Promoting Interdisciplinary Primary Palliative Care Education

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Objectives

- Review palliative care education opportunities for all disciplines
- Highlight the call for primary palliative education
- Identify the greatest opportunities to advance primary palliative care

Primary and Specialty Palliative Care

Primary palliative
- 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 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.

Dahlin 2015

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

Specialty Palliative Care Skills

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
The Journey to Become a Palliative Care Competent

**Participant Poll**

Education Pertaining to Palliative Care
- Palliative Care Specific Course
- Communication
- Pain Management
- Symptom Management
- Social Workers
- Hospice
- Death and Dying
- Community Care
- Grief and Loss

**Participant Poll**

Education Type
- Readings
- Simulated patients (Trained volunteers and Paid Actors)
- Role Play
- Didactic Presentation
ML5 Clarify who was polled and nature of palliative care involvement
Maureen Lynch, 8/21/2017
Palliative Care Prevalence

The palliative care point prevalence study found:

- On any given day, nearly 20% of inpatients in UHC member hospitals are at a stage of illness at which a discussion about care goals and preferences would be appropriate.
- However, just over one third 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

Why Does this Matter?

- Barriers to access to quality palliative care because professionals lack training
- Shortage of specialty palliative care providers
- Lack of bandwidth of palliative care teams
- Limited access across settings
- Limited access across populations
Many of APRNs in the sample do not feel their education prepared them for current specialty hospice and palliative care role (42.2%).

- Majority reported no primary palliative care content in graduate school (67.4%).
- Most indicate 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 with the goal of specialty practice.
- Postgraduate fellowships are rare (4.7%); many indicated access to fellowships and post-master’s programs is an issue.

University of Pennsylvania School of Nursing and HPNA Survey 2017

Call for Access to Quality Palliative Care
The report focuses on five areas for quality palliative care:
1. Delivery of person-centered and family-focused palliative care
2. Clinician-patient communication and advance care planning
3. Professional education in palliative care
4. Policies and payment for palliative care
5. Public education and engagement in palliative care

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

ANA - HPNA Call for Palliative Care in Every Setting
CALL FOR ACTION RECOMMENDATIONS – Applicability for others

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 advanced practice registered nurses.
   - Other disciplines to determine their primary education curricula

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.
   - Other disciplines to increase content on primary palliative care

3. Encourage state boards of nursing with continuing education re-licensure requirements to mandate inclusion of palliative care content.
   - Other disciplines to determine their primary education curricula

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ANA - HPNA Call for Palliative Care in Every Setting

Palliative Nursing Summit 2017

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

Solution Primary and Specialty Palliative Care
APRN and RN Education

Undergraduate Competencies
Professional Organization – Hospice and Palliative Nurses Association
ELNEC Specific Curriculum
Residencies
  - Hospice - Care Dimensions
  - Oncology Palliative Care – Dana Farber Cancer Institute
  - Oncology - Moffit Cancer Center
Immersion Courses
  - Art & Science of Palliative Nursing
  - University Utah
  - Four Seasons
  - APRN Externship

MD/DO Education

Medical Schools – In 2010 100% offered some form of palliative care education. (a module within a larger course. lectures, seminars, small group discussions, clinical case discussions, and hospice visits.)

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
- Some programs started PA residencies in palliative care
SW Education

- Education as part of academic programs
- Professional Organization – 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 Organization – 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
### Specialty Palliative Care Fellowships

- 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

### Quality of Palliative Care Providers

- Discipline specific competencies for specialty palliative care exist for various disciplines.
- Discipline specialty palliative care certification is available for chaplains, nurses, physicians, and social workers. However, the process to obtain it varies.
- However, except nursing, there are no consistent requirements for primary palliative care education within discipline specific foundational education.

### 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 impacts clinical education access
- No guarantee for change of employment or salary increase for new skills
Mid-Career Education

- Requires a different perspective, approach, and paradigms
- Make it applicable
- Make it concentrated
- Make it affordable
- Make it local
- Make it Adult Learning Focused

New Frontiers

Intraprofessional Palliative Care Programs

- Certificate versus Master’s
- Integrated primary vs. specialty palliative care preparation

Palliative Care APRN Externship

Concentrated education for APRNs in the community and rural settings:

- Phase 1 Pilot – Grant funded by Foundation in VA
  - 43 APRNs (both CNSs and NPs) from all over the country, outside urban areas.
  - Didactic and clinical – pain management, symptom management, communication, and translating to one’s setting
  - Adult learning focused to bring back to their settings
  - Goals for personal change and setting change
- Phase 2 National Model – Grant funded by Cambia Health Foundation
  - Different geographic sites with access to various populations and settings
Improvement of Primary Palliative Care

Data Collection Demonstrated Improved Confidence in Skills
• Practice Changes
  o Utilization of methadone and risperidol in the ICU
  o Implementation of the use of palliative care performance scales in the clinic
  o Implementation of the use of non-verbal pain scores in nursing home and hospital
  o Implementation of ESAS and MSAS as part of initial assessment
  o Implementation of advanced care planning in a primary care clinic
  o 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 for 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

Conclusion

We must answer the calls for primary palliative care for all patients.
Ensuring adequate education and training of clinicians in primary and specialty is not simple.
New models for primary palliative care education and training will be necessary for midcareer professionals.
References


