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Recognising dying in acute care

BY MELISSA BLOOMER, CHERYLE MOSS
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While palliative care services in Australia are among the best in the world, and accessible to those without private health insurance, the current reality is that almost two thirds of those who die in Australia, do so in acute hospital wards. Existing research and literature has focussed on the care of the dying in palliative care units, however there is an urgency to consider the needs of those dying in other settings.

A recent Australian study showed that despite the promotion of advance care plans, their prevalence in hospital medical charts is less than one per cent. Those admitted to hospital with a life limiting illness (in the absence of a Medical Power of Attorney, or Advance Directive) are provided with active treatment aimed at cure. When this occurs, the dying process, which is a natural part of life, becomes medicalised. Many dying patients receive active treatment aimed at cure, rather than appropriate end of life treatment, where the focus is on comfort, symptom

control, family inclusion and a dignified death.

The Liverpool Care Pathway (LCP), developed in the United Kingdom, has recently been implemented and tested in Australia. While several studies show the LCP is responsible for marked improvement in care and management of the dying patient and increased staff satisfaction, some evaluations found that nursing staff had difficulty recognising the signs of active dying/the dying phase, and were thus unsure when to start the care pathway.

Where acute hospital care is focused on cure, nurses are underprepared educationally and clinically to recognise and manage the dying phase. There is a definite need for more attention to be given to death education in continuing education for registered nurses and in undergraduate nursing curricula. Educational strategies should include not only the physiological signs of active dying, but also the social and psychological signs of dying. This is essential to develop early recognition and the ability to implement appropri-



ate death care pathways to ensure that realistic quality patient-centred care is provided for the patient and extended to their family.

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New pathways from TAFE to university

DR SONIA ALLEN

It is known that some diseases are more prevalent as we age; but at what age this occurs depends on the individual, family genetics, lifestyle choices and associated exposure to certain 'social determinants of health'. To provide educational curricula to cover all health related material in one set of courses is unrealistic and resource prohibitive. For individual career planning, entry points and exit points on successful course completion have always been available. Career progression in the past often involved taking courses with content that was duplicated or difficult to credit or be recognised as prior learning (RPL).

Recently the federal government's Australian Qualification Framework (AQF) mandated a seamless transition from TAFE courses to university degrees. The entry point to university is on the successful completion of a certificate or diploma in a related field. This educational process, especially within the

aged care setting provides opportunities for personal care workers or assistants in nursing to progress from Certificate III in Aged Care through the Diploma of Nursing to enter university to undertake Bachelor of Nursing studies. This seamless progression (on successful course completion) may then continue into higher degree education with options to progress into research or other graduate entry programs.

Conversely, those students who enter university straight from high school who complete their first six months in a nursing degree course and decide that a nursing career is not for them, may have their university units recognised with additional course content into a Certificate III. Pathways are to be mapped to flow in either direction to benefit the student to progress, negate duplication and limit the financial burden. These pathways are designed to be industry responsive to the clinical setting and provide recognition for course content that has been undertaken.

The government initiative has been further enhanced by the Victorian government publishing 'Opening Doors for all Australians, a Tertiary Education Access Plan'. These initiatives support partnerships between TAFE, industry and universities to enhance

educational opportunities in designated areas by providing pathways for learning in rural and socio-economically disadvantaged areas. This compliments the recent increase in nursing allocation to university courses by providing additional opportunities through TAFE partnerships. Individuals working in the aged care setting may participate in initial studies (Certificate III) then undertake further studies to enhance practice within an industry setting, such as the Diploma of Drug and Alcohol; a requirement to work within mental health settings.

It is undoubtedly an exciting time to begin a career in nursing with opportunities to progress from TAFE courses to university degrees. These initiatives have been designed to be student focussed, industry responsive and educationally sound. Nursing in the clinical setting and especially the aged care industry is challenging, rewarding and requires special and enhanced skills and knowledge, now attainable through TAFE, university partnerships.