



COURSE OUTLINE: GER231 - SPIRITUALITY

Prepared: MaryAnne P. Shannon, PhD, RN, GCNS-BC

Approved: Bob Chapman, Chair, Health

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| Course Code: Title | GER231: SPIRITUALITY AND END-OF-LIFE ISSUES |
| Program Number: Name | 3041: GERONTOLOGY |
| Department: | DEAN, HEALTH & COMM. SERV. |
| Semesters/Terms: | 21W, 21S |
| Course Description: | In this course, students will focus on end-of-life issues using the lens of different concepts such as: family, culture, spirituality, death, dying, grief and quality of life. The ethical care of the dying client will be studied from a holistic perspective. Learners will gain an understanding of the resources and options available to clients. |
| Total Credits: | 3 |
| Hours/Week: | 3 |
| Total Hours: | 45 |
| Prerequisites: | There are no pre-requisites for this course. |
| Corequisites: | There are no co-requisites for this course. |
| Vocational Learning Outcomes (VLO's) addressed in this course: | 3041 - GERONTOLOGY |
| Please refer to program web page for a complete listing of program outcomes where applicable. | VLO 1 Comply with legislation and regulations governing professional practice within the Canadian health care system |
| | VLO 2 Apply an evidence based perspective to inform current interventions, senior care plan, navigate and advocate for senior care |
| | VLO 3 Consider the availability and effectiveness of community resources and referrals to plan, navigate and advocate for senior care |
| | VLO 5 Assess the communicative, mental, physical, emotional and social health of older adults to promote healthy aging |
| | VLO 7 Appraise the important role of the ``elder-advocate`` who works pro-actively as an individual or in inter-professional teams and the impact they have on elderly clients` healthy aging |
| Course Evaluation: | Passing Grade: 50%, D A minimum program GPA of 2.0 or higher where program specific standards exist is required for graduation. |
| Books and Required Resources: | Palliative Care, Ageing, and Spirituality: A Guide for Older People, Carers and Families. by Mackinlay, E. (2012). Publisher: Jessica Kingsley Publishers ISBN: 978-1-84905-290-0 Ebook ISBN: 978-0-85700-598-4 |

In response to public health requirements pertaining to the COVID19 pandemic, course delivery and assessment traditionally delivered in-class, may occur remotely either in whole or in part in the 2020-2021 academic year.



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Course Outcomes and Learning Objectives:

| Course Outcome 1 | Learning Objectives for Course Outcome 1 |
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| 1. Identify historical influences as they may affect attitudes toward dying and death in a contemporary multi-cultural society. | <p>1.1 Recognize the work of Cicely Saunders at St. Christopher's Hospice in London (1967) as a historical marker for today's practice about care during end-of-life.</p> <p>1.2 Consider those factors/experiences that have influenced personal attitudes, fears, and beliefs about dying and death.</p> <p>1.3 Recognize the meaning of death as a social construct.</p> <p>1.4 Reflect on your meaning of planning for a good death .</p> <p>1.5 Identify how some cultural and/or spiritual traditions associated with dying and death have evolved over time.</p> <p>1.6 Examine the progressions of laws around dying and death for individuals in Canada.</p> <p>1.7 Look at present day credentialing and licensing regulations that support high quality medical professional caring practice of patients experiencing end-of-life care.</p> |
| Course Outcome 2 | Learning Objectives for Course Outcome 2 |
| 2. Recognize community supports that assist older adults and their families/significant others in choices for palliative care at end of life. | <p>2.1 Differentiate between palliative care and end-of-life care.</p> <p>2.2 Recognize that grief and loss are a normal part of life.</p> <p>2.3 Reflect on the role of community pastoral/spiritual services to assist elders and family members/significant others in decision making about end-of-life care.</p> <p>2.4 Identify three organizations in the community that provide service options for consideration in planning end-of-life care.</p> <p>2.5 Examine legal directives available for elders who are planning their end-of-life care.</p> <p>2.6 Explore available setting options to consider in planning for end-of-life care.</p> <p>2.7 Educate as to respite service options to assist family members/significant others to re-energize while caring for a dying family member in the home.</p> |
| Course Outcome 3 | Learning Objectives for Course Outcome 3 |
| 3. Compare curative and palliative services for end-of-life care. | <p>3.1 Differentiate those health care activities provided in curative verses palliative care.</p> <p>3.2 Identify factors in a case simulation that are best managed with curative and/or palliative care strategies.</p> <p>3.3 Demonstrate clear and appropriate vocabulary in</p> |

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| | <p>communication with older patients and their family members/significant others when discussing each level of care services for a dying older patient.</p> <p>3.4 Explore how palliative care aims to improve the quality of life for dying patients and their families/significant others.</p> <p>3.5 Examine specialty certifications across disciplines for the delivery of palliative care.</p> |
| Course Outcome 4 | Learning Objectives for Course Outcome 4 |
| 4. Describe the roles for members of a multi-disciplinary health team focused on providing quality end-of-life care. | <p>4.1 Recognize the importance of having a client-centered care team to help manage quality health service delivery for the dying patient and his family/significant others.</p> <p>4.2 Regularly evaluate the multi-disciplinary care team membership roles in various stages of the dying and postmortem periods.</p> <p>4.3 Utilize standardized checklists to provide to a dying patient and his family/significant others that assess quality of life on a variety of levels (physical health, emotional health, safety, energy level, etc.).</p> <p>4.4 Use data from patient/family/significant others obtained by multi-disciplinary team members to get a current broad based quality of life profile for the dying patient.</p> <p>4.5 Assess how a patient's health team members can assist family/significant others with early identification of compassion fatigue providing support strategies known to effectively manage concerns before they become problems.</p> |
| Course Outcome 5 | Learning Objectives for Course Outcome 5 |
| 5. Differentiate between religiosity and spirituality. | <p>5.1 Define spirituality as beliefs and associated behaviors that encompass personal philosophy, meaning, and life purpose.</p> <p>5.2 Identify three different ways of mediating a patient's spiritual dimension.</p> <p>5.3 Define religiosity as belief in a God or a higher being, within a context of practice affiliated with specific dogma and rituals.</p> <p>5.4 Identify older person priorities at end-of-life for meeting individual religious and/or spiritual needs.</p> <p>5.5 Identify potential community resources that can provide religious/spiritual support strategies for dying patients, their family members, and/or significant others.</p> |
| Course Outcome 6 | Learning Objectives for Course Outcome 6 |
| 6. Identify some cultural, religious, and/or spiritual traditions related to dying | 6.1 Recognize the value of respecting diversity of thought related to patient/family/significant others traditional beliefs related to dying and death. |

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| | and death. | <p>6.2 Discuss different religious traditions related to dying and death.</p> <p>6.3 Identify the influence of culture on end-of-life health care decision-making.</p> <p>6.4 Utilize therapeutic non-judgmental communication skills when obtaining information from patients/family/significant others to assist in providing culturally competent care that fits within patient expectations at end-of-life.</p> |
| | Course Outcome 7 | Learning Objectives for Course Outcome 7 |
| | 7. Identify strategies to assist in conducting spiritual and cultural assessments in older adults. | <p>7.1 Demonstrate conducting a spiritual assessment with an older patient.</p> <p>7.2 Demonstrate conducting a cultural assessment with an older patient.</p> <p>7.3 Utilize best practice communication strategies to meet the need of the older patient in all phases of conducting assessment interviews.</p> <p>7.4 Recognize the hazards when health professionals only rely on stereotypic knowledge associated with spiritual, cultural and/or religious labels noted on patient admission charts/forms.</p> <p>7.5 Include the older person's cultural/spiritual/religious preferences in plan of care as appropriate within a context of patient safety.</p> |
| | Course Outcome 8 | Learning Objectives for Course Outcome 8 |
| | 8. Critically review ethical and legal issues important for planning at end-of-life. | <p>8.1 Identify key ethical constructs as they relate to end-of-life care of older patients.</p> <p>8.2 Recognize that personal values, attitudes, and expectations about end-of-life can influence the care provided to older patients at end-of-life.</p> <p>8.3. Analyze the impact of fiscal, sociocultural, and medico-legal factors on decision making in planning end-of-life care.</p> <p>8.4 Identify strategies for facilitating appropriate levels of patient autonomy to support the right of the older patient for self-determination decisions regarding his care.</p> <p>8.5 Assist the older person in his identification of a personal advocate and the roles of that advocate in his end-of-life care.</p> |
| | Course Outcome 9 | Learning Objectives for Course Outcome 9 |
| | 9. Recognize several aspects of care contributing to quality health care at | <p>9.1 Define good death.</p> <p>9.2 Identify how the epidemiological model of host, agent, and</p> |

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| | end-of-life in preparation for a good death. | <p>environment can be used as a framework to plan for a good death.</p> <p>9.3 Explore how family/significant others of an older patient can be educated to prepare them emotionally for the dying/death experience of a loved one.</p> <p>9.4 Focus on meanings of physical and emotional comfort for the end-of-life experience, and those factors documented in the literature that have been reported to provide comfort at end-of-life.</p> |
| | Course Outcome 10 | Learning Objectives for Course Outcome 10 |
| | 10. Identify some communication strategies to assist in discussions of dying and death with older patients/family/significant others. | <p>10.1 Recognize that discussions as to dying and death can create discomfort for patient/family/significant others in many societies.</p> <p>10.2 Organize initial uncomfortable discussions with a direct plan, if possible, to include goal setting, small chunks of information, buffers, evidence-based reasoning, active listening, and emphasizing support.</p> <p>10.3 With written communication, utilize the four-part structure format to indirectly relay uncomfortable information (opening, middle explanation, middle with bad or discomfoting news, and closing with consideration for the reader).</p> <p>10.4 Recognize that if appropriate, the older patient should take the lead in dissemination of information that family/significant others may find uncomfortable.</p> <p>10.5 Provide supportive community resources to those recipients who may need support after notification of uncomfortable information on dying, death, and impending loss of a loved one.</p> |

Evaluation Process and Grading System:

| Evaluation Type | Evaluation Weight |
|---------------------------|-------------------|
| Reflections (4 - 5% each) | 20% |
| Test 1 (midterm) | 40% |
| Test 2 (final) | 40% |

Date: December 9, 2020

Addendum: Please refer to the course outline addendum on the Learning Management System for further information.

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