiente proporcionado pelo/no campo facilitou o processo de ensino e aprendizagem tanto para as alunas de graduação como para as enfermeiras que desempenharam as atividades de docência. Descriptores: Ensino; Educação de Pós-Graduação em Enfermagem; Morte; Cuidados Paliativos.

RESUMEN

Objetivo: informe sobre la enseñanza de la atención a pacientes con enfermedad fuera de las posibilidades de curación. Método: un estudio descriptivo del tipo de informe de experiencia realizado a partir de la etapa de la enseñanza admitida en una Unidad de Cuidados Paliativos en el Máster y Doctorado con los estudiantes de pregrado en Enfermería, de abril a mayo de 2012. Resultados: las actividades se llevaron a cabo en el cuidado al cuerpo, la comunicación con los pacientes en el proceso de la muerte y del morir y sus familias, así como las técnicas específicas de atención de cuidados paliativos. Conclusión: se concluye que la atmósfera acerca/en el campo facilitó el proceso de enseñanza y aprendizaje para los estudiantes de pregrado y para las enfermeras que realizan la actividad docente. Descriptores: Enseñanza; Educación de Postgrado en Enfermería; Muerte; Cuidados Paliativos.

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INTRODUCTION

Care given to those who are at the end of life is a major challenge for nursing professionals, whether through the demands raised by patients and families, is the impact on physical and mental health of these workers. Patient care requires these professional technical knowledge, scientific, ability to listen, observe and communicate with patients and their families, as to the effectiveness of the care process occurs, it is necessary to link the skills of professionals with the attitudes and expectations of the subjects care.

In teaching, educating for death is one of the perspectives that emerge in the current scenario. With the rise of Chronic Noncommunicable Diseases (NCDs), due to higher expected population life expectancy, there are a number of diseases, and among them, oncological diseases, which has been responsible for the involvement and the progressive degradation of the subject, resulting in pictures fleeing healing perspective, restricted to the alleviation of pain and symptoms that result from this chronic disease process.

Although not in the health area courses, a discipline directed to the care process in the end of life, there was visualized the inclusion of internships and practical classes with patients about to die in curriculum courses such as Nursing. These activities are held in common clinical units or centers that provide specific care for these individuals.

Despite the fragility of the care network for patients with no chance of cure and their families, there is a movement, especially since the 2000s, driven by the National Humanization Policy (2004), the Oncology Care Policy (2009) in addition to the mobilization of institutions to draw together teaching, research and attention seeking for establishing and developing strategies aimed at a comprehensive and humane care to individuals who die and those who are around. Thus, there is the establishment of some units of attention to them, with the preferred site the hospital. Some nuclei were created for the attention people about to die from the logic of Palliative Care. This philosophy of care promotes treating death as an inherent life phenomenon, leading to its acceptance by the provision of care aimed at comfort, reducing pain and the family and multi-support at death. In Brazil some places we have this philosophy in implementation and development process are the public hospital of São Paulo, the IV Hospital of the National Cancer Institute (INCA) and the Clinical Hospital of Porto Alegre.

The formation of these spaces represents an advance in the care given to these patients and their families, especially the kind of attention that is given by the teams, usually seeking to look and take care of the individual as a totality, focusing less on the disease and more in control of the signs and symptoms prior to death, and the coming together of family bonds and redemption.

Identifying these units, an enabling space for the development of education beyond life, also foster’s death, to care for the body of the subjects in the process of dying and the other elements that surround it, such as family, spiritual, social, cultural issues, among others. Using these spaces as an environment that aims to break contact and communication barriers between the nursing students and the subjects in the dying process appears as an interesting strategy for the qualification of professional nursing education at the same time improves and assists in the formation of a field of knowledge and care around the dying process.

It sought from these scenarios, following and experiencing in a Palliative Care Center in southern Brazil, the teaching process of care for people with disease with no chance of cure for a teaching stage of the master program and doctoral. Through the experiences made possible by contact between nurses, graduate student and doctoral student, the guiding teacher of stage and undergraduate students, the unit staff as well as patients and their families was possible to trace new perspectives for a new proposal for education and closer together the subjects who die. Thus emerges, a large playing field for nurses, which should be explored and allowed for nursing students. Thus, this study aims to:

- Reporting about the experience of teaching of care for patients with disease outside of healing possibilities.

METHOD

This is a descriptive study including experience report conducted from the teaching training admitted to a Palliative
The teaching training is characterized as an activity of the Master's and Doctoral Degree, aimed at experience of students within the academic setting, especially from the approach to teaching fields, whether in the classroom or in environments professional practice.

The teaching training and the monitoring of graduate students took place in the month of April and May 2012. At first we made a rapprochement with the Palliative Care Center staff team of a public hospital and teaching in southern Brazil in two previous encounters the entrance of undergraduate students in the field. This moment was necessary for adaptation and recognition of the unit, their routines, patients admitted and professional joints occurring in the field.

The nursing team was composed of a nurse and two nursing techniques, the shifts in the morning and afternoon. In the night time activities have not been developed, but the team has two nursing technicians and a nurse who moves from another unit to assist in the care and supervision of nursing services.

The Center has six beds distributed as follows: four single rooms and two beds in a room together. Tolerance of oncology and hematology patients above 18 years old and it is necessary that the patient is aware of his diagnosis and prognosis. Since its founding in 2005, the core provides the shelter of family, one of the conditions for hospitalization, the presence of a family during the admission process. Unlike other hospital settings, there is free movement of persons, without restricting the number of visitors and time. Also, there is an adequate diet by a multidisciplinary team with the needs and desires of the patient.

It avoids unnecessary invasive procedures, such as the passage of nasoenteric probe or obligations to food intake as that prescribe team, not acceptable by the subject in Palliative Care. The unit has medical team for the treatment of pain, one of the main symptoms to be cared for and treated by health professionals of the unit; professional social work and psychology that articulate forwarding and return of patients to home, minimizing the limitations of care and logistical and emotional difficulties of patients and families.

The monitoring of students took place from six meetings, lasting an average of five hours each, totaling 30 hours of internship. The students studied the fifth semester of the nursing program at a public university and this was regarded as the second hospital practical field of students, as part of the nursing discipline in Adult Care I. It should be noted that went through this field only students who chose during the registration the option for this place, seen that the university concerned the options for practical courses are conducted by students after division in the classroom. All students were female, aged between 20 and 24 years old and none had any previous experience in nursing, for example, in a technical course. In relation to the authors who accompanied the students, these had previous experience in nursing acting as oncology clinic nurses and unit ready adult help.

RESULTS AND DISCUSSION

When initiating activities in the practical field, the students had previous exposure to the theoretical content related to the concept of palliative care, its philosophy and its contingencies. Initially there was the presentation unit and articulation of students with the core nursing staff. This first contact was essential, since it was possible the monitoring of students by professionals in the development of some unit routines, such as making the systematization of nursing care, as well as specific procedures like body preparation after death. Thus, it was noticed a positive aspect to integrate students and staff so that there was an enabling environment for learning and the contacts inside the unit.

Among the features and themes used as care education facilitators those with disease with no chance of cure, we used the consensus of nausea and vomiting, cachexia and anorexia, fatigue and constipation induced by opioids produced by the Brazilian Association of Care palliative. These consensuses have some routines and suggestions of care and practices relating to the control of the major signs and symptoms observed in patients in palliative care. Are developed by multidisciplinary team and assisted in directing the practical classes, so that at the end of the field activities was provided a moment of discussion of clinical
provide a more effective care and captive those who run. ⁹

Another important aspect was to follow the process of imminent death, preparation of the body and the family at the time of mourning. In addition to the bath, the completion of packing and procedures as withdrawals from catheter and dressings, it was possible to establish a time of reflection on death itself, awakening in some pupils feelings of malaise and other, closer to this event. In the moments before and after death the family was called to attend the farewell rituals.

During the internship was able to resume and apply the nursing process in some patients from admission to the unit, in other continuing what had already been assessed, referred or directed. There was the practice of history, physical examination of subjective questions to patients regarding their complaints and other aspects that they believe is important. A care plan was drawn for each patient and family during hospitalization and later to the High, through guidelines on care at home, on the use of medications, changing diapers, feeding schedules, among others.

It was also possible to rescue the ethical and bioethical aspects of the dying process, reporting the difficulties of implementing a new philosophy as palliative care. For several moments identified the limitation of some families and patients to understand the palliation purposes and is not to cure the disease. Even though it is one of the admission criteria in the unit, the patient know his diagnosis and prognosis, there is evidence of a denial process, rejection and certain disgust when he realized the terminally condition, meeting as described in the literature. ¹⁰

Questions like: “You are making euthanasia with my family” emerged in the field, making us reflecting on the way people are thinking subjectivated the events surrounding the dying process leading to confusion around concepts as euthanasia, medical futility, assisted suicide and palliative care. View to increasing need for disclosure about what are the Palliative Care, differentiated it from other concepts that are sometimes obscure for family, patients and even for health professionals.

These conflicts may perhaps be minimized from the reflection and dialogue between health staff and those involved in the
context of terminal illness, seeking fade discomforting attitudes toward death, such as the denial and investment in procedures that will not get meaningful answers.

FINAL REMARKS

It appears that speaking of death and care for the dying, despite numerous discussions and developments around that process, still appears as an instigating factor and sometimes uncomfortable for health professionals. Death is an inevitable event; however, we are not and perhaps can never be fully prepared to deal with its repercussions. Through the training at the Center of Palliative Care, it glimpsed up new possibilities of care and relief of suffering of departing and their families. Similarly, we identified the break taboos like approach and contact with the subject in the process of dying.

The development by students, sensitivity, and therapeutic touch with patients and their families was noticeable. Learning opportunities provided by the field showed that education for death is possible, provided that it has structure that provides greater proximity to the subject and enable them to achieve more smoothly procedure. Thus, it is possible to reduce errors and the greater effectiveness of care through the nursing process. Perhaps in other environments with more patients and fewer resources were difficult to provide these comforts.

The Palliative Care Center served as learning field for both the nurses who conducted the teaching stage, which developed the practical skills of care associated with teaching and for the students who had contact with different practices to the dying and their families, making it the core, differentiated factor that enabled a natural learning process. For both parties involved in this scenario, the environment had a positive effect seen the possibility to take another direction, look and care for those who many think that there is nothing more to do.

REFERENCES