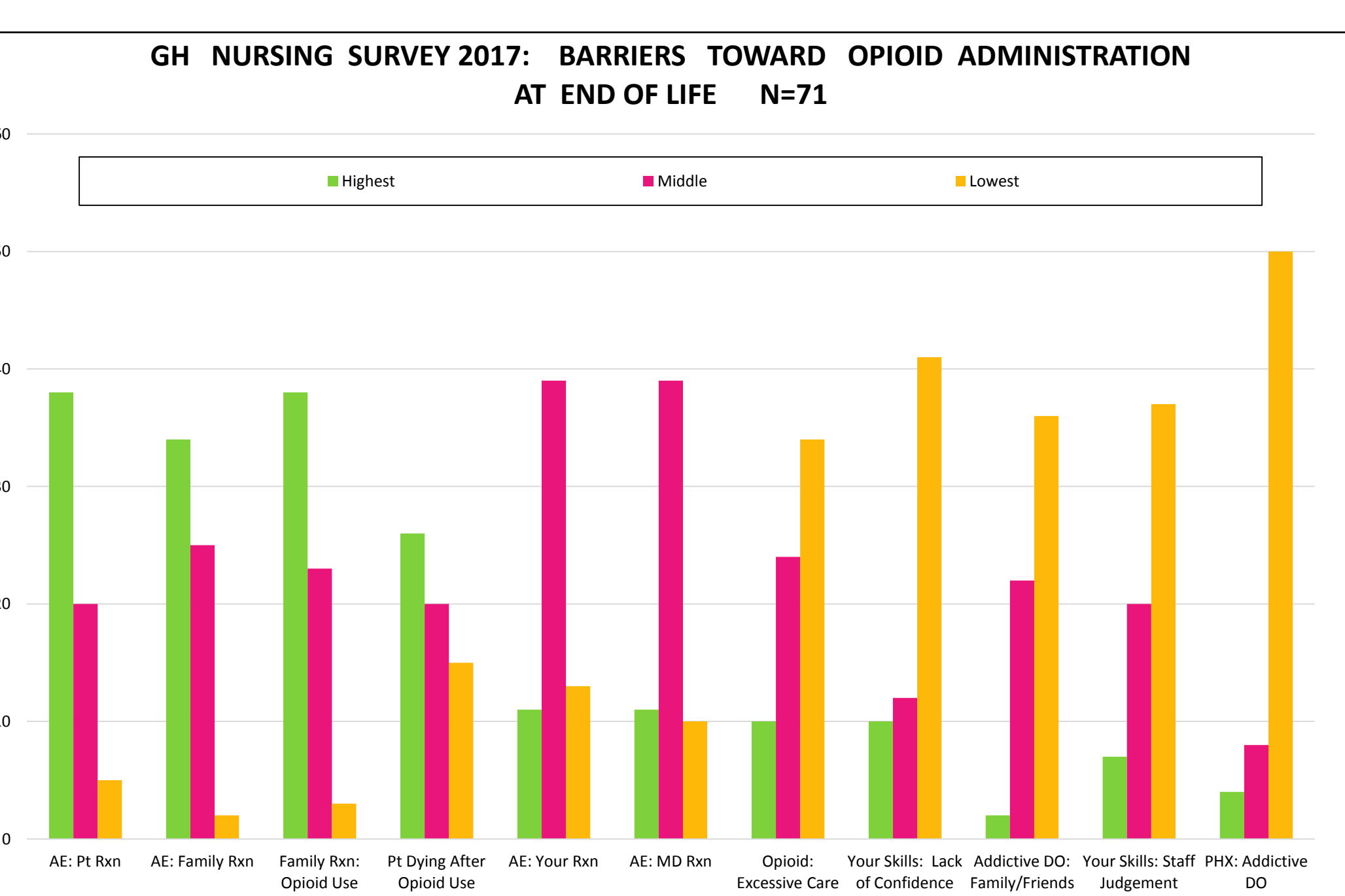
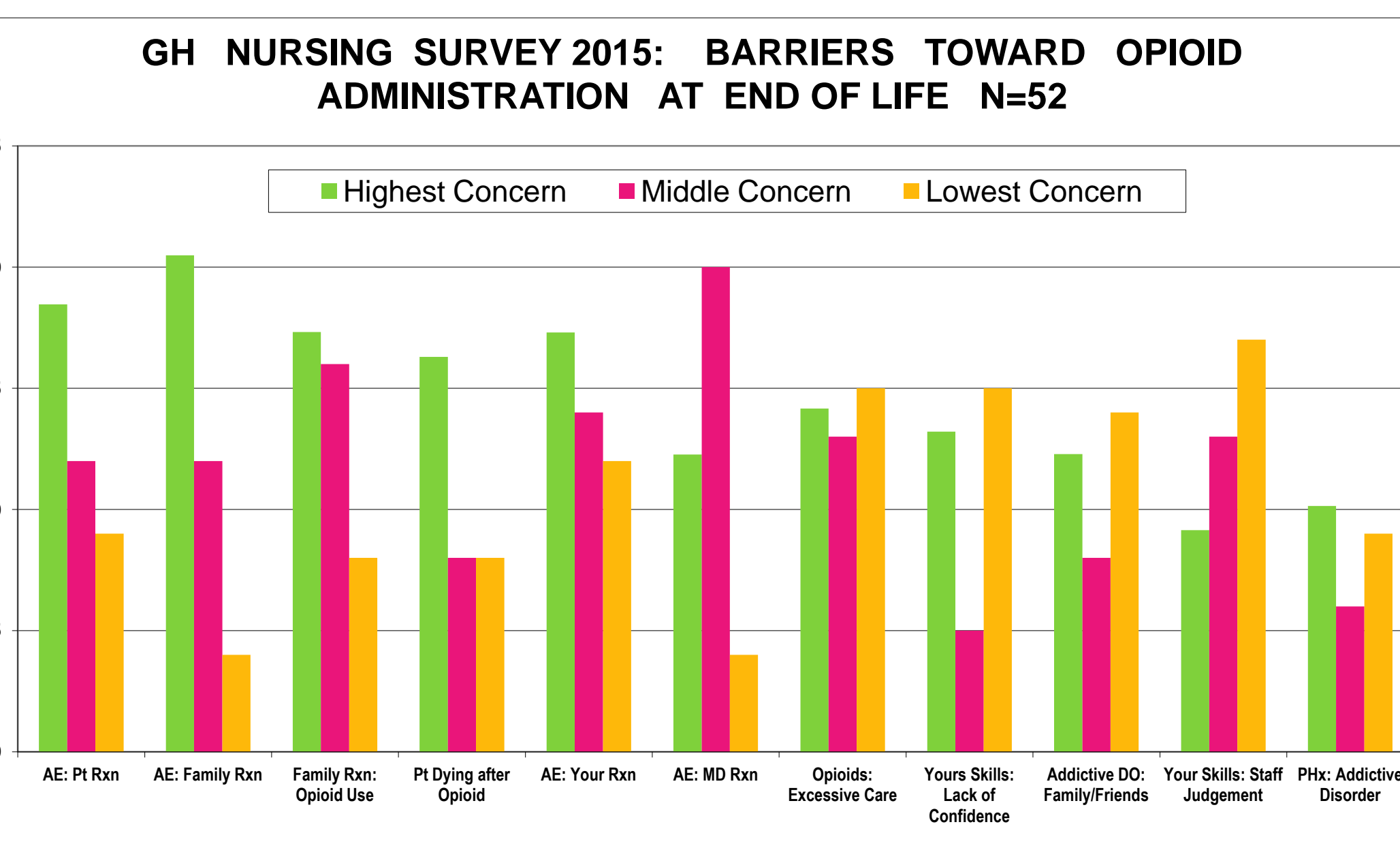
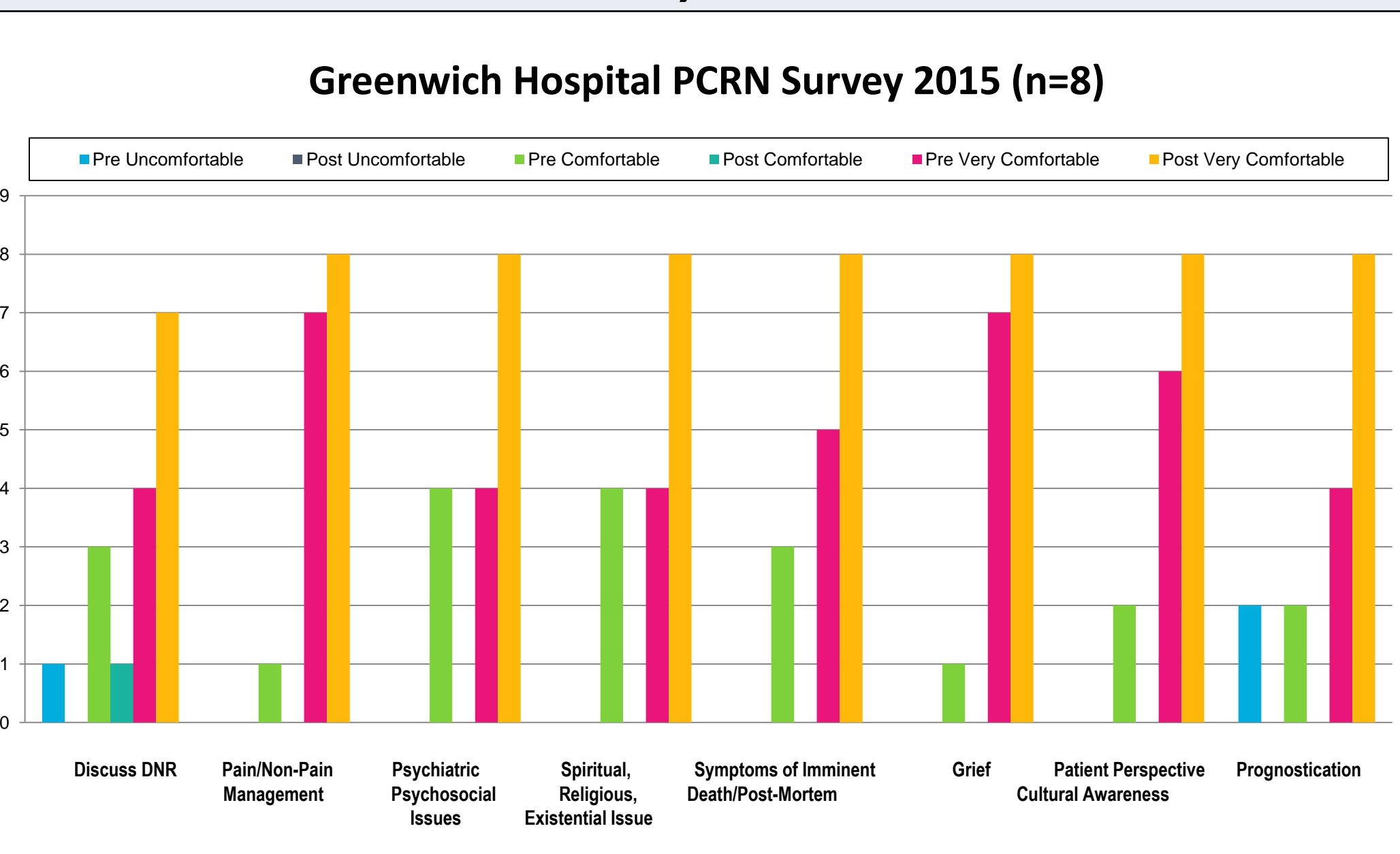


Background

Greenwich Hospital is a 206 bed regional hospital affiliated with Yale New Haven Health System (YNHHS) with a multifaceted Palliative Care (PC) service. The service is comprised of a physician, chaplain, and an APRN that provides a dedicated educational program for interns, residents, physicians, clinical nurses and the Palliative Care Resource Nurses (PCRN).

A PCRN Self-Assessment Survey (Coletti et al., 2015) and hospital-wide nursing surveys (Coletti et al., 2015; Coletti, 2017) revealed a knowledge deficit in palliative and EOL care, consistent with the literature (Lippe, Volker, Jones, & Carter, 2017).



Objectives

Goal:

- Create an original simulation and assessment program to improve practitioner self-efficacy and knowledge about palliative care.

Learning Outcomes:

At the end of the program, participants will be able to:

- Identify appropriate patients for palliative care and assess the family's understanding of the patient's condition
- Explain the concept of palliative care, distinguish it from hospice care, and feel empowered to suggest this as an option for support to the patient and family if appropriate
- Integrate a conversation tool (i.e., Vital Talk tools such as Ask Tell Ask, Tell Me More, I Wish, etc.).

Methods

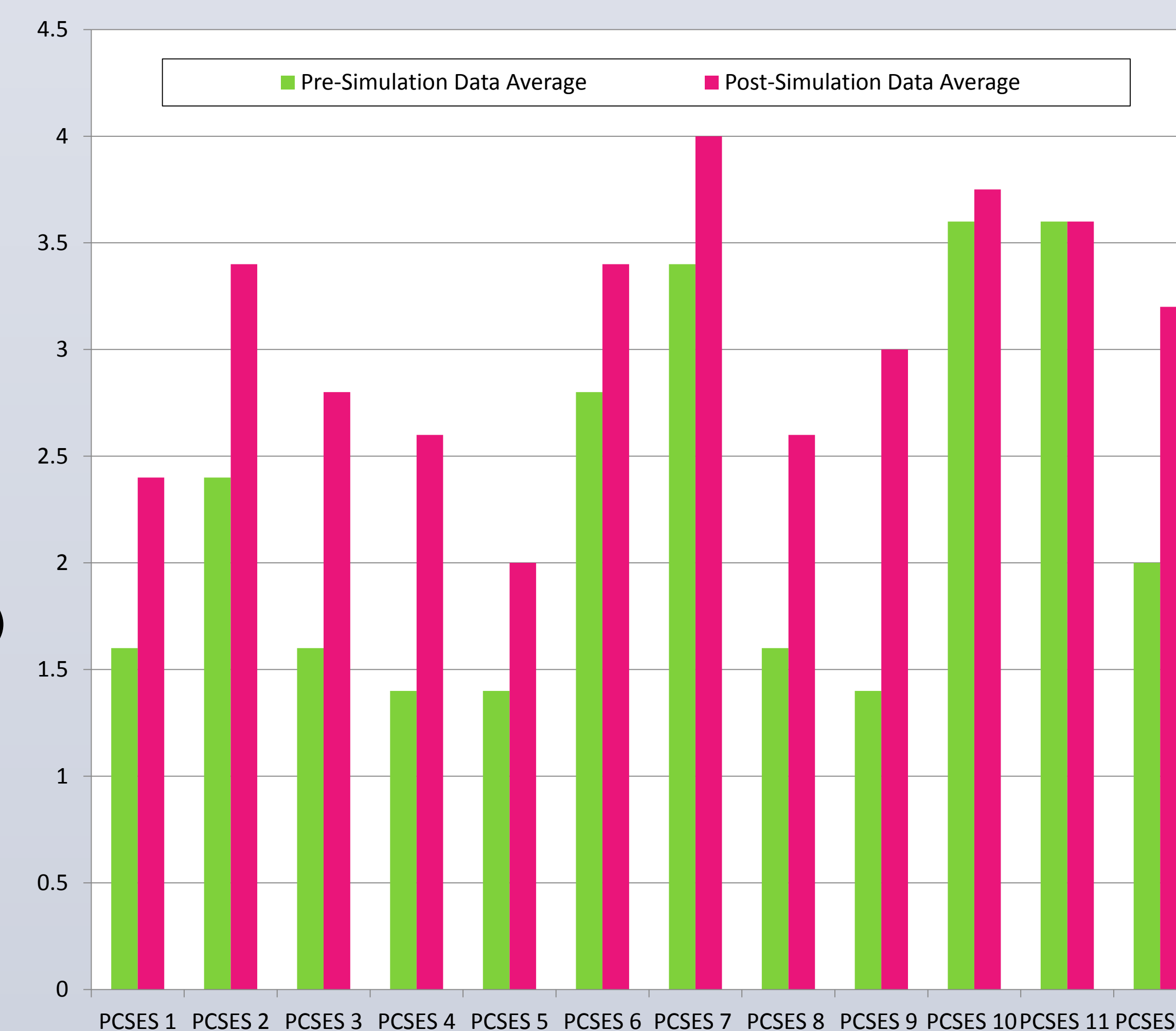
Pre- and post-survey: Palliative Care Self-Efficacy Scale (PCSES) survey (Phillips, Salamonson, & Davidson, 2011)

Palliative Care Self-Efficacy Scale				
Please rate your degree of confidence with the following patient / family interactions and patient management topics, by ticking the relevant box below:				
	1	2	3	4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Simulation Program Design

- Pre-brief and orientation to simulation lab
- Simulation scenario is 7-10 minutes
- Participant receives report on patient (mannequin) and meets spouse (live actor)
- Debrief
- Education session
- Second simulation scenario
- Debrief
- Education session
- Handouts provided to supplement learning
- Simulation program length is 3.5 hours

Results



Palliative Care Self-Efficacy Scale (n = 5)

Pre-Test: Lowest perception of self-efficacy:
 Discussing different environmental options
 Discussing patient's wishes after their death
 Reacting to and coping with terminal dyspnea

Post-Test: Improvements in self-efficacy:
 Informing people of support services available (P<.05)
 Discussing different environmental options (P<.05)
 Reacting to and coping with terminal dyspnea (P<.05)

Implications

- Two simulation scenarios completed successfully (second more complex)
- Participants agreed or strongly agreed that learning will be applied in work setting
- Post-test scores support learning occurred
- Future considerations:
 - Increase sample size
 - Offer educational opportunity for all practitioners in hospital
 - Consider additional metrics to measure

Limitations

- Sample size is small and not generalizable

References

Coletti, D. (2017). *Nursing perspectives on opioid administration for pain management at the end of life*. Unpublished manuscript.

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Lippe, M., Volker, D., Jones, T., & Carter, P. (2017). Evaluating end-of-life care education within nursing programs: A method for targeted curriculum evaluation. *Journal of Hospice & Palliative Nursing*, 19(3), 266-274. doi: 10.1097/NJH.0000000000000341

Phillips, J., Salamonson, Y., & Davidson, P. M. (2011). An instrument to assess nurses' and care assistants' self-efficacy to provide a palliative approach to older people in residential aged care: A validation study. *International Journal of Nursing Students*, 48(9), 1096-1100. doi: 10.1016/j.ijnurstu.2011.02.015