

Palliative care as a foundation for patient-centered care is not adequately covered in nursing curricula. This gap in education means that pediatric oncology nurses may lack necessary palliative care competencies to provide comprehensive care to patients. A literature review was performed to determine if nurses believe that they are prepared to provide clinical palliative care to pediatric patients and how pediatric palliative care best practices can be better integrated into nursing education programs. According to the literature review, studies suggest that providing pediatric palliative care education in nursing programs can build nurses' confidence and better prepare them to competently care for patients and families.

#### AT A GLANCE

- Nursing curricula that include palliative care education can provide a foundation for nurses to better care for pediatric patients with cancer.
- Competency-based pediatric palliative care education can be integrated into nursing curricula from baccalaureate to doctoral practice programs.
- Nursing programs that have successfully integrated pediatric palliative care education into the nursing curriculum can publish their processes and challenges to inform others and aid in the development of additional programs.

#### KEYWORDS

pediatrics; palliative care; education; nursing curriculum; competencies

#### DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.565-568

# Pediatric Palliative Care

## A literature review of best practices in oncology nursing education programs

Tabitha Nicole Negrete, MSN, RN, and Joseph D. Tariman, PhD, RN, ANP-BC, FAAN

The National Institute of Nursing Research (2015) defines pediatric palliative care as care that eases children's symptoms of the illness, provides emotional and social support, maintains open communication between all healthcare providers, and helps to initiate discussions about treatment and care options for the child. According to Foster, LaFond, Reggio, and Hinds (2010), the standards of pediatric palliative care include increasing comfort, enhancing quality of life, decreasing suffering, optimizing physiologic function, maintaining effective communication, and providing opportunities for personal, developmental, and spiritual growth, all while respecting the culture of care seeking (i.e., respecting the parents of pediatric patients with cancer seeking urgent and nonurgent care from more than one healthcare provider). Although advances have been made in pediatric palliative care education, significant gaps still remain in key care competencies and best practices for delivering palliative care to pediatric patients with cancer (O'Shea, Lavalley, Doyle, & Moss, 2017). In particular, baccalaureate and graduate nursing education programs, as well as nursing continuing education programs, lack an adequate educational foundation on pediatric palliative care and nursing management of patients' family members. In addition, palliative care education needs to focus on topical areas that address the potential physical and emotional burnout from

caring for pediatric patients with cancer (Ballesteros, Centeno, & Arantzamendi, 2014). To address these gaps in best practices for the delivery of pediatric palliative care, this literature review aimed to address the following questions:

- Do pediatric oncology nurses feel prepared to provide palliative care to patients in the clinical setting?
- What are the best practices for integrating pediatric palliative care education and training into oncology nursing education programs?

#### Literature Review

A literature review was performed in CINAHL®, PsycINFO®, Health Source: Nursing/Academic Edition, ProQuest Nursing and Allied Health Source, and PubMed® to determine nurses' confidence and preparedness in delivering clinical palliative care to pediatric patients and to evaluate best practices for integrating pediatric palliative care content into nursing education programs. Search terms included multiple combinations of *oncology, cancer, pediatric, child, palliative, education, training, teaching, learning, and nurse*. Boolean operators, such as "education OR training" and truncating terms using an asterisk, were used to facilitate the search. No date range was applied to assess the full extent of the literature.

#### Inclusion and Exclusion Criteria

Studies were included if they were written in English and used only human participants. In addition, abstracts had