



# Preparing The Next Generation of Palliative Care Providers: Integration of a Palliative Care NP post-graduate fellowship into a large healthcare system

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"As a new NP grad without prior nursing experience, this fellowship was tailor-made for me. I was able to get undeniably valuable learning experience by rotating with different service lines, across different facilities in our system. This not only increased my knowledge base, but also helped me better relate to and, thus, communicate with our referring providers who consult palliative care. While I was hesitant about specializing so soon in my career, each rotation allowed me to realize more and more what I loved about palliative care. In addition, getting a year to learn the hospital system and meet people, while getting extra support and training, was an excellent way to start my career, and I could not have had better mentors!!"



Anna Gutierrez,  
MSN, FNP-BC, CHPN

"The Advanced Clinical Practitioner fellowship at CHS has been an inspiring experience that has greatly influenced my career as an advanced practice nurse. When I applied for this fellowship, I was looking for a training program that would offer me a broad spectrum of clinical experiences, and that is exactly what I have found in this program. It has offered me outstanding clinical training, ready access to exceptional clinical mentors, and a comprehensive curriculum that foster both, a profound understanding of evidence-based practice and promotion of intellectual curiosity. I look forward to my career after this fellowship with confidence, knowing that my training has given me a strong clinical foundation that I will continue to build upon for years to come."



Casey Watson,  
MSN, FNP-C

"The fellowship has allowed me the opportunity to gain experience in a variety of areas that I wouldn't have otherwise been exposed to. I have learned from and collaborate with many of our excellent providers. Having the ability to learn in a supportive environment allowed me the opportunity to grow and blossom as a competent palliative care provider."

## Background and Significance

- National shortage of hospice and palliative medicine physicians, estimated at 6000-18000 in 2010
- Demand expected to increase nationally and globally, as number of patients with life-limiting, chronic disease increases.
- MD fellowships have not, and will not be able to fill shortage of providers
- There are currently less than 10 palliative care fellowship programs for nurse practitioners, who are ideally suited to meet this need

## On-service Palliative Rotations

Fellows will be exposed to care in a level 1 trauma hospital, inpatient pediatrics, rural hospitals, out-patient Palliative Care clinics embedded in cardiology, hepatology and oncology services; home setting, inpatient hospice sites, and skilled nursing facilities. Training opportunities will be available in both urban and rural communities.

## Off-service Rotations

Fellows are also exposed to 3 months of off service rotations. Spaced into their 12 month program, one month is a hospitalist rotation. Their ICU rotation month can be with either Surgical or Medical ICU. And lastly one month is with the Trauma service. They are exposed to a wide variety of critical care during this time, seeing the Palliative patient from a different perspective.

## Objective

In an attempt to meet the demands of this Palliative Care provider shortage, Carolinas Health Care Systems (CHS) has developed a 12-month fellowship program for NP's and PA's. The Palliative Care Fellowship is designed to equip NP/PA's with the specialized skill sets necessary to assist patients and families who are diagnosed with a prolonged or life-threatening illness. With a focus on the provider's transition to practice, the program is structured to develop and strengthen clinical proficiencies while increasing competence and confidence alongside a multidisciplinary team of well-rounded healthcare providers. They have weekly didactic sessions supplemented by an online classroom. Completion of this exceptional fellowship affords graduates the expertise to deliver comprehensive healthcare services together with the care coordination services which are essential to support best quality of life and appropriate symptom management. They receive clinical training in hospice and palliative care as well as optional rotations with pain management, rural experience, leadership/ management, pediatrics and the post - acute care environment.

## Curriculum

This comprehensive post-graduate approach offers the advantage of a guided learning experience and direct patient care while in a protected learning environment which increases confidence and in turn presents a smoother transition to practice. The program uses a combination of clinical experience and 36 didactic lectures throughout the year, which covers key topics in palliative care in a comprehensive manner. All members of our collaborative interprofessional team consisting of physicians, nurse practitioners, registered nurses, social workers and chaplains provide supervision, teaching, and structured mentorship to the Palliative Care fellows.

The curriculum includes weekly lessons in:

- Consultation etiquette
- Advanced directives
- Communication techniques
- Assessment of decision making capacity
- Determining prognosis
- Symptom management
- Pain management
- Withdrawal of life sustaining treatment
- Spiritual care assessment
- Impact of culture and region
- Medical ethics
- Grief and bereavement
- Moral distress
- Compassion fatigue/self-care
- Importance of evidence based care
- Organ-system based palliative care



Anna G. (left) and Courtney C. (right)

## Evaluation

Performance evaluation are completed on a continuous basis to provide education and or assess quality of care delivered. Evaluations are completed by the preceptor after each rotation.

Competencies are necessary to provide excellent clinical care for patients with serious or life-threatening illnesses.

Competencies include a focus on:

- Palliative Care Overview
- Professionalism
- Relationship-Family and Community
- Honoring Patient Care/Wishes/Advocacy
- Emotional, Psychosocial and Spiritual Support
- Ethics
- Pain and Symptom Management
- Disease Specific Pathophysiology
- Death and Dying
- Teaching
- Team Collaboration
- Communication
- Self-Care/Well-Being
- Systems Utilization

## Conclusions

Pre- and post-tests are used to measure the learning as a result of the program content, analyze the appropriateness of the learning objectives and target any instructional needs to improve the program. The pre-test is given to fellows in the first week of their program to determine their knowledge level of the program content. After completion of the 12 month program, the fellows are given a post-test to answer the same set of questions, or a set of questions of comparable difficulty.