

Integration of Palliative Care Into a Nurse Practitioner

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ABSTRACT

The purpose of this educational project was to integrate end-of-life and palliative care into a nurse practitioner—doctor of nursing practice course through didactic education and clinical immersion. The innovative and memorable clinical immersion in palliative care was highly rated by the majority of the students, with all students commenting on being positively impacted by observation of the family meeting. Effectiveness of the didactic and clinical immersion was analyzed with a pre/posttest and student evaluations. This project identifies methods for faculty to integrate end-of-life and palliative care into their curriculum to enhance students' ability to deliver evidence-based and compassionate care.

Keywords: DNP education, ELNEC, end-of-life, palliative care

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INTRODUCTION

Our population is an aging one, requiring an increasing number of health care providers skilled in assessing and managing the needs of the chronically ill and the dying.¹ Research shows patients at end of life (EOL) often experience fragmentation of care and multiple, unnecessary hospitalizations.² In its recent report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*, the Institute of Medicine announced there are not enough specialists and little knowledge of palliative care (PC) among providers caring for patients with life-limiting illnesses.¹ This dearth of knowledge coupled with a fragmented health care delivery system contributes to a lack of service coordination and waste of resources, reinforcing the need to educate nurses on the benefits of EOL care. To address the disparities in education, the End of Life Nursing Consortium (ELNEC)—a national education project—recently targeted doctorate of nursing practice faculty by offering “Train the Trainer” initiatives as a way to prepare the large numbers of nurse practitioner—doctorate of nursing practice (NP-DNP) students who will be graduating and entering the workforce in the next several years about EOL and PC.³

BACKGROUND

ELNEC was created in February 2000 in response to research demonstrating there is a lack of EOL

and PC education included in advanced practice registered nurse curricula in American graduate nursing programs.⁴ The Consortium was designed to be a national education initiative for the nursing community to improve PC and make it readily available and accessible throughout the United States.² PC nursing is different because it reflects a philosophy of holistic care with a goal of promoting quality of life, rather than cure, through an illness to provide relief of suffering. In the words of Malloy and colleagues, “Death is a mysterious phenomenon, and although it is a normal process—it is commonly denied across the globe.”^{4(p410)}

PURPOSE

This educational project was developed in response to one of the authors attending the ELNEC training course, “Integrating Palliative Oncology Care into Doctor of Nursing Practice Education and Clinical Practice Program 2014.” Faculty who received ELNEC training for NP-DNP programs were certified “Train the Trainers,” and were challenged by the trainers to create actionable goals to incorporate the principles and education of EOL and PC into their own NP-DNP programs.

PROJECT AIMS AND OUTCOME MEASURES

The primary aim of this project was to educate NP-DNP students in EOL and PC principles of

patient management, which included didactic instruction as well as a 1- or 2-day immersion in an EOL/PC clinical setting. A secondary aim was to explore the effectiveness of this education and clinical immersion through a pre/posttest survey and data analysis.

Outcome measures included:

1. Increased student knowledge of EOL and PC.
2. Reported satisfaction with clinical immersion.
3. Student evaluations of the experience, as determined by a pre/posttest.
4. Student feedback evaluations for year 2 (omitted for year 1).

METHODS

Design

This educational project was conducted using a pre/posttest design for students to determine the effects of integrating EOL and PC didactic and clinical immersion into the Primary Care of the Elderly NP-DNP 16-week clinical academic term. The faculty developed a demographic questionnaire that asked the students' age, years of experience as a registered nurse, experience in PC or hospice, primary setting of experience, and other questions on comfort level working with patients at the end of life. This demographic survey and a pretest survey were sent to the students through an anonymous electronic survey tool Qualtrics⁵ through their Blackboard Learning Platform, and then collected from students at the start of the 16-week term (before the education module) for fall semesters 2014 and 2015. Pre/posttest surveys were developed by the faculty and the director of the palliative care program, and questions were vetted by the director of another palliative care program. The survey questions were developed to evaluate students' knowledge of basic principles of medication administration at EOL, comfort measures, signs and symptoms of imminent death, and discussing death and dying with family members. The posttest survey was completed by the students with the Qualtrics electronic survey tool after didactic education and clinical immersion were completed. The project was reviewed by the university institutional review board and classified as exempt for both years. (The pre/posttest survey is available upon request by e-mail to the author.)

Organizational Setting

The setting was an urban nonprofit state university with 65 students enrolled in the NP-DNP program. The curriculum is offered primarily onsite in a face-to-face manner with several of the nonclinical courses offered online. The university offers 2 primary care NP-DNP tracks: the family NP to DNP and the adult gerontological NP to DNP.

Didactic Education

The didactic content (for both years) for the EOL and PC education consisted of a 3.5-hour on-campus class, and included a 50-minute presentation by an elder law attorney on advanced directives, viewing the last 30 minutes of the movie *Wit*, with an open discussion of the difficulty of traditional medicine's ability to value the patient's decision of "do-not-resuscitate" in the hospital environment. Education also included a review and class discussion of the pretest scores for the EOL and PC content, which were uploaded into a PowerPoint slide from the Qualtrics electronic survey tool. Qualtrics has a feature whereby the aggregated pretest scores were exported to a PowerPoint slide and used as an in-class teaching tool to review the students' aggregate answers. The students' original answers on the pretest were compared with the correct answers and discussed in class. EOL and PC didactic instruction was also augmented with content from the ELNEC modules,⁶ the *Oxford Textbook of Palliative Nursing*,⁷ and the students' assignment textbook.⁸ The 54-question survey was developed by the faculty/instructor and the clinical immersion coordinator/director of the palliative care program, and reviewed by the director of another outside palliative care program. Questions for the survey were developed from the Center to Advance Palliative Care Fast Facts series on PC,⁹ content from the course textbook on PC,⁸ and teaching content taken from the ELNEC DNP training modules.¹⁰

Clinical Immersion

The clinical immersion took place in an inpatient palliative care service within a 667-bed suburban regional referral center and teaching institution. The PC interdisciplinary team was comprised of physicians board certified in hospice and palliative

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