



COURSE OUTLINE: GER231 - SPIRITUALITY

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

Approved: Bob Chapman, Chair, Health

Course Code: Title	GER231: SPIRITUALITY AND END-OF-LIFE ISSUES
Program Number: Name	3041: GERONTOLOGY
Department:	DEAN, HEALTH & COMM. SERV.
Semesters/Terms:	22W, 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 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 2021-2022 academic year.



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Course Outcomes and Learning Objectives:

Course Outcome 1	Learning Objectives for Course Outcome 1
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	<p>6.1 Recognize the value of respecting diversity of thought related to patient/family/significant others traditional beliefs related to dying and death.</p>

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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.	environment can be used as a framework to plan for a good death.								
		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.								
		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.								
	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.	10.1 Recognize that discussions as to dying and death can create discomfort for patient/family/significant others in many societies.								
		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.								
		10.3 With written communication, utilize the four-part structure format to indirectly relay uncomfortable information (opening, middle explanation, middle with bad or discomforting news, and closing with consideration for the reader).								
		10.4 Recognize that if appropriate, the older patient should take the lead in dissemination of information that family/significant others may find uncomfortable.								
		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.								
Evaluation Process and Grading System:	<table><tr><th>Evaluation Type</th><th>Evaluation Weight</th></tr><tr><td>Reflections (4 - 5% each)</td><td>20%</td></tr><tr><td>Test 1 (midterm)</td><td>40%</td></tr><tr><td>Test 2 (final)</td><td>40%</td></tr></table>		Evaluation Type	Evaluation Weight	Reflections (4 - 5% each)	20%	Test 1 (midterm)	40%	Test 2 (final)	40%
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Reflections (4 - 5% each)	20%									
Test 1 (midterm)	40%									
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Date:	July 28, 2021									
Addendum:	Please refer to the course outline addendum on the Learning Management System for further information.									

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