	UČNI NAČRT PREDMETA/COURSE SYLLABUS
Predmet	**Paliativna zdravstvena nega**
Course title	**Palliative Nursing Care**

Študijski program in stopnja Study programme and level	Študijska smer Study field	Letnik Academic year	Semester Semester
Zdravstvena nega / 1. stopnja	Zdravstvena nega	3. letnik	6.
Nursing Care / 1st Cycle	Nursing Care	3rd year	6th

Vrsta predmeta/Course type	modularni / module
Univerzitetna koda predmeta/University course code	

Predavanja Lectures	Seminar Seminar	Sem. vaje Tutorial	Lab. vaje Laboratory work	Teren. vaje Field work	Samost. delo Individ. work	ECTS
30	/	15	/	/	30	3

Nosilec predmeta/Lecturer:	doc. dr. Ljiljana Leskovic

Jeziki/ Languages:	**Predavanja/Lectures:**	slovenski / Slovenian
	Vaje/Tutorial:	slovenski / Slovenian

Pogoji za vključitev v delo oz. za opravljanje študijskih obveznosti:	**Prerequisites:**
Vpis v tretji letnik študijskega programa.	The prerequisite for participation is enrolment in the third year of study.

Vsebina:	**Content (Syllabus outline):**
• principi paliativne zdravstvene nege nekoč in danes, • splošni in specifični kriteriji za vključevanje pacienta v paliativno oskrbo, • umestitev paliativne oskrbe v zdravstveni sistem, • organizacijske oblike izvajanja paliativne oskrbe v Sloveniji in v tujini, • celostna obravnava pacientov v paliativni oskrbi (fizični, psihični, duhovni, socialni vidik), • urgentna stanja v paliativni zdravstveni negi, • zdravljenje bolečine v paliativni oskrbi,	• principles of palliative care in the past vs. principles of contemporary palliative care, • basic and specific criteria for including a patient into the palliative care, • placing the palliative care in the healthcare system, • organisational forms of performing palliative care in Slovenia and abroad, • holistic approach to palliative care of patients (physical, psychological, spiritual, social aspect), • emergency situations in palliative nursing care, • treating the pain in the palliative nursing care,

• pomen pojava odvisnosti ali tolerance pri terapiji bolečine v paliativni oskrbi • ocenjevanje, preprečevanje in lajšanje simptomov zaradi: o prizadetega udobja (bolečina, težave z dihanjem, utrujenost, srbenje kože, motnje spanja), o sprememb v prehrani (neješčnost, slabost, bruhanje, suha usta, dvigovanje hrane, kolcanje), o prizadetosti imunskega sistema (infekcije, vnetje ustne sluznice, nevrološki simptomi, preležanine), o sprememb elektrolitov in tekočinskega ravnovesja (ascites, plevralni izliv, elektrolitsko neravnovesje, limfedem), o prizadetosti izločanja (zastoj urina, zaprtje, driska), o spremenjene samouresničitve (anksioznost, depresija, žalost, potrtost, spremenjeno spolno življenje), • posebnosti v paliativni zdravstveni negi pri posameznih skupinah bolnikov: o otrocih, o starostnikih, o bolnikih z rakom, o bolnikih s srčnim obolenjem, o bolnikih z ledvičnim obolenjem, o bolnikih s pljučnimi obolenji, o bolnikih z živčno mišičnimi obolenji; • komunikacija z bolniki, družino (model C-L-A-S-S) in drugimi specialisti v paliativnem timu, • značilnosti terapevtske komunikacije, • podpora laičnim negovalcem in prostovoljcem neozdravljivo bolnih, • prednosti in slabosti hipodermoklize, • paliativna zdravstvena nega v zadnjih 48-ih urah –terminalna oskrba, • značilnosti terminalne oskrbe, • cilji in pomen načrtovanja oskrbe v terminalni fazi bolezni, • Liverpoolska klinična pot, • vzorci umiranja, znaki bližajoče se smrti, • dostojanstvo in oskrba umrlega, • etične dileme ob koncu življenja, • žalovanje.	• the significance of the addiction / tolerance issues in treating pain in palliative care, • evaluating, preventing and alleviating symptoms due to: o affected comfort (pain, shortness of breath, fatigue, itchy skin, sleep disturbances), changes in diet (anorexia, nausea, vomiting, dry mouth, raising food, hiccup), o impairment of the immune system (infection, inflammation of the oral mucosa, neurological symptoms, decubitus ulcers), o changes in the electrolyte and fluid balance (ascites, pleural effusion, electrolyte imbalance, lymphedema), o disability of excretory system (urinary retention, constipation, diarrhoea), o modified self-realisation (anxiety, depression, sadness, depression, altered sexuality), • the specifics of palliative care in the health of the individual patient groups: o children, o the elderly, o patients with cancer, o patients with heart diseases, o patients with kidney diseases, o patients with pulmonary diseases, o patients with neuromuscular diseases; • communication with patients, family (model C-L-A-S-S), and other specialists in the palliative team, • features of therapeutic communication, • support for caregivers and volunteers to the terminally ill, • advantages and disadvantages of hypodermoclysis, • palliative care in the past 48 hours – terminal care, • the characteristics of terminal care, • the objectives and the importance of planning nursing care in the terminal stage of the disease, • Liverpool clinical path,

	• signs of impending death, dignity and care of the deceased • ethical dilemmas at the end of life, • mourning.

Temeljna literatura in viri/Readings:

Temeljna literatura/Basic literature:

1. Ebert, M in Bernot, M. (2023). *Paliativna oskrba odraslih bolnikov z rakom v Sloveniji.* Onkološki inštitut Ljubljana.
2. Novaković, S. idr. (ur.). (2005). *Paliativna oskrba bolnikov z rakom:* zbornik predavanj. Ljubljana: Kancerološko združenje slovenskega zdravniškega društva, Onkološki inštitut, Zveza slovenskih društev za boj proti raku, 2005.
3. Lunder, U. (2007). *Bolezni in sindromi v starosti 1*. Ljubljana : Gerontološko društvo Slovenije.
4. Klevišar, M. (ur.) (2001). *Zadnji tedni in dnevi: pomoč pri spremljanju v času umiranja.* Ljubljana: Slovensko društvo hospic.

Priporočena literatura/Recommended literature:

1. Žontar, T. in Kvas, A. (2011). *Paliativna oskrba srčno-žilnega bolnika*: zbornik prispevkov z recenzijo. Ljubljana : Zbornica zdravstvene in babiške nege Slovenije, Zveza strokovnih društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije, Sekcija medicinskih sester in zdravstvenih tehnikov v kardiologiji in angiologiji.
2. *Zborniki sekcije medicinskih sester in zdravstvenih tehnikov kirurgiji.* Ljubljana: Zbornica zdravstvene in babiške nege, Zveza društev medicinskih sester in zdravstvenih tehnikov Slovenije, Sekcija medicinskih sester in zdravstvenih tehnikov v onkologiji.
3. Klevišar, M. (ur.). (2000). *Živeti do konca: 1. simpozij o paliativni (blažilni) oskrbi*, Ljubljana, 19. in 20. 5. 2000. Ljubljana: Slovensko društvo hospic.
4. Lunder, U. (2011). *Odprto srce : izkušnje in spoznanja ob umiranju in smrti.* Ljubljana: Mladinska knjiga.
5. Witenberg –Lyles, E. idr. (2013). *Communication in palliative nursing*. New York: Oxford University Press, cop.
6. Oneschuk, D., Hagen N., MacDonald, N. (ur.) (2012). *Palliative medicine : a case-based manual*. Oxford: Oxford University Press.
7. Hogston, R., Basingstoke B. (2011). *Foundations of nursing practice : themes, concepts and* frameworks . Palgrave Macmillan.
8. Fallon, M., O'neill, B.(ur.). (2000). ABC of Palliative Care. London: BMJ Books.
9. Buckley Chichester J. Wiley-Blackwell, J. (2008). Palliative care : an integrated approach.
10. Harkness G., DeMarco R. (2012). *Community and public health nursing: evidence for practice.* Philadelphia [etc.] : Wolters Kluwer Health/Lippincott Williams & Wilkins, cop.
11. Payne, S., Seymour, J., Ingleton, C. (ur.).(2004). Palliative Care Nursing: Principles and Evidence for Practice. England and USA, Open University Press.

Cilji in kompetence:	**Objectives and competences:**
Učna enota prispeva k razvoju naslednjih splošnih in specifičnih kompetenc: • sposobnost povezovanja znanja z različnih področij, na katerih temelji zdravstvena nega paliativnega pacienta,	*The learning unit mainly contributes to the development of the following general and specific competences:* • a coherent management of fundamental knowledge, the ability of integrating

• poznavanje ocenjevanja, preprečevanje in lajšanje simptomov v paliativni oskrbi (bolečina, dihalne stiska, slabost in bruhanje, obstipacija, splošna utrujenost in oslabelost, kaheksija, delirij, anksioznost, depresija), • načrtovanje, izvajanje in evalvacija individualnih programov paliativne oskrbe nege v sodelovanju s pacienti, oskrbovanci, svojci in drugimi, • sposobnost spoštovati pacientovo dostojanstvo, zasebnost in zaupnost podatkov, • usposobljenost za komunikacijo z pacienti, družino in drugimi specialisti v paliativnem timu, • sposobnost za terapevtsko komunikacijo, • sposobnost za podporo laičnim negovalcem in prostovoljcem neozdravljivo bolnih, • usposobljenost za izvajanje hipodermoklize, • sposobnost za izvajanje paliativne zdravstvene nege v zadnjih 48-ih urah – terminalna oskrba, • poznavanje načrtovanja oskrbe v terminalni fazi bolezni, • poznavanje izvajanja zdravstvene nege umirajočega - Liverpoolska klinična pot, • vključevanje profesionalne etike, pravne zakonodaje, prepoznavanje in uporaba moralnih in etičnih načel pri strokovnem delu, • usposobljenost za avtonomno, holistično, tolerantno, skrbno in občutljivo obravnavo posameznika ali skupine, brez izrekanja sodb ob zagotavljanju/varovanju pravic, zaupanja in želja različnih posameznikov in skupin, • razvoj veščin in spretnosti pri uporabi znanja na strokovnem področju, • usposobljenost za vodenje, organizacijo in kooperativno timsko delo, • razumevanje in upoštevanje raznolikosti globalnega ter lokalnega okolja pri organizaciji in izvajanju celovite zdravstvene nege,	knowledge from different fields on which nursing care of a palliative patient is based, • knowing how to estimate, prevent and alleviate the symptoms in palliative care (pain, shortness of breath, fatigue and weakness, constipation, cachexia, delirium, nausea, vomiting, anxiety, depression), • planning, performing and evaluating the individual programmes of palliative nursing care in cooperation with patients, family and other people, • the ability to respect the patient's dignity, privacy and confidentiality of their personal data, • the ability for communication with patients, families and other specialists in the palliative team, • knowing the features of therapeutic communication, • the ability for support to caregivers and volunteers to the terminally ill, • the ability to perform hypodermoclysis, • the ability to perform the palliative care in the past 48 hours – terminal care, • knowing the characteristics of terminal care, • knowing the objectives and the importance of planning nursing care in the terminal stage of the disease – the Liverpool clinical path, • integrating professional ethics, legislation, recognition of and respect for the moral and ethical principles and values, as well as their use at practical work, • qualification for autonomous, holistic, tolerant, careful and sensitive treatment of an individual or a group, passing no judgments when ensuring or protecting rights, trusts and desires of various individuals and groups, • development of skills and talents in using knowledge in the professional environment; • being trained in organizational and cooperative teamwork,

• sposobnost vsestranskega in sistematičnega prilagajanja obravnave pacienta glede na relevantne, fizikalne, socialne, kulturne, psihološke, spiritualne in družbene dejavnike, • usposobljenost za ustrezno uporabo niza veščin, intervencij in zagotavljanje optimalne zdravstvene nege, • sposobnost upoštevati psihološke (emocionalne, psihične, osebne) in biološke (udobna namestitev, ustrezna prehrana, osebna higiena in možnost za dnevne aktivnosti) potrebe pacienta pri oskrbi, • usposobljenost za učinkovito komuniciranje (vključujoč uporabo tehnologij) s pacienti, z družinami in socialnimi skupinami v normalnem in specifičnem komunikacijskem okolju/vzdušju, • usposobljenost za prepoznavanje psihičnih stanj, kot so strah, stres in depresija, dajanje emocionalne podpore ter svetovanje, • spoznanje, da je dobro počutje pacienta doseženo v kombinaciji prizadevanj in aktivnosti vseh članov zdravstvenega tima, • usposobljenost za učinkovito delo in sodelovalno komuniciranje z vsem podpornim osebjem, da se zagotovi kakovostno organiziranje, vodenje in delovanje tima, • zavedanje principov zdravstvene nege in učinkovita uporaba virov.	• knowing and understanding the varieties of global and local environment when organizing and performing the comprehensive nursing care, • the ability of a comprehensive and systematic treatment of the patient in relation to the relevant psychological, social, cultural, psychological, spiritual and social factors, • the ability to use the multiple skills, and interventions for optimizing the nursing care process; • the ability to consider the psychological (emotional, personal) and biological (comfortable accommodation, adequate diet, personal hygiene and the possibility for daily activities) needs of the patient at nursing care, • the ability for an effective communication (including the use of the ICT) with patients, families and social groups in the normal and specific communication environment/atmosphere, • being able to recognize the mental states as fear, stress and depression, giving the emotional support and advice, • realizing that a well-being of a patient can be achieved through the combination of effort and activity of all members of the palliative team, • the capability for an effective work and cooperative communication with all supporting staff to ensure quality organization, management and functioning of the team. • being aware of the nursing care principles and an effective use of the resources.

Predvideni študijski rezultati:	**Intended learning outcomes:**
Znanje in razumevanje ***Študent/študentka:*** • spozna načela paliativne zdravstvene nege, • spozna splošne in specifične kriterije za vključevanje pacientov v paliativno oskrbo,	***Knowledge and understanding*** ***Students:*** • know the principles of palliative nursing care, • know basic and specific criteria to include the patients into the palliative treatment,

• spozna osnovne koncepte paliativne zdravstvene nege, • spozna temeljna področja delovanja in vlogo posameznih specialistov v paliativnem timu pri obravnavi neozdravljivo bolnih na primarnem, sekundarnem in terciarnem nivoju zdravstvenega varstva, • usvoji teoretične vsebine paliativne zdravstvene nege, • je sposoben pridobljena teoretična znanja prenašati v klinično prakso, • je sposoben kritičnega razmišljanja o življenju in smrti kot normalnem procesu.	• know the basic concepts of the palliative nursing care, • know the basic fields of activity and the role of individual specialists in the palliative team in dealing with the terminally ill on the primary, secondary and tertiary level of healthcare, • acquire the theoretical content of palliative nursing, • are capable to apply the gained theoretical knowledge into the clinical practice, • are capable of critical thinking about life and death as a normal process.

Metode poučevanja in učenja:	**Learning and teaching methods:**
• *predavanja* z aktivno udeležbo študentov (razlaga, diskusija, vprašanja, primeri, reševanje problemov, ekskurzija), • *seminarske vaje*: priprava, predstavitev in uspešen zagovor seminarske naloge (aplikacija pridobljenega znanja, študija primera, kritično presojanje, diskusija, individualno in timsko delo).	• *lectures* with active student participation (explanation, discussion, questions, examples, problem solving); • *tutorial:* preparation, presentation and a successful defence of a seminar/project paper (application of the gained knowledge, critical thinking, reflection of experience, individual and team work).

Načini ocenjevanja:	Delež (v %) Weight (in %)	**Assessment:**
Načini: • izpit • priprava, predstavitev in uspešen zagovor seminarske naloge Ocenjevalna lestvica: ECTS.	80 % 20 %	Types: • exam • preparation, presentation and defence of the seminar paper Grading scheme: ECTS