

Outcomes of a National Cancer Institute Supported Training Course in Palliative Care for Oncology APRNS

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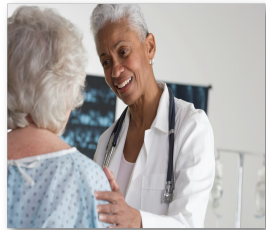
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Objectives

- Identify the 8 domains of quality palliative care applied to oncology practice
- Demonstrate skills for oncology APRNs in the Domains of palliative care
- Develop goals for implementing the skills training in practice through process improvement, staff education, and clinical care

Background: History of ELNEC

- Began in 2000
- First Course: January 2001, Pasadena, CA
- Collaboration between City of Hope and the American Association of Colleges of Nursing
- Over 45,881 ELNEC educated [in person and online]
- ELNEC trainers have disseminated the training to over 1.45M
- Presented in every US state and DC
- Trainers in 100 countries
- Translated into 12 languages



Background: ELNEC Curricula

- Currently 9 ELNEC Curricula:
 - ELNEC Core
 - ELNEC Geriatric
 - ELNEC Pediatric
 - ELNEC Critical Care
 - ELNEC APRN
 - ELNEC Oncology APRN (NCI, R25 Grant)
 - ELNEC Communication
 - ELNEC Undergraduate/New Graduate (online)
 - ELNEC Graduate (online)



Background: ELNEC Modules Addressing Palliative Care

- Mod 1: Palliative Nursing Care
- Mod 2: Pain Management
- Mod 3: Symptom Management
- Mod 4: Ethical Issues
- Mod 5: Cultural Considerations
- Mod 6: Communication
- Mod 7: Loss, Grief, Bereavement
- Mod 8: Final Hours



Introduction: Palliative Care

- Providing palliative care to patients across the spectrum of cancer □ key role of Oncology Advanced Practice Registered Nurses (APRN)
- National Consensus Project [NCP] for Quality Palliative Care, 2018
- Doctor of Nursing Practice (DNP) leaders play a vital role in supporting the training of healthcare teams
- National Cancer Institute (NCI) funded R25 training grant

Methodology

- Training courses were held from 2018-2021
- Included adult-and pediatric-focused APRNs
- The 3-day course content was based on the NCP (2018) domains of palliative care addressing:
 - Structures and Processes of Care
 - Physical Aspects of Care
 - Psychosocial & Psychiatric Aspects of Care
 - Social Aspects of Care
 - Spiritual, Religious, & Existential Aspects of Care
 - Cultural Considerations
 - Care of Imminently Dying Patient
 - Ethical & Legal Aspects of Care

Methodology

Table 1: Course Agenda

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Day 1	
Time	Module
8:00 – 8:25	Welcome and Overview of Course
8:25 – 9:10	Domain 1: Structure and Processes of Care
9:10 – 9:25	Break
9:25 – 10:35	Domain 2.1: Physical Aspects: Pain Management – Adults / Peds separate
10:40 – 11:40	Small Groups Part 1: Pain Case Studies
11:40 – 12:40	Lunch and Networking
12:40 – 1:40	Communication
1:45 – 2:45	Breakouts
	1. Pain & Symptom Assessment/ Management
	2. How to Communicate with Colleagues about Palliative Care
	3. Nuts & Bolts of Primary Oncology Palliative Care: Discussions regarding billing, documentation, quality improvement, staffing
	4. Assisting the Children of Sick or Dying Oncology Patients
	5. Self-Care
2:45 – 3:00	Break
3:00 – 4:00	Domain 6: Cultural Aspects of Care
	Optional Networking
Day 2	
Time	Module
8:15 - 9:25	Domain 2.2 Physical Aspects: Symptom Management – Adults & Peds separate
9:25 – 9:40	Break
9:40 - 10:50	Domain 3: Psychological and Psychiatric Aspects of Care – Adults & Peds separate
10:55 – 11:55	Small Groups Part 3: Physical and Psychological Symptoms
12:00 – 1:00	Lunch and Networking
1:00 – 2:00	Domain 4: Social Aspects of Care
2:00 – 3:00	Domain 5: Spiritual, Religious and Existential Aspects of Care
3:15 – 4:00	Domain 8: Ethical and Legal Aspects of Care
	Optional Networking
Day 3	
Time	Module
7:30 – 8:30	Sign In & Breakfast
8:30 – 9:40	Domain 7: Care of the Patient Nearing the End of Life – Adults & Peds separate

9:45 – 10:45	Small Groups Part 3: Communication, Tying it all together
10:45 – 11:00	Break
11:00 – 12:00	Breakouts
	1. Pain & Symptom Assessment/ Management
	2. How to Communicate with Colleagues about Palliative Care
	3. Nuts & Bolts of Primary Oncology Palliative Care: Discussions regarding billing, documentation, quality improvement, staffing
	4. Assisting the Children of Sick or Dying Oncology Patients
	5. Self-Care
12:00 – 12:30	Responsible Conduct of Research / Refining Goals
12:30 – 1:20	Lunch Break
	Final Session & Graduation
1:20 – 2:30	<ul style="list-style-type: none"> • Opportunities for APRNs in Staff Education and Development • Graduation: Pioneering Primary APRN Palliative Care • Departing Thoughts • Blessing of the Hands



Results

- N = 430 APRNs
- 46 States

Table 2: Demographics		
(N=430)	Total	%
Participant - Gender		
Male	9	2.09
Female	420	97.67
Declined to answer	1	0.23
Participant - Ethnicity		
Hispanic	20	4.7
Non-Hispanic	403	93.7
Declined to answer	7	1.6
Participant - Race		
American Indian/Alaskan Native	2	0.47
Asian	29	6.74
Black or African American	34	7.91
More than one race	11	2.56
Native Hawaiian or Pacific Islander	2	0.47
White	343	79.77
Declined to answer	9	2.09
Patient Population		
Adult Only	382	88.84
Pediatric Only	31	7.21
Both	17	3.95
Participant Title/Position		
Clinical Nurse Specialist (CNS)	35	8.14
Nurse Practitioner (NP)	364	84.65
Other (PAs, Educator, RN, etc)	31	7.21
Number of Years of Experience		
As a Nurse	Mean	19 yrs
Since completion of highest degree	Mean	9 yrs
In oncology	Mean	14 yrs

Results

Table 5 – Palliative Care Practices by APRNs

	0 / Never		1-3 / Rarely		4-6 / Sometimes		7-9 / Very Often		10 / Always	
	n	%	n	%	n	%	n	%	n	%
Participated in a family meeting discussing/ identifying a patient's goals of care?										
Baseline (n=430)	73	16.98	176	40.93	102	23.72	52	12.09	27	6.28
6 Months Post-Course (n=416)	40	9.62	83	19.95	155	37.26	120	28.85	18	4.33
12 Months Post-Course (n=350)	17	4.86	47	13.43	113	32.29	147	42.00	26	7.43
Told a patient that the current cancer treatment they are on is no longer working?										
Baseline (n=430)	50	11.63	154	35.81	128	29.77	77	17.91	21	4.88
6 Months Post-Course (n=416)	14	3.37	36	8.65	140	33.65	287	68.99	38	9.13
12 Months Post-Course (n=350)	24	6.86	79	22.57	90	25.71	186	53.14	41	11.71
Recommended a patient consider a palliative care consult?										
Baseline (n=430)	41	9.53	166	38.60	128	29.77	74	17.21	21	4.88
6 Months Post-Course (n=416)	29	6.97	54	12.98	155	37.26	154	37.02	24	5.77
12 Months Post-Course (n=350)	12	3.43	28	8.00	114	32.57	168	48.00	28	8.00
Recommended to an oncologist that your patient have a palliative care consult?										
Baseline (n=430)	55	12.79	173	40.23	127	29.53	60	13.95	29	6.74
6 Months Post-Course (n=416)	33	7.93	78	18.75	148	35.57	136	32.69	21	5.05
12 Months Post-Course (n=350)	13	3.71	41	11.71	124	35.43	142	40.57	30	8.57
Spoken with a family member regarding bereavement services?										
Baseline (n=430)	176	40.93	156	36.28	66	15.35	23	5.35	9	2.09
6 Months Post-Course (n=416)	105	25.24	133	31.97	136	32.69	42	10.10	9	2.16
12 Months Post-Course (n=350)	44	12.57	127	36.29	102	29.14	63	18.00	14	4.00
Prepared clinical staff for impending death of your patient?										
Baseline (n=430)	61	14.19	230	53.49	91	21.16	37	8.60	11	2.56
6 Months Post-Course (n=416)	125	30.05	106	25.48	142	34.13	76	18.27	19	4.57
12 Months Post-Course (n=350)	36	10.29	79	22.57	110	31.43	101	28.86	24	6.86

Conclusion

- Vital role of the Oncology APRN
- Innovative training program (goal-directed)
- Fostering team collaboration
- Improving outcomes and the quality of PC
- American Association of Colleges of Nursing (AACN) Essentials (2021)
 - Domain IV: Scholarship for Nursing Discipline
 - Domain VI: Interprofessional Partnerships
 - Domain IX: Professionalism
 - Domain X: Personal, Professional, and Leadership Development

References

Ahluwalia, S. C., Chen, C., Raaen, L., Motala, A., Walling, A. M., Chamberlin, M., O'Hanlon, C., Larkin, J., Lorenz, K., Akinniranye, O., & Hempel, S. (2018). A Systematic Review in Support of the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, Fourth Edition. *Journal of Pain and Symptom Management*, 56(6), 831-870. 10.1016/j.jpainsymman.2018.09.008

American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*. <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>

Ferrell, B. R., Temel, J. S., Temin, S., Alesi, E. R., Balboni, T. A., Basch, E. M., Firn, J. I., Paice, J. A., Peppercorn, J. M., Phillips, T., Stovall, E. L., Zimmermann, C., & Smith, T. J. (2017). Integration of palliative care into standard oncology care: American society of clinical oncology clinical practice guideline update. *Journal of Clinical Oncology*, 35(1), 96-112. 10.1200/JCO.2016.70.1474

Hui, D., & Bruera, E. (2020). Models of Palliative Care Delivery for Patients With Cancer. *Journal of Clinical Oncology*, 38(9), 852-865. 10.1200/JCO.18.02123

Kamal, A. H., Wolf, S. P., Troy, J., Leff, V., Dahlin, C., Rotella, J. D., Handzo, G., Rodgers, P. E., & Myers, E. R. (2019). Policy Changes Key To Promoting Sustainability And Growth Of The Specialty Palliative Care Workforce. *Health Affairs*, 38(6), 910-918. 10.1377/hlthaff.2019.00018

National Consensus Project for Quality Palliative Care. (2018). Clinical practice guidelines for quality palliative care (4th ed.). Retrieved from <https://www.nationalcoalitionhpc.org/ncp/>

Questions

Thank you



For more information: <https://www.aacnnursing.org/ELNEC>

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