



2023

Teaching End-of-Life Care in Speech-Language Pathology: A Tutorial

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DOI: 10.30707/TLCSID7.1.1675490380.883534

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Recommended Citation

Stead, Amanda; Haynie, Sara; and Vinson, Monica (2023) "Teaching End-of-Life Care in Speech-Language Pathology: A Tutorial," *Teaching and Learning in Communication Sciences & Disorders*: Vol. 7: Iss. 1, Article 4.

DOI: 10.30707/TLCSID7.1.1675490380.883534

Available at: <https://ir.library.illinoisstate.edu/tlcsd/vol7/iss1/4>

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Teaching End-of-Life Care in Speech-Language Pathology: A Tutorial

Abstract

Speech-language pathologists often lack preparation for working with patients near the end of life (EoL). Few academic training programs offer dedicated or sufficient content in the area of end-of-life care (EoLC). Furthermore, traditional knowledge-focused outcomes are not the most effective pedagogical strategy in teaching EoL and palliative care to students. Instead, a focus on self-awareness and personal beliefs in relation to death and dying have been shown to have a positive effect on attitudes toward EoLC. The purposes of this paper are three-fold: First, to explore what is known about the teaching and training of EoL in the discipline of speech-language pathology; second, to explore successful pedagogical strategies being used to teach this content; and third, to provide evidence-based suggestions for the inclusion of this content into speech-language pathology curriculum.

Keywords

Palliative, Hospice, End of Life, Death, Dying, Pedagogy, Teaching, Curriculum

The training in palliative and end-of-life care (EoLC) has grown more prevalent in medical disciplines over the past several decades. The increased attention to this population, however, has not yet made significant inroads into speech-language pathologist (SLP) training programs. As a result, SLPs often feel unprepared to address challenges in patients nearing the end of life (EoL; Toner & Shadden, 2012). Furthermore, numerous studies have indicated that clinicians have few opportunities to learn about EoLC during their academic programs; subsequently, SLPs feel inadequately prepared to work with patients near the EoL, contributing to feeling overwhelmed and inexperienced upon clinical entry (Candea, 2011; Mahendra & Alonso, 2020; Pascoe et al., 2018; Rivers et al., 2009; Stead et al., 2020).

The lack of sufficient training in EoLC can lead to inadequate patient care (Gillan et al., 2014). Furthermore, the lack of preparedness can contribute to the withdrawal of services for patients near the end-of-life as clinicians seek to avoid negative feelings (Mutto et al., 2012). The onset of COVID-19 brought attention to this issue by exposing a deep need to support patients at the end of their lives. Furthermore, due to the pandemic, patients in many settings present with higher acuity and poorer prognoses (Stead et al., 2022). These collective factors illustrate the necessity of exposure and training in EoLC during educational programs before clinical entry. Receiving training on EoLC and engaging in self-care around these encounters may reduce the associated negative emotions (Nagdee & de Andrade, 2022).

The service of patients near the EoL can be affected by a clinician's personal and relational experiences with death (Wilson & Kirshbaum, 2011). It is likely that a clinician will encounter this population, which can often trigger strong emotions even if the encounter is indirect. Students and early practitioners usually identify feelings of helplessness, sadness, vulnerability, and sympathy after these encounters (Mutto et al., 2012). Cerit (2019), however, illustrated that knowing death and tools for caring for dying patients effectively increased positive attitudes towards death and caring for terminally ill patients and reduced emotional burden. Particular attention should be paid to the pedagogical strategies used when teaching EoLC due to the complexity of the topic and its nature. Furthermore, instructors should support the emotional aspect of this topic because insufficient attention paid to emotional aspects of EoLC can result in practitioners feeling ill-prepared to work with this population of patients (Bailey & Hewison, 2014).

Discussing death in the classroom setting is often difficult for educators due to the sensitive nature of the topic and the emotional issues that arise related to EoLC. Approaching this topic often leads people to face their beliefs around mortality and confront their feelings about death and dying (Peters et al., 2013; Venkatesalu et al., 2014). Bailey and Hewison (2014) believe that focusing on personal beliefs and self-awareness related to death and dying will contribute to positive attitudes towards EoL. Studies examining the impact of negative emotions and fear of death on learning have found that students reported increased anxiety, fear, sadness, guilt, and thoughts about life and death when confronted with content related to EoLC and delivering difficult news (Criado-Álvarez et al., 2017; Gold & Gold, 2018).

Although EoLC is often traditionally mentioned within the context of impairment-level course work (e.g. Dysphagia), this approach to teaching death and dying frequently omits the social, emotional, cultural, and communicative components related to working with patients near the EoL. Insufficient focus on the emotional aspects associated with EoLC can result in feelings of

unpreparedness when working with these types of patients or issues (Bailey & Hewison, 2014). Traditional knowledge-focused outcomes are not the most effective pedagogical strategy in teaching EoLC and palliative care to students. Instead, focusing on self-awareness and personal beliefs concerning death and dying have positively affected attitudes toward EoLC (Bailey & Hewison, 2014). Furthermore, experiential learning and self-reflection increase self-competence in EoLC (Chan & Tin, 2012; Mahendra et al., 2013).

The purpose of this paper is two-fold. First, what is known about the teaching and training of EoLC care in the discipline of speech-language pathology is explored. Second, a tutorial for teaching EoLC to speech-language pathology students using successful pedagogical strategies is provided. Within the tutorial portion of the paper, suggestions will be provided to address student emotions and examples of possible course content, course objectives, suggested readings, assignments, and activities, and alternative approaches to supporting EoLC learning for speech-language pathology students.

SLP Knowledge and Training in EoLC

A small number of studies have attempted to examine the extent of training SLPs have received regarding EoLC and palliative care. Because so few studies exist detailing this training, each study will be explicitly discussed to highlight the differing methodologies and results. In a study by Stead and colleagues (2020), it was discovered that across 279 master's programs in speech-language pathology, no independent, stand-alone courses dedicated to EoLC could be identified. Within the review of course content, terms such as end-of-life, death and dying, and palliative care did however occur in a limited number of programs, most frequently in dysphagia or ethics courses. Rivers and colleagues (2009) examined the perceptions of 230 undergraduate and graduate students studying communication sciences and disorders (CSD) regarding their formal training in death and dying. Participants were assessed using a 7-point rating scale questionnaire. The survey revealed that pre-professional SLPs and audiologists were not adequately prepared to navigate death and dying issues that they may encounter in the clinical setting. Most participants reported that they would require additional preparation in this area. Moreover, the typical participant noted that the loss of a patient would affect them personally and professionally.

A survey by Candea (2011) that examined practitioner knowledge of EoLC found that most practitioners learned about EoLC practices on-the-job (39%) and through continuing education (30%). Graduate and undergraduate training accounted for less than 10% of EoL training, and 6.44% of respondents reported no training. The survey also explored training in terms of topical breakdowns. Relevant results were the following:

- 97.10% reported no training in the dying process
- 83.57% reported no training in ethical considerations surrounding EoLC
- 92.27% of participants reported no competent training in psychosocial aspects related to the dying process
- 95.65% reported not receiving qualified training in the cultural aspects of the dying process
- 96.61% reported no qualified training in the spiritual aspect of the dying process (Candea, 2011)

Pascoe and colleagues (2018) explored the availability and quality of university and post-university palliative care training opportunities for SLPs in Australia. An anonymous online survey was administered to 157 SLPs employed in various clinical settings and who worked with palliative care patients. Twenty-seven percent of respondents reported receiving palliative care training at the undergraduate or graduate level. Most commonly, palliative care was mentioned in dysphagia, ethics, or counseling courses. Only 13.3% reported feeling very well or generally prepared for practice in palliative care, while 69.9% reported feeling not prepared. The survey results also indicated that SLPs who received education in palliative care during university training reported feeling significantly more prepared for working within this clinical niche (Pascoe et al., 2018).

Mahendra and Alonso (2020) examined 110 speech-language pathology students' baseline knowledge and awareness of palliative care concepts, related concepts of hospice, advanced directives, advanced care planning, and the role of SLPs in palliative care. A 27-item survey was designed to probe respondents for knowledge about exposure to terms and definitions of palliative care, Alzheimer's disease (AD), hospice, quality of life (QoL), and in what context or courses (if any) they had learned these concepts. Ninety responses were collected across two sites. Results identified that QoL was the most familiar term, with 55% of their respondents able to explain the construct correctly. Hospice and hospice care were next with 43% correct. Only 22% of respondents, however, could accurately describe the meaning of palliative care. Overall, graduate students reported limited exposure to palliative care and virtually no exposure to AD, pediatric palliative care, or the precise roles of SLPs on palliative care teams (Mahendra & Alonso, 2020).

Crumrine (2020) examined the perceptions and experiences of practitioners regarding palliative and EoLC. Semi-structured interviews were conducted with nine SLPs working in a palliative care setting. This study aimed to gain additional insight into the degree of preparedness SLPs experienced working in palliative care. Results indicated that clinicians did not feel adequately prepared by the university curriculum for this setting. Participants reported a limited overall education in the area and felt overwhelmed and inexperienced upon clinic entry. Furthermore, interviewees indicated that their university curricula seemed child-focused or rehabilitation-focused, forcing clinicians to adapt in real-time. The study also found that clinicians sought to fill in gaps in their university curricula with continuing education courses, peer conversations, and gaining more experience (Crumrine, 2020).

In summary, research has shown little formal education for SLPs for work in EoLC (Candea, 2011; Crumrine, 2020; Mahendra & Alonso, 2020; Pascoe et al., 2018; Rivers et al., 2009; Stead et al., 2020). Schulz-Quach and colleagues (2018) identified that the most significant pedagogical barriers in teaching EoLC and palliative care content were (a) creating the new curriculum, (b) fitting new content into the already constructed course material and schedule, (c) increasing the workload of faculty, and (d) the high financial costs in teaching EoLC and palliative care content. This lack of training, however, has left professionals unprepared and unskilled in serving patients near the EoL. Furthermore, clinicians have had to seek out additional training or experiences on their own to fill this gap.

Teaching Tutorial

Instructors will have several options to include EoLC content into their curriculum within the teaching tutorial section. Because time within individual speech-language pathology program courses and curricula varies, each reading, media, assignment, and activity can be utilized within a stand-alone format or integrated within existing coursework. Regardless of where or how the content occurs, however, all teaching related to EoLC must include the following components:

- the addressing of student emotions related to death and dying
- core background vocabulary associated with EoLC
- roles and responsibilities of SLPs in caring for those near the EoL

Strategies to Address Student Emotions. Because research indicates the importance of addressing student emotions, content around EoLC must be delivered to acknowledge this need and provide an opportunity for reflection. Regardless of how the material is taught, buy-in is essential before initiating such a delicate topic. It is recommended that this starts by clearly educating students about the upcoming topic in the syllabus or curriculum, notifying them of when the topic will be covered and how it is relevant to their future practice (Stead, 2019). It is recommended that students are provided with numerous reminders (in written and verbal forms) before the initiation of the topic. The instructor should be available to meet with and discuss any feelings of uncertainty or anxiety in students. Preparing students in this way allows for a successful beginning of the topic to be covered and strengthens the cohort to support each other in future discussions (Stead, 2019).

The inevitable confrontation with EoLC can elicit strong emotions and trigger students to feel sad, helpless, and vulnerable (Mutto et al., 2012). As EoLC content is presented, students should be provided with an opportunity to process these emotions and reflect on their impact in a safe and supportive environment. Goals for this work include (a) learning how to manage their emotional responses related to death and dying and (b) expanding their views to consider death and dying a part of the human experience. Self-reflection and experiential learning have been found to positively affect self-competence in EoLC (Chan & Tin, 2012; Mahendra et al., 2013). Reflective activities can be implemented in various ways, such as in-class 2-minute reflections, fishbowls, think-pair-shares, or silent thoughts. Out-of-class activities can also be utilized, such as discussion boards, reflective journals, or writing assignments (see Table 1). Van der Wath and du Toit (2015) found that when nursing students wrote reflections on learning opportunities/activities related to EoLC, students could process their emotional experiences and how the content would impact how they provide future care to patients near the EoL. Through these reflections, students were able to recognize and respect others' beliefs regarding death.

Stead and colleagues (2020) detailed a class activity developed to allow students an opportunity to address their personal feelings and experiences as they related to EoLC. After viewing the documentary *Extremis* (Krauss, 2016), students were asked to immediately reflect on their personal feelings about the decisions being made within the film onto an index card. Students were then instructed to set the reflection physically aside to visually represent separating their personal feelings from their professional roles. Finally, a heavily guided discussion by the instructor provided an opportunity to practice the management of emotional reactions and to meet the needs of all students within the unit (Stead et al., 2020). Instructors should also make clear that they

acknowledge the difficulty of the topic for many students and create an open-door policy for processing any negative emotions that may arise.

Table 1

Teaching Options for Reflective Activities

Activity	Description
Class 2-minute reflections	1 to 2 minutes to think about or write about the last concept or example. Can be private, shared in class, or submitted.
Fishbowls	Students are separated into an inner and outer circle. In the inner circle or fishbowl, students have a discussion; students in the outer circle listen to the discussion and take notes.
Think-pair-shares	Think-pair-share (TPS) is a collaborative learning strategy where students work together to solve a problem or answer a question about an assigned reading. This strategy requires students to (1) think individually about a topic or answer to a question; and (2) share ideas with classmates. Discussing with a partner maximizes participation, focuses attention and engages students in comprehending the reading material.
Silent thoughts	Provides time to student to think silently about a topic or concept without expectation of having to share or submit anything
Discussion boards	Provide opportunity to post a response to provided prompt. Good for open-ended responses and collaborative exchanges of ideas amongst students.
Reflective journals	Teaching tool that fosters critical thinking and reflective practice through repeated opportunity to consider ideas, experiences or express learning and development. Can be implemented in a variety of way with either open or prompted responses.

Covering Core Vocabulary and Roles Associated with EoLC. One of the essential components that SLPs must learn about EoLC is their roles and responsibilities. The SLPs' role in serving those near the EoL contributes to the overall quality of life. The SLP serves a facilitative role instead of a rehabilitative one and can support patients and families in achieving their EoL goals. For example, SLPs contribute to patient care by developing compensatory strategies when patients demonstrate difficulties with swallowing. If and when the time comes, SLPs may contribute to the medical team's decision-making regarding alternative nutrition (Landes, 1999). SLPs also facilitate the development of alternative augmentative communication to assist patients in communicating wants and needs when they are having difficulty speaking or communicating. The goals are not to rehabilitate the patient's condition but preserve or enhance the patient's abilities that remain intact for quality of life by participating in activities the patient enjoys (American Speech-Language-Hearing Association, n.d.). Pollens (2004) described four primary roles of the SLPs as related to EoLC. These include the following:

- consultation of families and team members about communication, cognition, and swallowing abilities

- development of strategies to support the client in communicating decision-making and maintaining social connections
- management of swallowing both for nourishment and satisfaction
- communicate with members of the hospice team (Pollens, 2004)

In addition to educating students on roles and responsibilities, it is essential to include specific EoLC terminology and strategies for addressing the emotional component of patient and family care in EoLC. Although ASHA does not have specific guidelines for teaching death and dying in the CSD Programs, other major medical organizations do. For example, Rivers and colleagues (2009) suggest that six of the fifteen competencies identified by the American Association of Colleges of Nursing should be considered/included in CSD Programs. They are highly relevant to SLPs and audiologists. These six competencies include the following:

- cultural and spiritual diversity in these beliefs and customs recognizes one's attitudes, feelings, values, and expectations about death and the individual
- demonstrating respect for the patient's views and feelings during EoLC
- collaborating with interdisciplinary team members while implementing EoLC
- assessing and treating patients' physical, psychological, social, and spiritual needs
- assisting the patient, family, colleagues, and oneself to cope with suffering grief, loss, and bereavement
- applying knowledge gained from palliative care research to EoL education and care. (Rivers et al., 2009)

Mahendra & Alonso (2020) revealed that graduate speech-language pathology students have many misconceptions about EoL and palliative care. For example, students often believe that palliative care and hospice are synonymous, and palliative care services are not viewed as an area in which rehab disciplines or SLPs are involved (Mahendra & Alonso, 2020). Therefore, universities should include basic information on palliative care (i.e., the definition of palliative care, the role of SLPs in palliative care/role of other members of the team, principle/philosophy of palliative care, evidence-based practice) in their curriculum (Pascoe et al., 2018). Furthermore, ethical and legal issues, counseling (i.e., emotional engagement, self-care, existential impact, psychosocial support, how to support families emotionally), communication skills (e.g., strategies to assist the patient in communicating their wants/needs, alternative-augmentative communication in EoLC care, skills to manage complex conversations, conflict resolution skills) should be included in core content related to palliative and EoLC (Pascoe et al., 2018). Table 2 provides examples of course objectives that could be used to teach EoLC content.

Within the dysphagia curriculum, it is suggested that issues related to the quality of life and feeding risks such as comfort care, saliva management & oral care, and service delivery considerations are considered (e.g., when to withdraw SLP input, how to plan management for a patient who is not going to get better, palliative care pathways, palliative care services that are available; Pascoe et al., 2018).

Table 2*Suggested Course Objectives for a Content on End-of-Life Care*

Main Objectives	Sub-Objectives
Explore the EoLC experience in the human-centered context	<p>Encounter or examine their relationship to death and dying and how their lived experience or personal values may impact their work</p> <p>Develop and practice therapeutic communication for use at the EoL</p> <p>Discuss and consider aspects of grief, loss, and bereavement of patients and families</p> <p>Discuss and consider aspects of the loss experience on the health care professional</p>
Understand the biology of death & healthcare management	<p>Confront and understand physiological changes at EoL</p> <p>Differentiate between palliative care and hospice care</p> <p>Consider the implications of interventions typically used at EoL</p>
Consider legal and ethical issues common at the EoL	<p>Debate specific ethical and legal issues common in EoLC</p> <p>Differentiate capacity and competency and apply them to scenarios</p> <p>Describe key elements of EoLC documentation</p>
Explore and articulate professional roles and responsibilities	<p>Encounter or examine their professional relationship to death and dying</p> <p>Develop a baseline understanding of the roles and responsibilities of different allied health professionals at the EoL</p> <p>Consider roles and responsibilities in special populations</p>

Boland and colleagues (2019) suggested several tips, including EoL and palliative care training in academic programs. Most importantly, education in the areas of EoLC should be compulsory and include the opportunity to see patients near the EoL and spend time in palliative and hospice care facilities. The authors also suggested that instructors consider using innovative teaching methods, utilize the hidden curriculum to promote learning, encourage interprofessional learning, and back up teaching with compulsory summative and formative assessments (Boland et al., 2019). These suggestions are consistent with Rivers and colleagues (2009), who suggested EoLC should be taught in conjunction with guest speakers in medicine and other allied health fields and allow for opportunities for terminally ill guest speakers. They further suggested that students engage in reflective exercises, patient simulations, hospice visits, group discussions, funeral home visits, and clinical and case discussions (Rivers et al., 2009). Several research and seminal articles can be provided to students to assist them in learning core content related to EoL issues. Some suggestions are as follows:

- Competency and the capacity to make treatment decisions (Leo, 1999)
- End-of-life care: An opportunity (Stead & McDonnell, 2015)

- Integrating speech-language pathology services in palliative end-of-life care (Pollens, 2012)
- Facilitating client ability to communicate in palliative end-of-life care: Impact of speech-language pathologists (Pollens, 2020)
- Knowledge of palliative care and advance directives among speech-language pathology students (Mahendra & Alonso, 2020)
- Training future speech-language pathologists for work in end-of-life and palliative care (Stead et al., 2020)
- The allied health care professional's role in assisting medical decision making at the end of life (Lambert, 2012)
- Being prepared for working in palliative care: The speech pathology perspective (Pascoe et al., 2015)
- Beyond knowledge and skills: Self-competence in working with death, dying, and bereavement (Chan et al., 2012)

Suggested Assignments and Deliverables

A variety of pedagogical approaches can assist students in learning about content related to EoLC. Whether these assignments are woven throughout the curriculum, taught as a stand-alone course, or workshop dedicated to EoLC, each should address a core objective dedicated to student knowledge and comfort with EoLC. As with any teaching opportunity, the course structure, available time, and course goals help dictate the pedagogical strategies employed to teach the content. One strategy combines multiple media types and collective information modalities for best practice (Lage et al., 2000; Masters, 2005). The selected formats and specific activities designed for the course should allow students to consider the emotional aspects of EoLC and provide content information. Table 3 provides a list of teaching tools and multimedia recommended for increasing speech-language pathology students' knowledge and comfort around topics related to EoLC.

Alongside multimedia, many resources can be used to present case studies for students to consider around EoLC. Numerous authors have sought to provide usable case examples for working with patients nearing the EoL. Case studies can build clinical relevance and develop clinical problem-solving in a specific content area. For example, a manuscript by Stead and McDonnell (2015) highlighted three case studies showing how SLPs could introduce conversations about advanced care planning to their patients during their regular therapy sessions. Stead (2022) also provides a comprehensive case study supporting a patient in cancer care near the EoL using AAC. In addition, myriad of case examples focusing on patients with advanced progressive illness has been presented by Hickey and Bourgeois (2018).

Pollens (2012) provides three case examples to demonstrate the SLPs' role in communication and swallowing goals during EoLC. The article concludes with action and implementation suggestions for SLPs to become more involved in EoLC interdisciplinary teams, including communicating with the interprofessional team, providing quality, patient-centered care, and educating themselves and others about the SLP's contributions to palliative care teams. Another article by Pollens (2020) details how the use of AAC in EoLC can help to provide relief from pain and other distressing symptoms and offer a support system to help patients live as actively as possible until death. The

paper uses several vignettes demonstrating the usage of AAC in the population and its additional utility in supporting psychological and spiritual aspects of care.

Table 3

Suggested Media and Readings to Support Content Delivery on End-of-Life Care

Type of Media	Title
Books	<i>Being Mortal</i> (Gawande, 2017) <i>Extreme Measures</i> (Zitter, 2021) <i>A Beginners Guide to the End</i> (Miller et al., 2020) <i>On Living</i> (Egan, 2017)
Podcasts, Audio Segments, TED Talks	Are you ready for the Glorious Sunset - Freakonomics (Dubner, 2015) The Bitter End - Radiolab (Abumrad & Krulwich, 2013) Morphine and a Side of Grief - NPR (Farmer, 2019) What Matters at the End of Life - TED Talk (Miller, 2015)
Movies	<i>Extremis</i> (Krauss, 2016) <i>How to Die in Oregon</i> (Richardson, 2011) <i>End Game</i> (Epstein & Friedman, 2018) <i>Alternate Endings: 6 New Ways to Die in America</i> (O'Neill & Perri, 2019) <i>Griefwalker</i> (Wilson, 2008)
Websites	End-of-Life Issues in Speech Pathology (American Speech-Language-Hearing Association, n.d.) The Conversation Project (Institute for Healthcare Improvement, n.d.-a.)

Like case studies, having students role-play or write first-person scripts is a way to engage them in the material and encourage deep learning and demonstration of their ability to communicate their roles and responsibilities to others. It can also demonstrate soft skills and the use of counseling language. Figure 1 provides examples of some prompts that could be used while teaching content on EoLC to assist in students demonstrating learning and promoting carryover.

Several creative projects could also be used to explore topics around EoLC. The creation of an infographic is one-way students could express their understanding and knowledge about a critical area of EoLC. Infographics can serve as a teaching tool to integrate a student's technology skills and challenge students to communicate health information and develop information literacy (Shanks et al., 2017). It can also achieve the goal of having students learn to share aspects of their scope of practice or patient care, which has been shown to increase students' learning interests (Alyahya, 2019). Students could be asked to develop an infographic that educates colleagues from their specific discipline or others on one crucial aspect of EoLC they believe is relevant to their

practice. Websites such as Piktochart can provide user-friendly templates. Faculty could also ask students to follow additional criteria such as (a) including vibrant visuals, (b) using at least three evidenced-based sources with a citation, and (c) a clear "bring the home message" or vital takeaway points. See Figure 1 for examples of student EoL infographics.

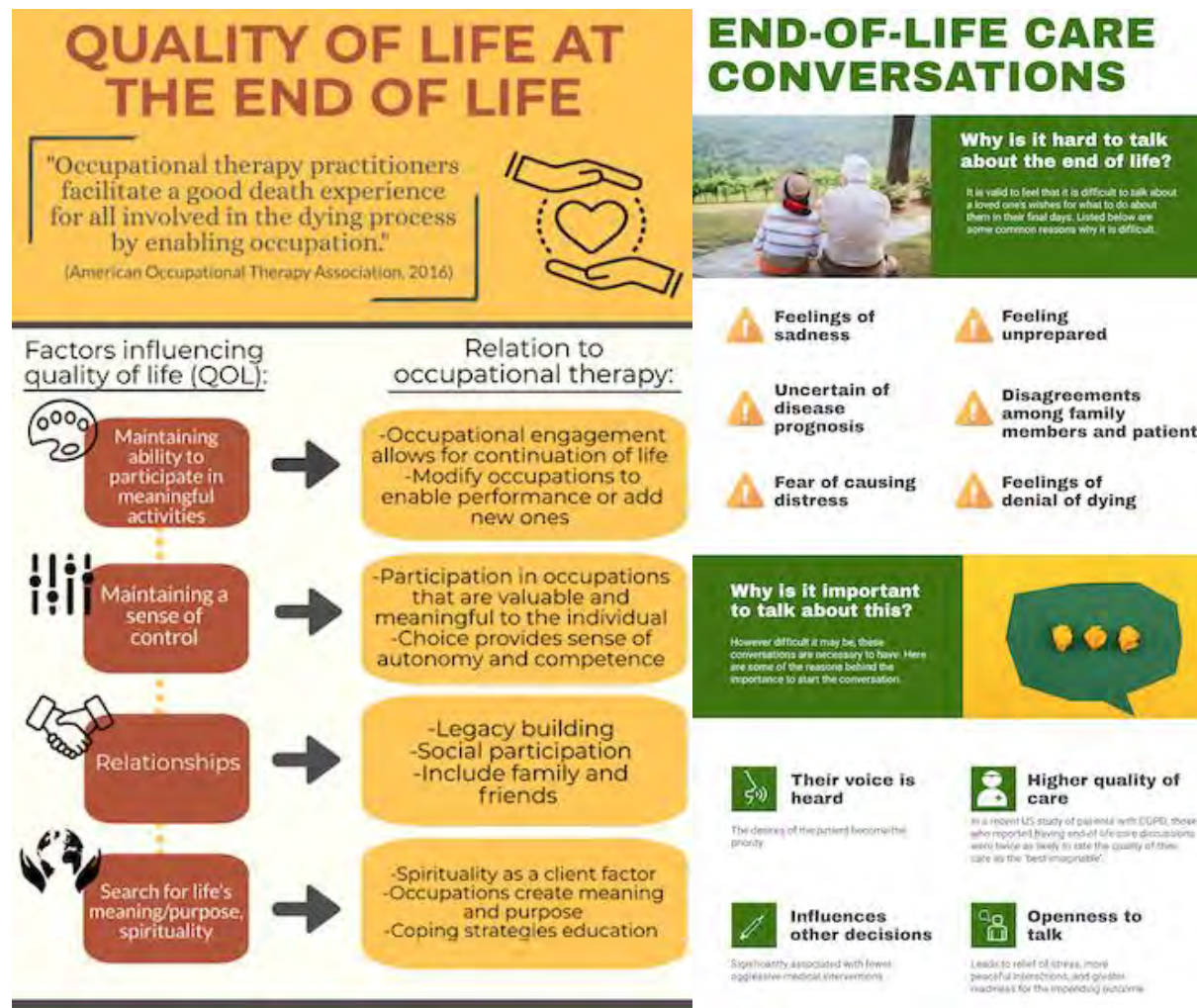
Figure 1

Example Prompts for Course Assignments Exploring Topics Around EoLC

<p>Prompt: End-of-Life care is one issue that was touched on during this course. For this question, please imagine speaking with an elderly client and finding out they had no end-of-life care plan and did not believe they needed one. Make a compelling argument to them on why they should consider making a plan, and please include in your 'case' the terms <i>health care proxy</i>, <i>living will</i>, <i>DNR</i>, and <i>advanced directive</i>. You can speak in the first person since this is a 'conversation.'"</p>
<p>Prompt: Families are often deeply concerned about changes in eating habits as patients near the end of life. Please present four pieces of evidence (peer-reviewed with citations or position statements from national organizations) about feeding tube placement near the end of life and what the role of an SLP could be to support quality of life as it relates to feeding and swallowing for the family if a feeding tube is not placed. Be thoughtful about your use of empathetic counseling language.</p>
<p>Prompt: We often find ourselves working in buildings with no culture around speech-language pathology referrals for patients nearing the end of life. Imagine talking with your building's administrators about why you believe you should be receiving more referrals.</p> <ol style="list-style-type: none"> 1. What evidence would you present to them? 2. How would you articulate your role and what benefits it could have for both families and patients and the setting as a whole?
<p>Prompt: Given what you know about the symptoms accompanying the final weeks-days of someone's life, please answer the following questions:</p> <ol style="list-style-type: none"> 1. Choose one of the primary signs/symptoms (breathing issues, pain, emotional distress, food/drink intake, mobility, etc.) of approaching death and describe how your specific discipline intersects in that symptoms management (i.e., I am an SLP, so we would help manage food/drink intake alongside swallowing and communications problems near EoL). 2. What is your discipline's role in the general care of this symptom? (Think scope of practice) 3. How can you imagine you could support the patient or family with managing this symptom near the end of life? <ol style="list-style-type: none"> a. Why is it essential to manage this particular symptom? b. How does this contribute to quality care and a positive dying experience?
<p>Prompt: Using the starter kit provided by The Conversation Project (Institute for Healthcare Improvement) is an excellent opportunity to think through and experience the choices, topics, and language that can be used surrounding EoLC. Completing this kit allows you to consider what patients and families experience in advance care planning. This also allows you to consider your personal beliefs around the end of life. Please complete the starter kit in full and submit it before your next class (Conversation Starter Guide; Institute for Healthcare Improvement, n.d.-b.).</p>

Figure 2

Example of Infographics Created in an Interdisciplinary Course on EoLC



Another creative project that may engage students in integrating concepts of EoLC and more traditional patient impairment support is the creation of a low-tech augmentative and alternative communication tool. This assignment can allow students to integrate across courses and learn the skills of developing patient and family-friendly materials. For example, assignments could ask students to demonstrate what they have learned about supporting communication at the EoL developed by creating a low-tech communication board to support the patient and family.

Following creative assignments, faculty could ask students to reflect on their work to develop their learning further. Reflection has been shown to increase student understanding and internalization of learning (Stead et al., 2021). Some examples of reflective questions are as follows:

- What choices did you make, and why did you make them? (e.g., what content you did and did not include, the look, the sources, the topic)
- Why is this artifact useful to your colleagues, fellow students, patients, and families?

- How do you imagine people interacting with it? In what contexts (e.g., pinned to a bulletin board, presented in a class, emailed to colleagues, provided to patients)?
- How does it reflect your learning from this class?

Alternative Approaches to Support End-of-Life Care Education

Several alternative educational methods both within and outside of speech-language pathology have been used to support student learning in EoLC. Interprofessional education Given the integrated care model in EoLC, interprofessional education (IPE) is essential. Students can improve collaboration abilities, understanding of roles and responsibilities, and practical communication skills through IPE education opportunities (Fujita et al., 2019; Gierach et al., 2020; Prelock et al., 2017). Simulation has also been shown to be an effective way to support student learning and competency in serving patients near the EoL (Fujita et al., 2019). Teaching EoLC through high-fidelity simulation can positively affect students' attitudes toward caring for dying patients and increase knowledge of how to serve the population (Rattani et al., 2020; Stead et al., 2022). Service-learning and clinical placement opportunities are another way to support student learning and comfort in serving patients and families near the EoL (Mastroianni et al., 2021). Furthermore, students believe that the most preferred method of learning about death and dying would be in the form of professional and personal experiences (Rivers et al., 2009; Boland et al., 2019). See Table 4 for some suggestions to initiate or implement alternative approaches to EoLC education.

Table 4

Suggestions for Initiating Alternative Approaches to EoLC Learning

Approach	Suggestions for Initiating Activity
Interprofessional Education	Partner with other allied health professional programs to discuss an EoL clinical case and each profession's roles and responsibilities Initiate a reading group with faculty and students from different professions to discuss relevant literature related to EoLC Invite a hospice chaplain, palliative care doctor, or hospice nurse to talk with your students about EoLC
Simulation	Contact your university's simulation center (or program with a simulation room) to design a collaborative IPE opportunity Have students simulate an EoL care conference discussion Simulate the evaluation of a patient in need of communication support near the EoL Simulate a clinical swallow examination for a patient near the EoL and have students educate a patient about feeding options
Clinical Rotations	Connect with local palliative care teams to propose clinical placement Partner with a local hospice organization to have student volunteers Encourage current clinical supervisors to openly discuss EoLC issues with their students when they encounter patients nearing the EoL

Conclusions

In summary, education in EoLC is essential. The SLP plays a critical role in the care of patients and families near the EoL. Understanding their roles and responsibilities with this patient population goes beyond addressing individual impairments and must extend to understanding healthcare systems such as palliative and hospice care. Furthermore, students must address their own emotions and lived experiences to provide quality care to these patients. The general diagnosis-focused approach likely leaves students and early career professionals feeling unprepared for the deeply personal experience of working with the dying. Education programs must address this gap in teaching and training to better serve patients and families.

Several pedagogical strategies can be used to address student emotions in the classroom. When teaching EoLC, these emotions are likely inevitable, and research shows that they will negatively impact patient care without the management and reflection of these emotions. Therefore, instructors should pay careful attention to their students' emotional states and their own to achieve the course goals. Allowing students to view and be part of the human experience of death and dying and reflect on this experience and process their emotions in a safe and supportive environment is how they will begin to understand and manage their emotional responses related to EoLC.

Evidence suggests that regardless of how programs choose to cover the content, a wide range of formats and pedagogies can be utilized. Whether academic programs design an independent course, an interdisciplinary approach, or integrate EoLC content across the curriculum, university programs must address this critical gap in the field's teaching and training practices. By exposing students to comprehensive content on EoLC, programs can increase patient outcomes, increase professional confidence, and decrease career burnout, which is ultimately the shared goal of all university programs.

Disclosures

The first author is an employee of Pacific University and receives a salary as part of the position; in addition, the first author is currently on a 3-year funded endowed professorship studying the implementation of simulation practices within the program. Non-financial disclosures include being a reviewer for TLCSD.

The second author is an employee of Reliant Rehabilitation contracted as a travel Speech Language Pathologist to Elmhurst Rehab as a full-time hourly Speech-Language Pathologist. The second author has no non-financial disclosures.

The third author is an employee of Mason General Hospital and receives a salary as a full-time speech-language pathologist. The third author has no non-financial disclosures.

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