Promoting Interdisciplinary Primary Palliative Care Education

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Objectives

- Delineate between primary palliative care and specialty palliative care
- Highlight the call for primary palliative education
- Review palliative care education opportunities for all disciplines
Participant Make-Up

- Administrators
- Social Workers
- Chaplain/Spiritual Care Providers
- Pharmacists
- Rehabilitation Specialists – PT, OT, SLP
- Registered Nurses
- Advanced Practice Providers – NPs/CNSs/PAs
- Physicians – MDs/Dos
- Other – Volunteers, etc.

Participant Poll

Education Pertaining to Palliative Care
- Palliative Care Specific Course(s)
- Communication
- Pain Management
- Symptom Management
- Hospice
- Death and Dying
- Community Care
- Grief and Loss

Participant Poll

Education Type
- Readings
- Simulated patients
- Paid Actors
- Role Play
- Didactic Presentation
- Observation
On the Job Training
- Orientation
- Professional Development

APRN Survey
- Many of APRNs in sample do not feel their education prepared them for current hospice and palliative care role (41.1%) 
- Majority reported no palliative care content in graduate school (67.4%) 
- Most respondents indicated that their employer is not requiring additional site specific education (89.3%). Those who are required to get additional training – mostly directly related to hospice and palliative care 
- Post graduate fellowships are rare (4.7%); many indicated access to fellowships and post masters programs is an issue

UPENN School of Nursing and HPNA Survey 2017 – Manuscript in review

Group Discussion – 5 mins
- How do you define primary palliative care? Generalist palliative care?
- How do you define specialist palliative care?
- Should we teach both primary and specialty palliative care?
Discussion of Group Conversations

Why Does this Matter?

- Shortage of specialty palliative care providers
- Barriers to accessing quality palliative care because professionals lack training
- Lack of bandwidth of palliative care teams
- Limited access across settings – nursing home, assisted living, group homes, mental health facilities, rehabilitation settings
- Limited access across populations - age, health conditions, and socioeconomic conditions

Prevalence of Need for Primary Palliative Care

The palliative care point prevalence study:

- On any given day, nearly 20% of inpatients in UHC member hospitals are at a stage of illness at which a palliative care referral (i.e., a discussion about care goals and preferences) would be appropriate,
- However, just over one third (4.5%) of those patients receive a palliative care referral or services

United Health Care, 2015
Suffering at End of Life

Despite national efforts to improve end-of-life care, proxy reports of pain and other alarming symptoms in the last year of life increased from 1998 to 2010.

Singer et al., 2015

A review of Palliative Care Referrals

- Mild to Moderate symptoms most of the time.
- Workforce comprising of mainly generalist PC staff supported by smaller numbers of PC specialists.

Pang et al. 2015

Solution

Primary and Specialty Palliative Care
Primary and Specialty Palliative Care

Primary palliative care
- Advance care planning
- Basic management of physical aspects of serious illness such as pain and symptoms
- Basic management of psychological symptoms such as depression and anxiety
- Understanding of hospice eligibility and community resources

Specialty palliative care
- Complex management of physical aspects of care including pain and other symptoms
- Complex management of psychological symptoms such as depression, anxiety, grief, and existential distress
- Understanding of the range of clinical and social service agencies, hospice and palliative care resources and integrates into practice

Adapted from Quill and Abernethy 2013

Primary Palliative Care Skills
1) Understand the natural trajectory of illnesses and conditions critical decision making points.
2) Manage and treat of these conditions, including symptom management and end of life care, must be based on evidence.
3) Discuss advance care planning, goals of care, issues of advanced disease, and to provide psychosocial support for clients and their families of varying cultures.
4) Understand hospice and palliative care services, eligibility, and how to access these services in their setting and community.
5) Attend to population specific concerns across the life: pediatric oncology palliative care, geriatric oncology palliative care
6) Understand community resources.

Quality of Palliative Care Providers

Primary skills
- While discipline specific competencies for specialty palliative care exist for various disciplines – only nursing has articulated primary palliative care competencies.
- While there is discipline specialty palliative care certification is available for chaplains, nurses, physicians, and social workers. However, the process to obtain it varies.
- There is discussion about primary palliative care certification. However, there are no consistent requirements for primary palliative care education within discipline specific foundational education.
Specialty Palliative Care Skills

1) Acquire knowledge about pathophysiology of diseases, pain and symptom management, counseling and communication skills.
2) Possess advanced knowledge about care of individuals with serious and life threatening illness and those who are imminently dying.
3) Manage complex pain and symptoms using sophisticated regimens.
4) Utilize expert communication skills for exploration of quality of life, illness understanding, informed decision making, conflict negotiation or advanced disease.

Dahlin 2015

5) Organize a plan for a patient’s dying in terms of setting, proactive pain and symptom management, and education for patient, family and staff about the dying process.
6) Direct transitions of care
7) Provide psychosocial and emotional support to patients and family in the illness trajectory, providing presence in the difficult journey.
8) Attend to cultural and spiritual dimensions of care as specified by the patient and family.

Dahlin 2015

Institute of Medicine
Dying in America—Improving Quality and Honoring Individual Preferences Near End of Life

Call for Access to Quality Palliative Care
The report focuses on five areas for quality end of life care (also applicable to other serious chronic health conditions):
1) delivery of quality person-centered and family-focused care for all;
2) clinician-patient communication and advance care planning;
3) professional education in primary palliative care: the best way to improve palliative care access
4) policies and payment for palliative care; and
5) public education and engagement in palliative care.

2014
Organization Vision

- CAPC Vision - Palliative care everywhere.
- HPNA, HPCC, HPNF - To Advance Expert Care in Serious Illness.
- AAPHM - expand access of patients and families to high-quality palliative care and advance the discipline of hospice and palliative medicine
- SWHPN - Improving psychosocial care for the seriously ill, providing relief from pain, improving quality of life, supporting family and friends, assisting with difficult decision-making, and help in dealing with trauma, grief and loss
- SPCF - promotes exceptional patient care by advancing pain and palliative pharmacists through education, development, and research in collaboration with the transdisciplinary team.

CALL FOR ACTION RECOMMENDATIONS – Applicability for other disciplines

ANA - HPNA Call for Palliative Care in Every Setting

1. Adopt the End of Life Nursing Education Consortium (ELNEC) curricula as the standard for primary palliative nursing education for pre-licensure, graduate, doctoral, and continuing education for practicing registered, vocational, and practical nurses and advance practice registered nurses.
2. Petition the National Council for State Boards of Nursing to increase palliative care content on the pre-licensure NCLEX-RN and NCLEX-PN exams.
3. Encourage state boards of nursing with continuing education re-licensure requirements to mandate inclusion of palliative care content.
4. Other disciplines to determine their primary education curricula – EPEC
Palliative Nursing Summit 2017

Promote primary palliative skills across all nursing practice – including populations, specialties, and settings

How could other disciplines consider adopting the mantra palliative care for all in every setting?

MD/DO Education

Medical School - 100% most often delivered as a module within a larger course, lectures, seminars, small group discussions, clinical case discussions, and hospice visits. In 2010

Professional Organization – American Association of Hospice and Palliative Medicine

Education in Palliative and End of Life Care (EPEC)

Shadowing with Palliative Care Programs
PA Education

- Palliative Care Rotations have been available
- However, no competencies or certification in palliative care, however, are in development
- Some programs started PA residencies

Great opportunities for new clinicians – But what about mid-career?

SW Education

- Education as part of academic programs
- Professional Organizations – National Association of Social Work, and Social Work Hospice & Palliative Care Network
- 3 SW certificate programs – Smith, CSU, NYU
Chaplains

Clinical Pastoral Education at many sites

Professional Organizations –
National Association of Catholic Chaplains,
National Association of Jewish Chaplains,
Association of Professional Chaplains

Certificate Programs

Pharmacists

Professional Organizations
Society of Palliative Care Pharmacists
American Society of Health-System Pharmacists

APRN and RN Education

Undergraduate Competencies – CARES 2016
Competences and Recommendations for Educating Undergraduate Nurses to Care for the Seriously Ill

ELNEC Curriculum
Residencies with exposure to palliative care
Oncology - Moffitt Cancer Center, Utah, Dana Farber Cancer Center

Immersion Courses
- Art & Science of Palliative Nursing
- University of Utah
Palliative Care Fellowships for All Disciplines

- 7 - 9 APRN (NP) fellowships in palliative care across the nation at academic medical centers
- 129 Physician (MD and DO) Fellowships
- 3 Social Work Fellowships
- 2 Chaplaincy Fellowships
- 4 Pharmacy Fellowships

Two Models for Midcareer Primary Palliative Care Education for Rural and Community Providers

Challenges for Mid Career Education

- Lack of time
- Lack of financial resources
- Limited education allocation from organizations
- Loss of revenue and benefits
- Inconsistency of recognition of licensure across states
- No guarantee for change of employment or salary increase for new skills
Mid-Career Education

- Seasoned clinicians
  - Requires different perspective, approach and paradigm
  - Make it applicable and Adult Learning Focused
  - Make it concentrated
  - Make it affordable
  - Make it local

Palliative Care APRN Externship

Concentrated education for APRNs in the community and rural settings

- Phase 1 Pilot – Grant funded by Foundation in VA
  - 48 APRNs (both CNSs and NPs) from all over the country, outside urban areas.
  - Didactic and clinical – pain management, symptom management, communication, and translating to own setting
  - Adult learning focused to bring back to their settings
  - Goals for personal change and setting change
  
  Dahlin, Coyne, Cassell 2016

- Phase 2 National Model – Grant funded by Cambia Health Foundation
  - Different geographic sites with access to various populations and settings
  
  Dahlin Cambia 2017

Improvement of Primary Palliative Care

- Data Collection Demonstrated Improved Confidence in Skills
- Demonstrated Change in Practice
  - Utilization of methadone and risperidone in the ICU
  - Implementation of the use of palliative care performance scales in clinic
  - Implementation of the use of non-verbal pain scores in nursing home and hospital
  - Implementation of ESAS and MSAS as part of initial assessment
  - Implementation of advanced care planning in a primary care clinic
  - Initiation of palliative care content to students
Rural and Community Primary Palliative Care

Bringing Primary Palliative Care to the Community
Pilot – Funded by the Duke Foundation within South Carolina

- Statewide program for anyone in any setting
- Two days within their region – which can be a 2-3 hour drive within the state
- Minimal Cost
- Overwhelming response

Discussion

How should we teach primary and specialty palliative care?

What are strategies that you can implement?

Where do you see yourself or your discipline in this?

More Work Is Needed

- Marc-Aurelie K, English N. Primary Palliative Care in the Neonatal unit. Seminars in Perinatology. March 2017Volume 41, Issue 2, Pages 133–139
- Palliative Care Principles Primary Care Physicians Should Know https://www.ahcmedia.com/articles/64540-palliative-care-principles-primary-care-physicians-should-know
- Dharmarajan K, Wei R, Vapiwala N. 2016. Primary Palliative Care Education in Specialty Oncology Training JAMA
- Primary Palliative Care for Oncology APRNs – NCI Grant through City of Hope
State Initiatives to Educate on Palliative Care

- California, CE Program

Primary Palliative Care Education: A Pilot Survey


This is the first attempt to measure the perceived importance of primary palliative care topics and preferences about learning settings from the perspectives of both NPCS and PCS. The results suggest substantial areas of both concordant and discordant opinions with respect to educational topics and learning settings. Such data are essential to guide primary palliative care educational efforts.

Other Movements

- National Home-Based Primary and Palliative Care Network (IPPCN) to develop a quality-of-care framework and metrics that are applicable to home-based primary care practices.
Conclusion

We must answer the calls for primary palliative care to ensure quality care for all patients.

We must ensure education for all disciplines in primary palliative care.

Ensuring adequate education and training of clinicians in primary and specialty is not simple.

Primary Palliative Care Competencies
Primary Palliative Care Guidelines

New models for primary palliative care education and training will be necessary for midcareer professionals.

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