

Integration of Palliative Care Within Advanced Practice Education and Practice

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Abstract

Background

Diagnostic and treatment capabilities continue to advance, resulting in longer life expectancy and increased needs for quality palliative care. Palliative care focuses on improving quality of life and survival outcomes through collaborative communication, symptom management, and supporting patients and family with serious illnesses. Availability of primary palliative care has lagged behind patient needs due to insufficient training. Advanced practice nurses are well-positioned to meet the palliative care needs of seriously ill persons across the life span; they have the requisite skills and knowledge to assess, plan, implement, and evaluate comprehensive patient-centered care.

Aim

To address this need, we proposed an educational research program to integrate palliative care throughout our advanced practice curricula and accelerate palliative care competencies among Advanced Practice–Doctor of Nursing Practice (AP-DNP) graduates.

Methods

Our strategy consisted of two goals: 1) create academic-clinical partnerships to increase AP-DNP students' access to high-quality palliative care sites by providing clinicians and preceptors in all practice settings access to training in palliative care and 2) promote AP-DNP graduates' readiness to provide comprehensive palliative care to patients by integrating palliative care content into AP-DNP curricula through didactic content, co-simulations, interprofessional education, and clinical experiences with a variety of patient populations. To evaluate the program's impact, the Palliative Care Quiz for Nursing (PCQN) 3 for palliative care knowledge and the Palliative Care Self-efficacy (PCSE) 4 scale for confidence in providing palliative care services were administered to clinicians, preceptors, faculty, and AP-DNP students.

Results

The preliminary data suggest improvement in palliative care self-efficacy among faculty and preceptors. Students' (n=51) baseline average score for PCQN was 12.2 (3.95) and PCSE was 32.7 (9.40). Lessons learned in year one and two include the need for a strategic approach to collaborate with practice partners, preplanning, and contingency plans. A policy imperative, rich resources, and networks are available to fuel the agenda, but resources need to be valued and effectively utilized within the academic program.

Conclusion

As the country grapples with a growing aging population and a longer life span of pediatric population with serious illnesses, the work of developing palliative care capacity among advanced practice nurses is critically important.

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