Improving Self-Efficacy for Palliative Care Through Simulation

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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 (PCRNs).

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
• 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)

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
• Discussing different environmental options
• Reacting to and coping with terminal dyspnea

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

