

# THE EUROPEAN PALLIATIVE CARE MATRIX FOR UNDERGRADUATE NURSING EDUCATION

Editor: Nicoleta Mitrea

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## Intellectual Output 7

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## ABOUT THE PROJECT

### THE TEAM

The NursEduPal@Euro strategic partnership is an international consortium collaborating on innovation in palliative care education for undergraduate nurses.

### THE GOAL

The Erasmus+ project aims to improve the quality of palliative care nursing education by enabling, supporting and empowering nurse educators to use a range of innovative teaching resources to ensure palliative care is included in their undergraduate nursing curriculum.

The project has developed a competence-based European matrix including innovative blended training tools for educators. This enhanced training resource aims to enable nursing students to achieve core competencies in palliative care so they are better equipped to contribute to palliative care in clinical practice.

### THE APPROACH

The project consists of four phases in which nine Intellectual Outputs are realised:

1. Defining the core competencies to be achieved in palliative care (IO1);
2. Developing innovative teaching methods on palliative care topics and providing teaching materials (IO0, IO2, IO3, IO4, IO6, IO8);
3. Creating a European matrix for curriculum development and training educators in its use (IO7);
4. Facilitating a European network of palliative care educators (IO5).

The project has developed teaching materials to support nurse educators in achieving the appropriate knowledge, skills and attitudes to deliver palliative care education to their undergraduate nursing students in an innovative and engaging way. By implementing gamification, clinical and moral-ethical reasoning, and simulation as experiential and immersive teaching methods in nursing curricula, the consortium anticipates having a positive impact on the development of palliative care knowledge and skills of the future nursing workforce.



<https://nursedupal.eu/>



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# Content

- Preface** ..... 1
- Acknowledgements** ..... 1
- 1. Why do we need an EU Matrix? ..... 3
- 2. What is the EU Matrix? ..... 4
- 3. When and where to use the EU Matrix?..... 6
- 4. How to use the EU Matrix? ..... 8
- 5. Who should use the EU Matrix ..... 20
- 6. Conclusion and next steps ..... 20
- 7. References ..... 21

## Preface

Palliative care is a holistic approach to patient care that aims to improve the quality of life for patients and their families, who are living with an incurable life-threatening chronic condition [1]. Modern palliative care, developed from the pioneering work of Dame Cicely Saunders and the hospice movement, is now recognised as a model of care that is applicable across a range of chronic life-limiting conditions [2]. This position has been strengthened internationally by a recent resolution from the World Health Assembly (WHA) that recommends equitable access to palliative care regardless of a patient's chronic illness [3].

Access to palliative care is recognised as an International Human Right [4, 10]. However, the ageing population and an increasing prevalence of patients with multiple chronic comorbidities presents a challenge to existing healthcare systems [5, 6]. The Lancet Commission report "Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage" estimated 25.5 million of the deaths in 2015 involved serious health-related suffering, equating to six billion hours of significant distress [7].

The World Health Organisation (WHO) estimates that the need for palliative care is highest in Europe in relation to the population and will increase sharply as the population ages and chronic diseases increase [8].

Cancer patients account for about 34% of all disease groups requiring palliative care; the other 66% include advanced heart, lung, kidney and liver disease, as well as neurological and memory diseases[11]. A significant amount of healthcare costs are spent on care provided in the last months of life [12]. Timely access to high-quality palliative care enables better care for patients and support for their loved ones, while reducing healthcare costs [13, 14].

According to the WHO "Global Atlas of Palliative Care at the End of Life", the main barrier to increased access to palliative care is a lack of trained healthcare professionals [8]. As a result, a key challenge for modern healthcare systems is how to integrate palliative care within current training, to ensure there is sufficient resource to meet the needs outlined in the Lancet Commission report. To address this challenge, the WHO propose that:

*"...basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level..."* [9]

The NursEduPal@Euro project was launched to fill this gap.

## Acknowledgements

The NursEduPal@Euro team would like to express their gratitude to all the palliative care nurses, nursing students, and nursing academics who contributed to the project. We appreciate all the fruitful and fulfilling collaborative work efforts that helped with developing, creating, piloting, refining and defining the large variety of teaching methods and techniques that are captured all together in this EU Palliative Care Matrix for undergraduate nursing education. It has been a privilege and an honour to work on this project.

The project team addresses their gratitude also to Sven Vereecke, curriculum manager (Flanders) for the revision of this report.

## 1. Why do we need an EU Matrix?

The lack of training in palliative care is a critical issue, as newly qualified nurses are likely to be entering clinical practice unprepared to meet the palliative care needs for an increasing number of patients and their families. Evidence suggests [15] that one in three acute hospital patients are in their last year of life, and one in ten will die during their current admission. Within the first year of practice, a newly qualified nurse can expect to care for [16]:

- 120 patients who are in the last three months of their life;
- 40 patients who are in the last days and hours of their life.

Changing global demographics and patterns of chronic illness mean that every future nurse will be required to care for patients with palliative care needs.

The provision of training in palliative care is also crucial for the professional development of nurses. In an international scoping review, Noguera et al., report that training in palliative care addresses issues central to the professional curriculum, with students identifying that training in palliative care helps them to become better nurses [17].

The WHO [9] state that ‘basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education’. This is echoed in other key documents [18, 19] With variable provision and a lack of standardised palliative care education across Europe, a model curriculum, with structured guidance on developing undergraduate training programmes would support all newly qualified nurses to understand, and demonstrate competence and confidence in applying the principles of palliative care.

In international comparisons of palliative care implementation, a countries’ position is reduced by, among other things, the lack of systematic education [23]. Several papers have identified development needs in palliative care nurse education internationally [20, 21, 22].

Palliative care is a core competence in nursing. Nurses will encounter patients and their families with palliative care needs in a variety of care settings and at different stages of care. Therefore, all nurses must be equipped with palliative competencies.



## 2. What is the EU Palliative Care Matrix?

The European Palliative Care Matrix for undergraduate nursing education is a tool to support curriculum development and can be used to promote systematic implementation of palliative care nurse education in Europe.

The Matrix is universally applicable and can be adopted, adapted and implemented where required to support, the nursing curriculum, including the development of innovative blended learning. The EU Palliative Care Matrix can be used to support rapid implementation of undergraduate training in palliative care within existing local/ national undergraduate nursing curricula.

### Aim of the EU Palliative Care Matrix

The ultimate aim of the EU Palliative Care Matrix is to harmonise the competencies in palliative care for European nurses who have completed the undergraduate level in nursing.

The EU Palliative Care Matrix aims to ensure that nursing education curricula will cover the key, knowledge, skills and attributes that are important for the provision of palliative care. The detailed objectives of the Matrix are presented in Boxes 1 to 12.

### Teaching methods incorporated in the EU Palliative Care Matrix

The outputs of the NursEduPal@Euro project are practical guidelines on teaching methods and ready to use teaching materials, termed intellectual outputs (IOs). The IO materials are freely available at [nursedupal.eu](http://nursedupal.eu) in English, Finnish, Flemish, Romanian, and some in German (Table 1). With these resources, the NursEduPal@Euro team aim to demonstrate that the teaching of palliative nursing can benefit from activating, innovative methods. The NursEduPal@Euro project, through the EU Palliative Care Matrix presents proposals for teaching methods in different subject areas, oriented by the focus on specific competencies.

The EU Palliative Care Matrix is linked to the 12 core competencies detailed in the IO1 Report (Table 2; Table 3) [24]. It incorporates face-to-face teaching methods (including discussions, case deliberations, debriefings, reflections with the teacher), to address the emotions evoked by the topic. It also suggests which content is suitable for studying online.

In alignment with the European Association for Palliative Care recommendations [26], the EU Palliative Care Matrix can also be used to encourage multi-professional teaching in collaboration with physicians, social workers, and other appropriate professional groups.

**Table 1.** Overview of all the outcomes (Intellectual Outputs) of the NursEduPal@Euro project

<b>Intellectual Output</b>	<b>Description</b>
<b>IO0: The Book of Cases</b>	Case vignettes and stories matched with the core competencies for novice and advanced learning <b>Product:</b> document
<b>IO1: Core palliative care competencies</b>	12 analytical themes for European core competencies have been defined in a 3-phase approach. These form the basis on which the educational materials of the project have been developed. <b>Product:</b> report
<b>IO2: Simulation exercises</b>	Simulation is an educational strategy in which real experiences are replaced with guided ones to allow learners to practice skills and develop clinical expertise without any risk of patient harm. It is a validated alternative for bed-side training. <b>Product:</b> 5 simulations worked out in a template
<b>IO3: E-learning on how to make your own simulation exercises</b>	This e-learning, made to support teachers, is a guide through the 7 steps to consider when making high-quality simulation experiences that will facilitate learning. <b>Product:</b> e-learning consisting of 7 modules, a template, and guidelines
<b>IO4: Escape game</b>	A linear educational palliative care escape game has been developed that requires teamwork, communication and delegation skills, as well as critical thinking and attention to details. <b>Product:</b> a fully detailed escape game and guidelines
<b>IO5: The virtual showroom</b>	The project website not only provides project information and access to all developed educational materials, it also is the gateway to a community of palliative care educators. <b>Product:</b> website
<b>IO6-1: Clinical reasoning</b>	Learning to provide safe, high-quality palliative care requires technical expertise and experience. Equally important are critical thinking and clinical judgment. Patient case studies can be worked out with ICF (International Classification of Functioning, Disability and Health) and in six steps of clinical reasoning. <b>Product:</b> golden standards, guidelines, and evaluation rubric
<b>IO6-2: Moral case deliberation</b>	Self-care is essential for nurses, especially when confronted with moral dilemmas that might occur when taking care of patients with palliative care needs. The moral case deliberation technique is a method to facilitate a structured conversation where students jointly reflect on a specific moral question. <b>Product:</b> guidelines, power point, and evaluation document
<b>IO7: The European Palliative Care matrix for undergraduate nursing education</b>	The integration of the core competencies and the educational materials in a comprehensive tool to be used to shape undergraduate nursing curricula. <b>Product:</b> report
<b>IO8: The palliative debate</b>	Let your students choose a story and after they have read it, start the group discussion. A palliative debate can be organized at any point in the program to facilitate the conversation on palliative care. <b>Product:</b> 5 graphic novels and guidelines

### 3. When and where to use the EU Palliative Care Matrix?

The EU Palliative Care Matrix is based on the work synthesized in the IO1 Report [24] on core palliative care competencies and incorporates all the other innovative teaching tools. (Figure 1 and Table 3).

**Figure 1.** The EU Palliative Care Matrix, starting from the core palliative care competencies defined in IO1, integrates all other IO's of the NursEduPal@Euro project



Much of the teaching content can be integrated into current nursing curricula subjects. It is recommended that institutions should provide students with a specific study module that consolidates palliative care during their studies. The consolidating module should be placed in the third or fourth year of undergraduate nursing studies and should aim to provide the student with an overall picture of palliative care whilst providing the opportunity to consolidate their previous learning from other subjects.

We recommend that the content of the EU Palliative Care Matrix be vertically integrated into a nursing degree to ensure reaching the core palliative care competencies [24]. In accordance with the principle of vertical integration, the key content is repeated during the studies, which enables cumulative learning. Most of the teaching and the summarising/ condensed teaching should be placed in the middle and final stage of studies, when students have experience in relation to the topic. The basics of palliative care and

the treatment of key symptoms should be taught at an early stage of study so that the student has the ability and feels comfortable to meet patients in a palliative care setting in clinical practice.

The scope of teaching is presented in total number of hours by subject area. The teaching is divided into contact lessons and other studies, such as self-study (i.e., IO0 The Book of Cases; IO8 The palliative debate), group work (i.e., IO6-2 Moral Case Deliberation, IO4 Escape game), and practical laboratories (IO2 Simulations, IO6-1 Clinical reasoning). A recommended division of the total numbers of hours by core competence is shown in Table 2. With the principle of vertical integration, key issues, such as the definition of palliative care and several pieces of content related to symptomatic care, are reinforced and elaborated on in the context of several study modules.

The minimum teaching time, during which the main content of the EU Palliative Care Matrix can be studied and the student can achieve basic knowledge of the topic, is 60 hours (2 European credits ECTS).

**Table 2.** Number of teaching hours for palliative nursing by core competence

<b>Core competence</b>	<b>Contact teaching (hours)</b>	<b>Other studies (hours)</b>	<b>Total (hours)</b>
Holistic nature of palliative care	2	2	4
Organising palliative care	2	2	4
Pain management in palliative care	2	4	6
Symptom management in palliative care	4	4	8
Holistic support in palliative care	2	2	4
Holistic communication, encounter & interaction in palliative care	4	6	10
Empathy in palliative care	2	2	4
Spirituality in palliative care	2	2	4
Ethical and legal issues in palliative care	2	2	4
Team works in palliative care	2	2	4
Self-awareness, self-reflection in palliative care	2	2	4
End of life care	2	2	4
<b>TOTAL (hours)</b>	<b>28</b>	<b>32</b>	<b>60</b>

## 4. How to use the EU Palliative Care Matrix?

The EU Palliative Care Matrix presents in the pages below, by way of examples, proposals for which innovative teaching methods can be incorporated from the NursEduPal@Euro resources (Table 3). Additionally, examples of learning objectives are provided for the specific descriptive theme of each competence (Boxes 1 to 12).

The proposed curriculum is based upon the minimum knowledge, skills and attitudes that a nursing student should obtain during his/her undergraduate education. The content taught during sessions must be translated into learning objectives and educational strategies (learning methods) in such a way that the achievement of competencies will occur.

Here we provide a series of tips, for each competence at a time, that might guide you in defining your own objectives in the way that will better suit you as a teacher, your students, the cultural background you are teaching in, etc.

### Assessment

Competencies in palliative care – cognitive, skills, and attitudes – should be assessed [25]. The cognitive competence of palliative care can be assessed, for example, by means of a written assessment or peer review. Simulations, among other methods, can be used to assess skills. Attitudes and an ethical framework for care are central in palliative care. These competencies can be assessed through feedback discussions, debriefing and reflective writing assignments, or otherwise with the help of self-assessments, among other.

The assessment of palliative care competencies should be a systematic part of student nurses' learning. It is important that each European national assessment program of nurses' competencies includes in the future the specific assessment of nurses' palliative care competencies.

In the development of palliative care teaching, student feedback must be collected regularly both on the consolidating module that brings together the essence of palliative care and on the palliative care subjects that are integrated into other courses. Feedback should be used to develop palliative care teaching to better meet the needs of students and working life in terms of quantity and quality.

**Table 3.** The Europe-wide core palliative care competencies for undergraduate nursing students matched with the NursEduPal@Euro resources

Analytical themes	Descriptive themes					
		IO0 Book of cases	IO2 Simulations	IO4 Escape game	IO6 Clinical & ethical reasoning	IO8 Palliative debate
<b>Competence in the holistic nature of palliative care</b>	The philosophy of palliative care	✓	✓	✓	✓	✓
	The purpose of palliative care					
	<a href="#">Epidemiology in palliative care</a>					
	<a href="#">Quality of life in palliative care</a>					
	<a href="#">Death and dying as a topic in palliative care</a>					
<a href="#">Palliative care in different patient groups</a>						
<b>Competence in organising palliative care</b>	Organising palliative care	✓	✓		✓	✓
	Critical evidence-based thinking and decision-making in palliative care					
	Advanced care planning in palliative care					
	Advocacy in palliative care					
	<a href="#">Palliative care services</a>					
<b>Competence in pain management in palliative care</b>	<a href="#">The multidimensional aspects of pain in palliative care/Total pain</a>	✓	✓	✓	✓	✓
	<a href="#">Pain assessment in palliative care context</a>					
	Pain management in palliative care					
<b>Competence in symptom management in palliative care</b>	Identifying and assessing symptoms in the context of palliative care	✓	✓	✓	✓	✓
	Principles of symptom control in palliative care					
	Symptom management in palliative care					
	Non-pharmacological symptom management in palliative care					
	Pharmacological symptom management in palliative care					
<b>Competence in holistic support in palliative care</b>	Responsiveness and supportiveness to psychosocial needs in palliative care	✓	✓	✓	✓	✓
	Person-centred supporting when working with palliative patients and those most important to them					
	Culturally sensitive supporting in palliative care					
	<a href="#">Maintenance of hope in palliative care</a>					
	Grief and supporting in bereavement during the different phases of the palliative care process					
<b>Holistic communication, encounter, and interaction competence in palliative care</b>	Open and active verbal and non-verbal communication in palliative care	✓	✓	✓	✓	✓
	Open and active listening in palliative care					
	Discussion of difficult topics in palliative care					
	The importance of being present in palliative care					
	Open-minded and dignified encountering in palliative care					
	Responsive appropriate interaction in palliative care					
	Encounters with the closest ones to patients in palliative care					
	Communication, and interaction with those most important to patients' in palliative care					

**Table 3 (continued).** The Europe-wide core palliative care competencies for undergraduate nursing students matched with the NursEduPal@Euro resources

Analytical themes	Descriptive themes	IO0 Book of cases	IO2 Simulations	IO4 Escape game	IO6 Clinical & ethical reasoning	IO8 Palliative debate
<b>Competence in empathy in palliative care</b>	Empathy in palliative care Empathic communication in palliative care	✓	✓	✓	✓	✓
<b>Spiritual competence in palliative care</b>	Meaning of spirituality and existentiality in the context of palliative care Assessment of the spiritual needs of the patients in palliative care Support patients with spiritual needs in the context of palliative care Openness and confidence towards spiritual, religious and existential issues in palliative care	✓	✓	✓	✓	
<b>Competence in ethical and legal issues in palliative care</b>	Ethical issues in palliative care and end of life situations Working according to moral and ethical values in palliative care Legislation in palliative care <a href="#">Awareness of euthanasia (or assisted dying) and the wish of hastened death</a>	✓	✓	✓	✓	✓
<b>Teamwork competence in palliative care</b>	Interdisciplinarity in palliative care Cooperation in interdisciplinary palliative care team Active, pro-active and confident communication with other disciplines involved in palliative care Teamwork in palliative care	✓	✓	✓	✓	✓
<b>Self-awareness and self-reflection competence in palliative care</b>	Recognising and dealing with own emotions arising in palliative care Reflecting own emotions of death and loss Self-reflection concerning values and own actions in palliative care Openness to personal and professional growth	✓	✓		✓	✓
<b>Competence in end-of-life care</b>	<a href="#">Identifying and anticipating the dying phase of life</a> <a href="#">End of life symptom management</a> <a href="#">Psychological and spiritual supporting of the dying patient and family</a> <a href="#">Care after death</a> <a href="#">Knowledge and supporting in grief and mourning in dying phase</a>	✓	✓	✓	✓	✓

**Box 1.** Suggested examples of possible learning objectives for the *Competence in the holistic nature of Palliative Care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Competence in the holistic nature of palliative care	The philosophy of PC	Knows the WHO definition of PC Defines philosophy and values of PC Details important moments (milestones) from the history of the PC movement development	Recognises the challenges/misconceptions about PC	Addresses the challenges/misconceptions about PC
	The purpose of PC	Explains the holistic principles of practice for PC Explains the place of PC in medicine, nursing and public health Knowledge about the benefits of timely PC for patients, their close ones and society		Acknowledges and advocates for the integration of PC within health care systems
	Epidemiology in PC	Enumerates the categories of illnesses for which PC has addressability (adult/paediatrics; life-threatening/life-limiting conditions; the 4 categories of chronic progressive diseases) Discusses illness trajectories		Acknowledges and advocates for the integration of PC within the care for patients with different chronic conditions and throughout the entire lifespan
	Quality of life in PC	Explains the concept of quality of life and its value in PC as the goal of care		Demonstrates understanding of the impact of the gap between reality and expectations on the quality of life of people with chronic progressive diseases
	Individualized patient- and family-centred PC	Describes the nurse's role in providing individualised person-centred PC Describes the role of the other health care professions in delivering PC: physician, physiotherapy; occupational therapy; social work; psychology; and spiritual counselling/pastoral care in providing individualised person-centred PC	Recognises the professional responsibility to care for people with life-limiting conditions, and their families, to ensure comfort and dignity across the entire lifespan	Respects the professional responsibility to care for people with life-limiting conditions, and their families, to ensure comfort and dignity across the entire lifespan
	Death and dying as a topic in PC	Understands the impact for patients and their families of living with a life-limiting condition Understands the concepts of multi-morbidity, frailty and polypharmacy and their impact of patients' quality of life and families' dynamics Understands the taboos related to death and dying		
	PC in different patient groups	Explains particularities in PC delivered to specific patient groups		



**Box 2.** Suggested examples of possible learning objectives for the *Competence in organising palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Competence in organising palliative care	Organising PC	Differentiates between generalist and specialist PC Understands the practice and challenges of PC in different organisational contexts (Hospital/Community/Hospice)		Advocates the value of integrating PC alongside disease modifying therapies (for example, palliative oncological therapies)
	Advance care planning (ACP) in PC	Defines advance care planning and explains its importance Describes the process of advance care planning (ACP) Recognises the ethical and legal principles that underpin and promote patient/ family involvement in care planning	Is able to go through the process of ACP with patients	Is aware of the moral and legal rights of patients (and families) to be fully informed (as required) to participate in decisions regarding future care
	Advocacy in PC	Describes the nurse's role as a patient advocate		Shows commitment to support and engage with having patients' needs addressed and patients' preferences/choices/values respected
	Types of PC services	Describes the different types of PC services Explains the admission criteria for the different types of PC services Details the eligible patients for the different types of PC services	Delivers the right type of care, to the right patients, at the right time, in the desired place of care	Advocates for the right type of care, to the right patients, at the right time, in the desired place of care

**Box 3.** Suggested examples of possible learning objectives for the *Competence in pain management in palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Competence in pain management in palliative care	The multi-dimensional aspects of pain in PC/ Total pain	Explains the concept of “total pain” Describes causes and effects of different types of pain that may be experienced Differentiates between pain and suffering		
	Pain assessment in PC context		Uses validated and appropriate pain assessment tools/scales/apps for different patient groups Demonstrates the ability to conduct a thorough pain assessment Identifies the elements of total pain in a clinical pain assessment	
	Pain management in PC	Explains the principles of pain management in a PC setting Describes the use of various analgesics in accordance to pain intensity Lists common side effects associated with administration of opioids and ways to prevent and manage them Awareness of pharmacological and non-pharmacological methods for pain management Presents benefits and limitations of common non-pharmacological approaches to pain management	Discusses with patient and relatives fears and myths concerning opioids/pain medication Educates the patient concerning the pain management plan Demonstrates the ability to monitor a patient’s response to medication/treatment in terms of effectiveness and side effects Applies common non-pharmacological approaches to pain management	

**Box 4.** Suggested examples of possible learning objectives for the *Competence in symptom management in palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Competence in symptom management in palliative care	Identifying and assessing symptoms in the context of PC	Knowledge of palliative care indicators and assessment criteria and tools	Uses a systematic approach to holistically investigate symptoms	Identifies the importance of the individuals' goals and concerns regarding treatment Advocates the value of the interdisciplinary approach to symptom assessment and management
	Principles of symptom control in PC	Identifies the importance of the individuals' goals and concerns regarding treatment Explains the value of the interdisciplinary approach to symptom assessment	Outlines common causes of symptoms in PC Describes and justifies the symptom management plans, incorporating both pharmacological and non-pharmacological interventions	
	Symptom management in PC	Knowledge of the common symptoms in PC	Explains and provides advice/education regarding the management of symptoms to people with life-limiting conditions and their families	Reflects on how each symptom affects the quality of life of the patient Examines the limits of pharmacotherapy in relieving all symptoms – and the nurse's continued role in patient support
	Non-pharmacological symptom management in PC	Lists and explains the main non-pharmacological interventions for symptom control in PC	Demonstrates skills in applying non-pharmacological interventions for symptom control in PC Monitors and evaluates the integration of both pharmacological and non-pharmacological interventions in the plan of symptom management	
	Pharmacological symptom management in PC	Discusses the principles of symptom management according to the stage of disease and the impact on the patient and their family Appraises the similarities/differences in symptom management in curative/disease modifying therapy versus a PC approach Describes the principle of continuous and 'as-required' medication	Adopts the practice of routine screening for symptoms	

**Box 5.** Suggested examples of possible learning objectives for the *Competence in holistic support in palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Competence in holistic support in palliative care	Responsiveness and supportiveness to psychosocial needs in PC		Shows a commitment to support and engage with psychosocial issues	Demonstrates empathetic understanding of the psychological responses to stress/loss, and the link between coping and psychological dysfunction/disorders
	Person-centred supporting when working with palliative patients and those most important to them	Describes the expectations and roles within a multidisciplinary team in supporting/providing psychological and social care	Identifies and describes role transitions and effects (psychological, social and spiritual) for the patient and their family	
	Culturally sensitive supporting in PC	Identifies how cultural and spiritual issues may impact on psychosocial adaptation to disease		
	Maintenance of hope in PC		Identifies coping mechanisms of the patient and families Responds according to the patient's and families' coping mechanisms in order to maintain hope for the patient and for the family	Understands the different aspects of hope in PC and at the end of life – hope as a tool for discovering the meaning of one's life, its value and impact
	Grief and supporting in bereavement during the different phases of the PC process	Differentiates between loss, grief, bereavement and mourning Describes "normal" grief patterns Identifies common loss/grief models and describes their value for practice including complicated grief	Identifies and describes the losses (and their impact) patients and their families face across the illness trajectory (and for families, after death) Demonstrates an understanding of and ability to screen for risk factors for complicated responses to loss/bereavement in patients and their family	Demonstrates willingness to help patients and families to deal with grieving issues – directs to and explains how such services work

**Box 6.** Suggested examples of possible learning objectives for the *Holistic communication, encounter and interaction competence in palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Holistic communication, encounter, and interaction competence in palliative care	Open and active verbal and non-verbal communication in PC	Understands the process and strategies required in conducting a holistic patient-centred assessment Describes the process to establish the patient's understanding of his/her illness and different coping mechanisms Is able to identify the patient's individual and specific features of communication, also relating to the individual patient	Demonstrates the ability to conduct a holistic assessment of a patient requiring PC	Acknowledges the need to elicit all patients concerns – medical, psychological, social and spiritual Acknowledges the uniqueness of each patient (ethnic, cultural, spiritual, social and educational) and the importance of assessing the patient's/families' understanding of illness
	Open and active listening in PC	Uses active listening in various clinical encounters Describes a minimum set of techniques to facilitate communication and active listening	Demonstrates active listening and appropriate use of facilitating skills in clinical consultations	Critically reflects on own strengths and areas for improvement in applying communication skills in nursing practice
	Discussion of difficult topics in PC	Describes the breaking of bad news process	Performs a self-assessment of own communication tools based on a given model	
	The importance of being present in PC		Seeks and discusses feedback received on own communication skills	
	Open-minded and dignified encountering in PC			Recognises the importance of communication skills in nursing practice and strives to constantly improve them
	Responsive appropriate interaction in PC		Demonstrates the use of communication strategies when responding to patient's/ families' clinical situations	
	Encounters with the closest ones to patients in PC	Describes and distinguishes communication issues within key relationships: nurse – patient; patient – family; family – nurse; practitioner – nurse	Demonstrates a patient-centred approach to breaking bad news to patients/family members Demonstrates the steps of an accepted strategy/ algorithm for dealing with collusion	
	Communication, and interaction with those most important to patients in PC			Reflects on rights regarding confidentiality, honesty and patient and family autonomy/duty of care

**Box 7.** Suggested examples of possible learning objectives for the *Competence in empathy in palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Competence in empathy in palliative care	Empathy in PC			Understands and explains the effects of empathy in clinical care Values the individual wishes of patients and their families – responds with patient-centred empathetic communication
	Empathic communication in PC		Demonstrates the ability to empathically engage in a person-centred approach when communicating with patients, their family and colleagues	

**Box 8.** Suggested examples of possible learning objectives for the *Spiritual competence in palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Spiritual competence in palliative care	Meaning of spirituality and existentiality in the context of PC	Defines spiritual care and explains the relationship/differences between spirituality and religion Describes how spiritual issues affect people with life-limiting conditions, and their families, throughout the continuum of care Explains the role of the nurse (and the wider multidisciplinary team) regarding spiritual care		
	Assessment of the spiritual needs of the patients in PC	Knows a variety of tools used for assessing the spiritual dimension of persons		Recognises the importance of the spiritual dimension in sustaining physical and mental well-being
	Support patients with spiritual needs in the context of PC		Initiates discussions examining the patient's/family's spiritual concerns	
	Openness and confidence towards spiritual, religious and existential issues in PC		Utilises specific tools to assess existential and spiritual needs of the patients in PC	

**Box 9.** Suggested examples of possible learning objectives for the *Competence in ethical and legal issues in palliative care* (PC) and corresponding descriptive themes

Competence in ethical and legal issues in palliative care	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
	Ethical issues in PC and end of life situations	Describes core common ethical principles for PC Explains the steps involved in the decision-making process	Applies the steps involved in the decision-making process in a given case, according to common moral and ethical values	Reflects on the importance of ethical principles and rules in decision making in PC
	Working according to moral and ethical values in PC	Describes aspects regarding PC from the patients' right legislation (e.g., communication of diagnosis/ prognosis) Explains what informed consent consists of, the do not resuscitate order, etc		
	Legislation in PC	Describes the international and national legal frameworks that support the development of PC services		
	Awareness of euthanasia (or assisted dying) and the wish of hastened death	Explains the differences between palliative sedation, physician assisted suicide (PAS) and euthanasia, and what factors may prompt requests for PAS/euthanasia Demonstrates knowledge on the <i>wish of hastened death</i>	Evaluates individual requests for euthanasia and PAS and their origin factors (personal, psychological, spiritual, social, cultural, economic and demographic)	

**Box 10.** Suggested examples of possible learning objectives for the *Teamwork competence in palliative care* (PC) and corresponding descriptive themes

Teamwork competence in palliative care	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
	Interdisciplinarity in PC	Discusses the differences between personal work, group work and teamwork Explains why teamwork in PC ensures the best care for the patient Understands that PC teams' dynamics are based on interdisciplinary working/cooperation		
	Cooperation in interdisciplinary PC team		Reflects on team activities and team members' interactions	Is aware of team discussions being based on respect of other team members' values
	Active, pro-active and confident communication with other disciplines involved in PC	Recognises the different professional roles and their complementarity in PC teams Understands that teamwork empowers team capacity and team members	Is able to provide and receive feedback	
	Teamwork in PC		Applies teamwork communication skills: listens to team members' ideas; explains own ideas; is aware of other team members' feelings	Understands how attitude influences the team and team members in a positive or a negative way

**Box 11.** Suggested examples of possible learning objectives for the *Self-awareness and self-reflection competence in palliative care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Self-awareness and self-reflection competence in palliative care	Recognising and dealing with own emotions arising in palliative care		Recognises the impact of patients' emotions and suffering on oneself Identifies signs of professional fatigue	
	Reflecting own emotions of death and loss		Demonstrates the acquisition of self-reflection skills regarding own mortality, death, and personal losses	
	Self-reflection concerning values and own actions in palliative care		Applies the most useful self-care/recovery habits for oneself	Values self-awareness, self-reflection and self-care
	Openness to personal and professional growth			Values continuous personal and professional growth

**Box 12.** Suggested examples of possible learning objectives for the *Competence in end-of-life care* (PC) and corresponding descriptive themes

	Descriptive themes	Learning objectives		
		Cognitive Knowledge & Understanding	Skills Practical abilities	Attitude Personal competencies
Competence in end-of-life care	Identifying and anticipating the dying phase of life	Knowledge on the main symptoms in dying patients Discusses potentially reversible causes of clinical deterioration	Lists the common signs that a patient is dying Describes methods and tools of prognostication of the dying phase, as well as their limitations	Reflects on the challenge of changing goals for a patient, from enhancing quality of life to comfort and a dignified death
	End of life symptom management	Describes the principles of patient management in the last days and hours of life	Makes sure that anticipatory prescribing is available for the main symptoms in dying patients	
	Psychological and spiritual supporting of the dying patient and family		Demonstrates skills in explaining the situation to patient and their family	Accepts and embraces that care for the dying is part of a nurses' role
	Care after death	Demonstrates knowledge regarding the legal aspects of care of the patients' body after death	Demonstrates skills in performing the last interventions regarding care of the deceased person	Reflects on the respect and dignity that should be shown to every person before, at the time of and after death.
	Knowledge and supporting in grief and mourning in dying phase	Understands the own role in supporting grieving and mourning in the dying phase	Recognises pathological grieving and is able to refer to appropriate professionals and/or services	Demonstrates the therapeutic presence at the time of dying by being present in silence



## 5. Who should use the EU Palliative Care Matrix

As palliative care is increasingly identified as a core or a compulsory component within undergraduate nursing education, consideration needs to be given to the development of appropriate faculty to support and facilitate training. This will include the development of partnerships with palliative care service providers who can provide access to clinical training. There should be a recognition at the academic or institutional level for the necessity of a coordinator in palliative care education. Ideally, these coordinators:

- have graduated a Palliative care Specialty program/Palliative care Master program
- have clinical expertise in palliative care nursing (>5 years)
- currently hold a position in a specialist palliative care centre (>50% of time)
- have a formal training in leadership/education (e.g. post graduate certificate)
- participate in ongoing continued professional development activity in the field of palliative care, like publications of articles, presentation at conferences, etc.

## 6. Conclusion and next steps

The NursEduPal@Euro EU Palliative Care Matrix for undergraduate nursing education is a first step in ensuring that the nurses of the future are prepared to meet the increasing palliative care needs of the changing European population. The EU Matrix is designed as a 60-hour blended curriculum that provides two European Credit Transfers (ECTS). The curriculum covers the main palliative nursing themes: basics of palliative care, psychosocial and spiritual issues, pain management, symptom management, ethical and legal issues, communication, teamwork, self-reflection, and care at the end of life. The Matrix is relevant to the wider European and international community providing an opportunity to set a quality threshold for benchmarking undergraduate education across Europe.

The overarching aim of the NursEduPal@Euro project was the development of innovative teaching methods, universally adaptable and applicable, freely available in multiple languages. The NursEduPal@Euro project has also provided a platform for the greater integration of palliative care within undergraduate nursing education programmes across Europe through the EAPC nursing taskforce.

(<https://eapcnet.eu/eapc-groups/task-forces/eapc-innovation-in-nurse-education-taskforce/>)

## 7. References

1. World Health Organization. WHO Definition of Palliative Care. WHO; 2006.
2. Connor SR. Hospice and Palliative Care. New York: Routledge; 2018.
3. World Health Organization. Strengthening of Palliative Care as a Component of Integrated Treatment throughout the Life Course. *Journal of Pain & Palliative Care Pharmacotherapy*. 2014;28(2):130-4.
4. Brennan F. Palliative Care as an International Human Right. *Journal of Pain and Symptom Management*. 2007;33(5):494-9.
5. O'Brien T. The Impact of an Aging Population on Palliative Care. *Journal of Pain & Palliative Care Pharmacotherapy*. 2013;27(4):389-91.
6. Reville B, Foxwell AM. The global state of palliative care—progress and challenges in cancer care. *Annals of Palliative Medicine*. 2014;3(3):129-38.
7. Knaul FM, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, Jiang Kwete X, et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. *The Lancet*. 2018;391(10128):1391-454.
8. Connor SR, Bermedo MCS. Global Atlas of Palliative Care at the End of Life. World Health Organization. 2014. <http://www.who.int/nmh/Global Atlas of Palliative Care.pdf>. Cited 30.05.2023.
9. World Health Organization. Executive Board, 134. (2014). Strengthening of palliative care as a component of integrated treatment within the continuum of care. <https://apps.who.int/iris/handle/10665/173012>. Cited 31.05.2023.
10. Council of Europe: Committee on Social Affairs, Health and Sustainable Development. 2018. The provision of palliative care in Europe. Document 14657. Available at: [PACE website \(coe.int\)](#) Cited 30.05.2023.
11. World Health Organization. WHO definition of palliative care. Available at: [Palliative care \(who.int\)](#) Cited 30.05.2023.
12. Ministry of Social Affairs and Health. 2017. Palliativisen hoidon ja saattohoidon järjestäminen. Työryhmän suositus osaamis- ja laatuksiteereistä sosiaali- ja terveydenhuollon palvelujärjestelmälle. Reports and memos of the Ministry of Social Affairs and Health 2017:44. Available at: <http://urn.fi/URN:ISBN:978-952-00-3896-0>. Cited 30.05.2023.
13. Maetens A, Beernaert K, Schreye RD, Faes K, Annemans L, Pardon K, Deliens L, Cohen J. 2019. Impact of palliative home care support on the quality and costs of care at the end of life: a population-level matched cohort study. *BMJ Open*. 9: e025180.
14. May P, Normand C, Cassel JB, Del Fabbro E, Fine RL, Menz R, Morrison CA, Penrod JD, Robinson C, Morrison RS. 2018. Economics of Palliative Care for Hospitalized Adults with Serious Illness. A Meta-analysis. *JAMA Internal Medicine*. 178: 820-829.
15. Clark D, Armstrong M, Allan A, Graham F, Carnon A, Isles C. Imminence of death among hospital inpatients: Prevalent cohort study. *Palliative Medicine*. 2014;28(6):474-9. doi: 10.1177/0269216314526443
16. Forum ASI. Association for Palliative Medicine Special Interest Forum – Undergraduate Medical Education meeting. 2014
17. Noguera A, Robledano R, Garralda E. Palliative care teaching shapes medical undergraduate students' professional development: a scoping review. *Current Opinion in Supportive and Palliative Care*. 2018;12(4):495-503. doi: 10.1097/spc.0000000000000402. PubMed PMID: 01263393-201812000-00017.
18. Carlos C, Thomas S, Liliana dL, Sami A, Eduardo B, Mary C, et al. White Paper for Global Palliative Care Advocacy: Recommendations from a PAL-LIFE Expert Advisory Group of the Pontifical Academy for Life, Vatican City. *Journal of Palliative Medicine*. 2018;21(10):1389-97. doi: 10.1089/jpm.2018.0248. PubMed PMID: 30256135.

19. Elsner F CC, Cetto G, De Conno F, Ellershaw JE, Eychmuller S, Filbet M, Larkin P, Mason S., Recommendations of the EAPC for the development of undergraduate curricula in palliative medicine at European Medical Schools, 2013.
20. Cavaye J, Watts JH. Student nurses learning about death, dying, and loss: Too little, too late? *Illness, Crisis and Loss*. 2014. 22: 293-310.
21. Malone L D, Anderson J, Croxon L. Are newly graduated nurses ready to deal with death and dying? - A literature review. *Nursing and Palliative Care*. 2016, 1: 89-93.
22. Mastroianni C, Ramon Codina M, D'Angelo D, Petitti T, Latina R, Casale G, Turrziani A, Piredda M, de Marinis MG. 2019. Palliative care education in undergraduate nursing curriculum in Italy. *Journal of Hospice Palliative Nursing*. 21: 96-103.
23. Arias-Casais N, Garralda E, Rhee JY, De Lima L, Pons JJ, Clark D, Hasselaar J, Ling J, Mosoiu D, Centeno C. *EAPC Atlas of Palliative Care in Europe 2019 - Cartographic Edition*. Milano: EAPC (European Association for Palliative Care). 2019.
24. Minna Hökkä, Teija Ravelin, Danny Vereecke, Veerle Coupez, Céline Baele, Heidi Defloor, Julie Ling, Joanne Brennan, Piret Paal, Cornelia Brandstötter, Daniela Mosoiu, Teodora Mathe, Daniela Spanu, Nicoleta Mitrea. Report-The Europe wide core palliative care competencies for undergraduate nursing education. Kajaani University of Applied Sciences Ltd, Publication Series B 164, Reports and Surveys, ISBN 978-952-7522-19-6, ISSN 1458-915X.
25. De Vlieger M, Gorchs N, Larkin P, & Porchet F. *A guide for the development of palliative nurse education in Europe*. European Association for Palliative Care, 2004.