

Mobile Mentoring in Palliative Care to Address Community Workforce Shortages

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Background- Palliative Care Community Workforce Shortage

Workforce shortages of professionals with expertise in Palliative Care head the list of major obstacles facing the development and sustainability of community-based Palliative Care programs. The **2002 Health Resources and Services Administration** report projected significant shortfalls in the nation's number of Palliative Care specialists (Salsberg2002) and called for a policy focused on increased education and training in Palliative Care across all clinical specialties serving patients with chronic and serious illness. The Sept 17, 2014 **Institute of Medicine End-of-Life Report "Dying in America"** again addresses this gap and identifies the parties best able to make a difference: *.....Health care delivery organizations should establish the appropriate training, certifications and licensure requirements to strengthen the palliative care knowledge and skills of all clinicians who care for individuals with advanced serious illness who are nearing the end of life.*

Concept: Was there a way to use novice Nurse Practitioners(NPs), Social Workers(SWs) and Chaplains desiring to work in our communities in End-of-Life care but had neither the experience nor the academic background needed AND maintain the delivery of high quality Palliative Care to patients while these clinicians gain experience?

Program Strategy: Pair novice clinicians with an expert Palliative Care Mentoring team (MMT) who would offer standardized education, evidenced-based guidance and encouragement to the novice providers as they began their journeys was developed.

Program Goals & Objectives

- I. Increase Palliative Care knowledge of novice clinicians at start of employment
- II. Provide intensive support for novice clinicians at point of care by phone and co-visits.
- III. Foster growth in role development.
- IV. Monitor time novice clinicians take to handle a full caseload.
- V. Foster the desire for formalized training & pursuit of Pall Care certification.

The Participants

Novice Clinicians:

- ❖ 3 Nurse Practitioners (NPs) newly graduated from their primary care NP Masters programs
- ❖ 1 Licensed Clinical Social Worker (LCSW)
- ❖ 3 Social Workers(MSWs) and 1 Chaplain working in hospice

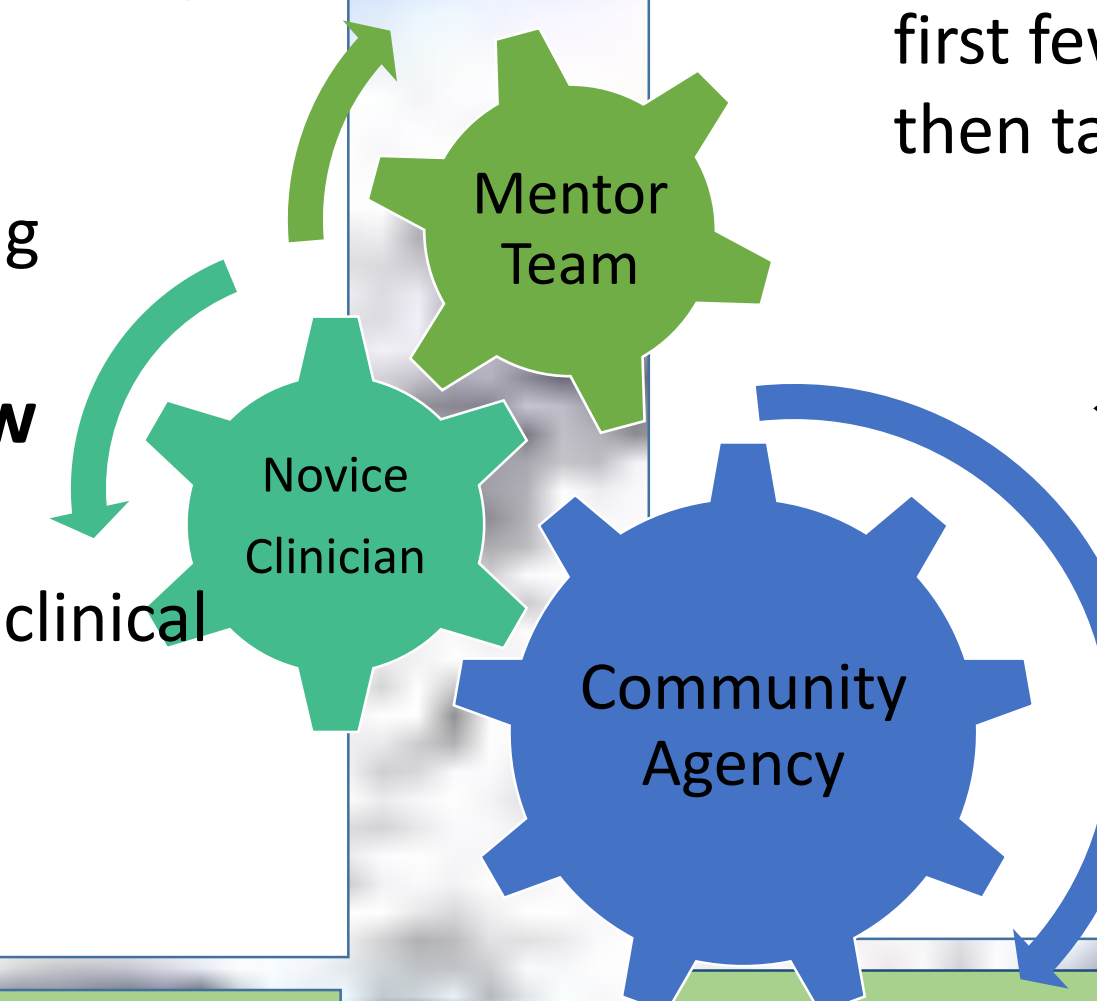
Mobile Mentoring Team (MMT):

- ❖ 1 Palliative Care certified and experienced Nurse Practitioner
- ❖ 1 Palliative Care experienced LCSW also an ordained Chaplain

Program Description

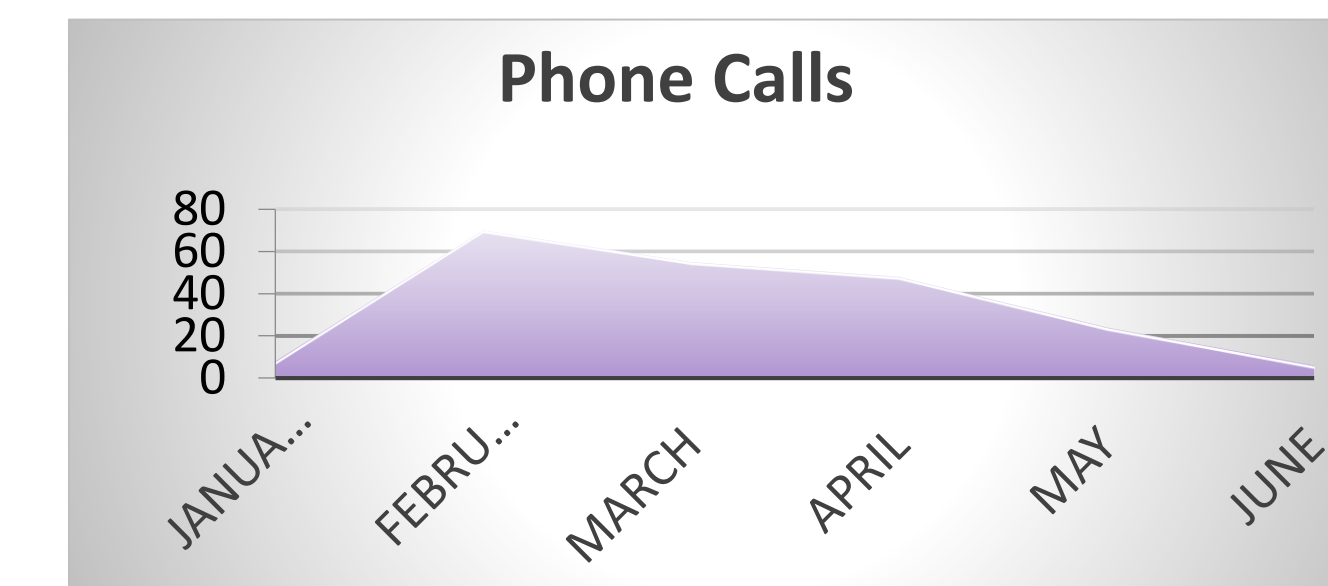
6 month mentoring program incorporating:

- ❖ **On site Presentations by Mobile Mentoring Team** on topics such as Intro to Palliative Care, role of each discipline in community -based Palliative Care, fostering true IDT relationships, family dynamics; Specific Symptom and disease management with special emphasis on cancer complications and pain management including opioids, drug conversions and principles of prescribing safely
- ❖ **End-of-Life Nursing Education Consortium (ELNEC) curriculum review**
- ❖ **Monthly didactics**
- ❖ **High-yield documents** used such as patient visit templates, standardized clinical tools, MOST forms, billing tutorial and pertinent research articles
- ❖ **Co visits, Phone call support and regular face-to-face meetings**

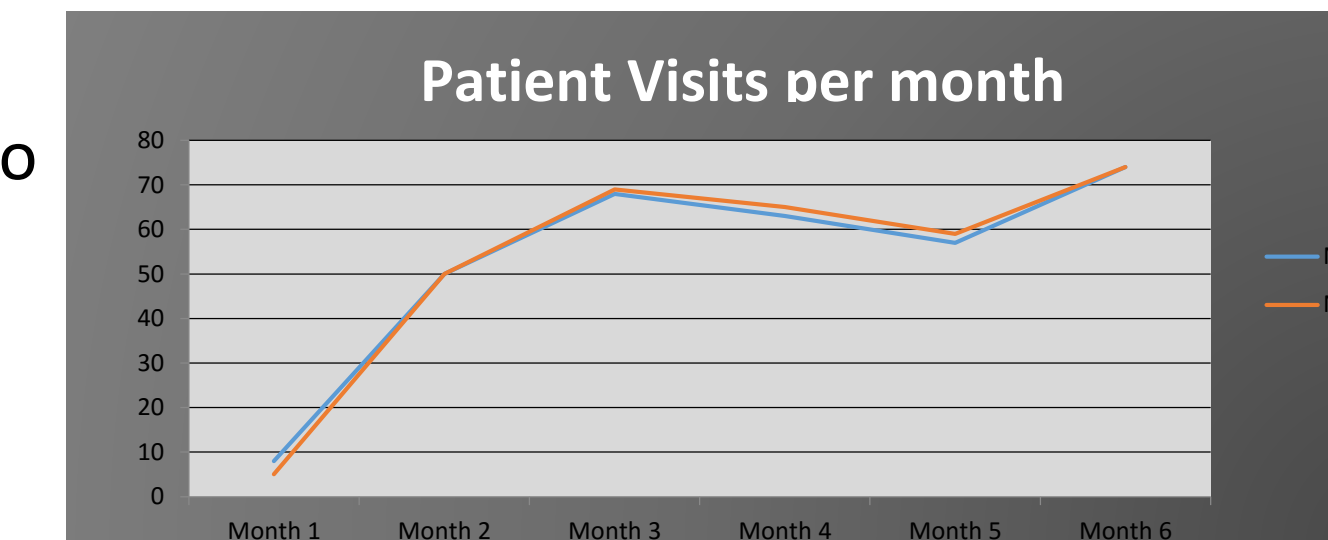


Results, continued

✓ Phone calls were higher in the first few months of mentoring then tapered off.



✓ Monthly # of patient visits rapidly increased to desired goal of 60+ visits/month. Growth occurred at same pace.



Program Evaluations

- ❖ **NP Comfort Scale**- a numeric scale developed to assess the Nurse Practitioners comfort level in 10 domains: Role on the Palliative Care team, Autonomy, NP role vs RN role, Description of role to Primary Care clinicians, Knowing limits, Self-care, Managing pain and symptoms at end-of-life, Anticipatory skills for patients with cancer and Billing for services. The Novice NP Clinicians completed this scale at the beginning of their mentoring relationships and again at the end.
- ❖ **Narrative Feedback** solicited from Novice Clinicians and community agency administration
- ❖ **Monthly # of visits** conducted by the Novice Nurse Practitioners
- ❖ **Volume of phone calls** from Novice NP clinicians to the MMT for guidance.

Results

- ❖ Feedback solicited from all participants validated the necessity and benefit of this approach. Utilizing experienced Palliative Care clinicians as guides for those new to the field offered support and structure not offered elsewhere. The flexible approach as well as meeting the novice clinicians in their world proved to be a successful model for addressing the gap in knowledge that currently faces our system.
- ❖ The NP Comfort Scale revealed an average increase in comfort in all domains except self care reflecting a positive growth in role development.
- ❖ All NPs have gone on to obtain further education with plans to sit for the Palliative Care certification.

Conclusions & Significance

- ❖ As visits increased, phone calls to mentors for guidance decreased.
- ❖ The novice NPs grew at the same rate and reached full caseload in 2.5 months.
- ❖ An average increase in 9 of the 10 Comfort ratings was achieved. Interestingly there was a dip in comfort experienced when managing self care. This warrants further study before meaningful conclusions can be drawn.
- ❖ Pairing an expert Palliative Care Mentoring team with novice clinicians is a successful model for addressing the workforce shortage facing our nation.

Limitations/Recommendations for future applications

- ❖ Recommend development of standardized mentoring approach for Social Workers and Chaplains.
- ❖ Recommend use of standardized outcome measurement tools for evaluating Social Work Mentoring intervention
- ❖ NP Comfort Rating Scale is not a validated tool though still useful in gaining some perspective into how NP clinicians were feeling about their roles and performance. Need further inquiry to assess effectiveness of this tool.

Main References

Full list available upon request

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