Background- Palliative Care Community Workforce Shortage

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 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, and 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):
- 3 Nurse Practitioners (NPs)
- 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 IOT 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 such as patient visit templates, standardization tools, MOST forms, billing tutorial and pertinent research articles
- Co visits, Phone call support and regular face to face meetings
- Monthly didactics
- Phone Calls
- Patient Visits per month

Results, continued

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 otherwise offered. 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. Anticipatory care for patients with cancer and treatments for nurses. The novice NP Comfort Scale remained at 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 # visits conducted by the Novice Nurse Practitioners

Volume of phone calls from Novice NP clinicians to the MMT for guidance.

Program Evaluations

- NP Comfort Scale: a numeric scale developed to assess the nurses seen 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 care for patients with cancer and treatments for nurses.

- Monthly # visits conducted by the Novice Nurse Practitioners

- Phone Calls

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 standardization mentoring approach for Social Workers and Chaplains.
- Recommend use of standardized outcome measurement for 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 role and performance.

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 otherwise offered. 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.

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