



# ***Advancing Compassionate, Patient- and Family-Centered Care through Interprofessional Education for Collaborative Practice***

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## **Topics addressed:**

Palliative care education, Integration of palliative care to specific settings (solid tumor oncology inpatient ward), Team wellness, Quality improvement

### **I. Background and problem statement**

Upon development of a collaborative practice model (CPM) to provide best practices for the delivery of bad news (DBN), oncology nurses reported feeling inadequately prepared to provide support that patients and families need when receiving bad news. Other elements of the CPM ensured nursing staff presence for DBN.

### **II. Goals and objectives**

Provide staff communication skills for supporting patients during DBN.  
Increase staff satisfaction and comfort in discussions when providing support to patients after DBN.

### **III. Setting**

54 staff members working on 31-bed adult medical-oncology unit participated and included nurses, occupational and physical therapists, dietitians, social workers, and discharge planners.

## **IV. Model or program description**

A 3-hour education program was developed through collaboration between a palliative care physician and nursing staff. Participants were provided a brief didactic on communication skills to assist with DBN and responding to emotion. Patient and physician actors demonstrated a bad news conversation scenario. Participants learned how to be “present” for conversations by observing cognitive and affective elements of scenario. Using simulated skills practice, participants engaged in follow-up conversations with the patient. Time-outs allowed for discussion with facilitator and peers. Participants were given opportunities to try skills again.

## **V. Evaluation**

Using pre-post education surveys modeled after work culture surveys, participants reported increases in physician-nurse collaboration and their ability to support patients during DBN ( $p < 0.05$ ).

## **VI. Discussion**

Simulated skills practice was a new modality for educating our nurses. While the education program was primarily designed for nursing staff, interdisciplinary team inclusion was requested because of their interactions with patients in the wake of DBN. Initial grant funding provided actors and paid participant time away from work. Although funds for this level of support are no longer available, this successful program has been requested across the health system. Thus, training staff educators to facilitate and altering the skills practice to utilize participants to portray the patient are the biggest barriers to broader implementation.