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Educating and Empowering Nurses to Facilitate Conversations around End-of-Life Care

Palliative Care Collaborative:
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Objectives

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- ◆ Describe how the components of the experiential learning theory can be used to teach communication skills for implementation in the clinical setting at the end of life
- ◆ Identify several resources that can be used to teach content regarding engagement in conversations related to end of life and advance care planning



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Introduction

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- ◆ Gap in nursing education and clinical practice noted in the preparation of clinicians
- ◆ Challenges initiating and facilitating conversations around end-of-life care remain
- ◆ Strategies applying the experiential learning theory to guide a short course to undergraduate and graduate nursing students regarding facilitation of conversations around of end-of-life care will be outlined
- ◆ Implications for education of staff nurses and other professionals to facilitate such conversations



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Significance

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- Nurses play a critical role in assisting patients of all ages and their families in making critical decisions
- End-of-life care preferences are often not discussed
- Healthcare professionals have expressed discomfort and lack of preparedness to engage in these conversations





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Significance

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- ♦ Lack of conversation regarding end-of-life preferences can lead to traumatic experiences associated with death in the intensive care unit and increased health care costs in the final months of life
- ♦ Research supports nursing education regarding advance health care directives
 - Increased confidence
 - Improved advocacy for patients' end-of-life wishes
 - Avoidance of liability claims



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Adult Learners

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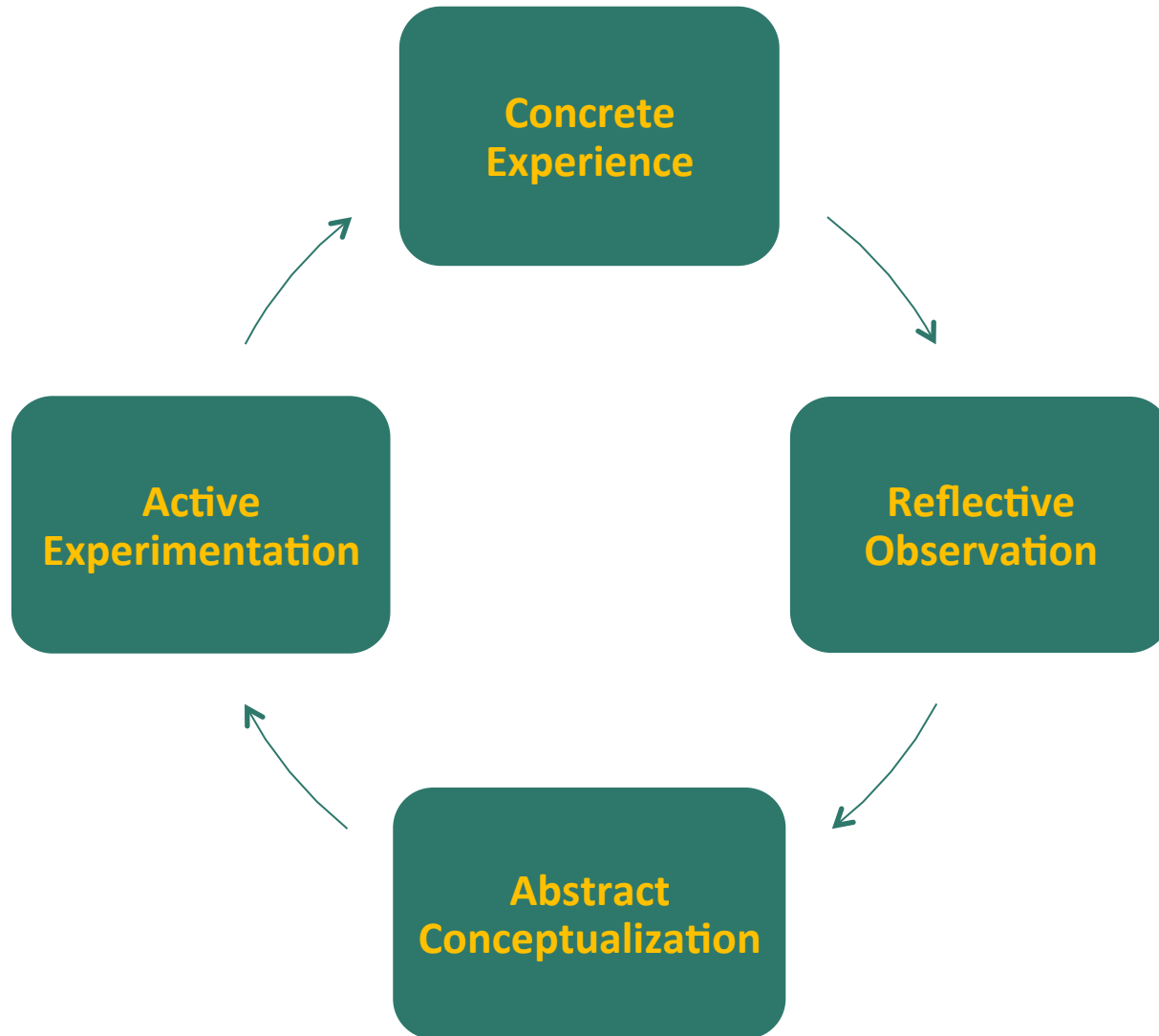
- ◆ Need to know why learning should occur
- ◆ Need to be responsible for learning
- ◆ Previous experiences are the foundation
- ◆ Must be ready to learn
- ◆ Problem-centered orientation
- ◆ Internal motivators more influential than external motivators



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Experiential Learning Theory

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- ◆ Concrete experience:
 - TED Talk videos
 - http://www.ted.com/talks/bj_miller_what_really_matters_at_the_end_of_life?language=en
 - https://www.ted.com/talks/peter_saul_let_s_talk_about_dying
 - Faculty-developed case studies



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Experiential Learning Theory

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- ◆ Reflective observation and discussion:
 - Reflection of concrete experiences among individuals with different perspectives
 - What do you think comes to mind when people think about death? If they could choose, *who* might they want surrounding their own death? Or those of people who matter to them?
 - Several important concepts relative to the end of life were presented: necessary versus unnecessary suffering and loss versus regret. What do these terms mean to you?
 - What is one thing, you might try to do differently in your personal or professional circle after viewing this TED talk and having this discussion?

- ◆ Abstract conceptualization:
 - Theoretical content emphasizing communication and cultural considerations
 - ELNEC Modules
 - Literature from across the life span
- ◆ Active experimentation:
 - Application of content from a movie or book review
 - Facilitation of community education



Course Content: In-person Session I

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- ♦ Getting acquainted
- ♦ Personal/professional reflections on experiences with end of life and advance care planning
 - What is there in your own life that brought you to the study of communication during end-of-life care?
 - What are your concerns as you complete this directed study?

- ♦ Review of TED Talks related to end of life and advance care planning with discussion
 - Duration of videos: 10 minutes, 19 minutes followed by guided discussion after each
 - When Dr. Saul said that “increasing longevity means more old age, not more youth”, how did that make you feel? Do you think this is something the public we care for is aware of?
 - If the research Dr. Peter Saul performed at his hospital to evaluate the frequency of end-of-life conversations was conducted in your work environment, what would you expect to find? Do you think the results would be similar? Different? How?
 - Additional questions to incorporate readings assigned prior to class were provided and discussed



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Course Content: Segment I

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- ♦ Self-study using ELNEC modules
- ♦ Self-selected population focus
- ♦ Activity: interview 5 friends or family members regarding their knowledge of palliative care



Course Content: In-person Session II

- ◆ Case discussions about end-of-life communication
- ◆ My Gift of Grace game in small groups
 - <https://shop.common-practice.com/products/game?variant=30438141382>



- ♦ Book or movie review
- ♦ Utilization of the Starting the Conversation Toolkit from the Conversation Project to practice the tool with a friend or family member





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Course Content: Segment III

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- ♦ Study of perspectives, rituals, traditions, and beliefs of one spiritual faith or culture
- ♦ Community activity implementing an end-of-life or advance care planning resource
 - Educate a small group of co-workers
 - Lead journal club
 - Host “My Gift of Grace” game



Course Content: In-person Session III

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- ◆ Discussion of community activities
- ◆ Reflection on personal experiences and knowledge gained
- ◆ Ritual and good-bye to community of learners

Evaluation of Course

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- ◆ Learner feedback
- ◆ Recommendations/suggestions for changes
- ◆ “I highly suggest making this class a required class. I know this is much more difficult to do than said....but this is a subject that majority of nurses are faced with - with no proper introduction. It is a subject that is not only ignored in the public, but in the classroom as well. I honestly feel that this class helped me grow as a nurse.”



Additional Tools

- ◆ Completion of survey to identify personal learning needs
- ◆ Didactic intensives, seminars, or workshops
- ◆ Role-play opportunities
- ◆ Simulated patients
- ◆ Multimedia decision aid



Additional Tools

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- ◆ Evaluation of a community resource regarding advance care planning, relevant to clinical setting
 - Five Wishes
<https://agingwithdignity.org/five-wishes/about-five-wishes>
 - Voicing my Choices
<https://www.agingwithdignity.org/shop/product-details/voicing-my-choices>
 - Vital Talk
<http://www.vitaltalk.org/>
 - Palliative Care Conversations Matter
<https://www.ninr.nih.gov/newsandinformation/conversationsmatter/conversations-matter-newportal#.WACUqU8UV7Y>



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Additional Resources

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- ◆ Caring Connections
<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=1>
- ◆ Medline Plus: Advance Directives
<https://medlineplus.gov/advancedirectives.html>
- ◆ National Cancer Institute
<https://www.cancer.gov/>
- ◆ National Hospice and Palliative Care Organization
<http://www.nhpco.org/>



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Additional Resources

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- ◆ Respecting Choices® Advance Care Planning
<http://www.gundersenhealth.org/respecting-choices>
- ◆ Hospice and Palliative Nurses Association
<http://hpna.advancingexpertcare.org/>
- ◆ U.S. Living Will Registry
<http://www.uslivingwillregistry.com/>
- ◆ National Institute on Aging
<https://www.nia.nih.gov/>
- ◆ State Laws Governing Use of AHCDs



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Additional Resources

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- ◆ American Bar Association “My Healthcare Wishes” app

http://www.americanbar.org/groups/law_aging/MyHealthCareWishesApp.html

- ◆ ABA Consumer’s Toolkit for Health Care Advance Planning

http://www.americanbar.org/groups/law_aging/resources/health_care_decision_making/consumer_s_toolkit_for_health_care_advance_planning.html

- ◆ The Conversation Project

<http://theconversationproject.org/>

Future Directions

- ◆ Moral distress
- ◆ Healthcare team relationships
- ◆ Ideal timing of patient/family education



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Acknowledgements

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