TH2    Education Needs of Pediatric Nurses in Palliative and End-of-Life Care

Purpose: The purpose of this study was to complete a comprehensive, baseline assessment using a validated assessment tool across health care disciplines in order to identify self-perceived deficits in providing competent palliative and end-of-life care to hospitalized patients. Additionally, this study sought to validate the Montagnini, Smith, and Balistrieri (2012) End-of-Life Questionnaire (EOLQ) for use in the pediatric ICU and acute care, and neonatal ICU patient populations.

Design: This descriptive, mixed-methods study surveyed nurses (N=176) around seven palliative and EOL care domains using the EOLQ: decision-making, communication, continuity of care, family support, symptom management, spiritual support, and staff support. Additionally, there were 4 open-ended questions to ascertain issues deemed important by participants. The survey was distributed electronically via email to nursing staff on all pediatric units at C.S. Mott Children’s Hospital ranging from ICU to general care in September 2015. The Palliative Care Study eResearch ID: HUM00100263 completed data collection in December 2015 and preliminary data analysis occurred in January-April 2016. This information was collected with the purpose of identifying specific EOL care domains nurses feel deficient in, in preparation for the development and recommendation of a targeted unit-based pediatric palliative and EOL care education program to address the documented gaps. Means were calculated for each item to identify the areas of nurses’ greatest perceived need for education. Qualitative responses were grouped by themes, yielding rich data regarding real palliative and EOL care experiences; qualitative data was related to the quantitative data as appropriate.

Results: The study concluded that pediatric nurses have unique palliative and EOL care educational needs; the highest areas of concern reported are communication, decision-making, and continuity of care. Qualitative analysis identified seven thematic concerns by participants including communication between patient/family and physician, between services and disciplines, between shifts and sooner palliative care team consultation (26.3%); decision-making regarding code status, transition/withdrawal of care and managing conflicts (23.7%); EOL Care regarding symptom management, providing a peaceful environment, support of the family (21.7%); education of patient/family in dying process, code status, definitions of comfort vs palliative care and provider education regarding in prognosis/EOL discussions, code status, and EOL medications (12.6%); patient/family and provider satisfaction with palliative and end of life care delivery (7.1%); ethics including futility of care, honoring wishes, managing family disagreements (6.1%); and spiritual and cultural sensitivity and distress management, and tension between provider values and family preferences (2.5%).

Clinical Implications: The resulting program development will focus on addressing these identified gaps, improvement in EOL care planning, and implementation of an earlier and more collaborative approach regarding EOL issues. The longer-term aims of this study are to 1) implement “Train the Trainer” that address palliative and end-of-life care to create nurse peer resource champions on each unit; 2) create and implement a check-list in the electronic medical record to trigger consultations with unit-based peer resource champion and the registered nurse; and 3) help establish stronger communication between unit-based peer resource champion and health care team to allow collaboration regarding ordering a consultation with the Palliative Care Team.

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Background

- 33,000 infants and children died in the U.S. in 2013.
- Nurses frequently are uncomfortable in addressing end-of-life (EOL) concerns with patients and families.
- Barriers to collaborative EOL care:
  - Lack of experience, and education
  - Conflict between RNs and physicians
  - Difficulty with symptom management
  - Miscommunication with patients/family
- Collection and analysis of baseline data is recommended before designing targeted educational interventions.

Methods

- This descriptive, mixed methods study surveyed health professionals around seven palliative and end-of-life care domains using the End-of-Life Questionnaire (EOLQ) developed by Montagnini, Smith & Balisier (2012), consisting of:
  - Demographic questions
  - 28 specific questions on knowledge, skills and attitudes related to palliative and end-of-life care
  - 4 open-ended questions to ascertain issues deemed important by participants from a qualitative perspective.
- The EOLQ was distributed electronically via email to all interdisciplinary health care providers on 28 University of Michigan Health System pediatric and adult units ranging from acute care to intensive care (data was collected from September to December 2015).
- Means calculated for each domain subscale to identify the areas of greatest perceived competency/deficiency.
- Potential differences in EOL care domain subscales were calculated using ANOVA.
- Correlations calculated to examine the relationship between demographic questions and self-perceived competencies.
- Internal consistency reliability of the survey and its subscales was assessed (Cronbach’s α).
- Qualitative data analysis identified themes of health professional concerns and were grouped and integrated with quantitative data.

Results

<table>
<thead>
<tr>
<th>Nurses’ Self-Perceived Palliative and EOL Care Competencies (Mean ± SD)</th>
<th>Pediatric ICUs (N=93)</th>
<th>Pediatric-Acute Care Units (N=86)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Symptom management</td>
<td>4.05 ± 0.7*</td>
<td>3.73 ± 0.8*</td>
</tr>
<tr>
<td>2. Patient and family support</td>
<td>3.85 ± 0.8*</td>
<td>3.45 ± 0.7</td>
</tr>
<tr>
<td>3. Staff support</td>
<td>3.66 ± 0.7</td>
<td>3.41 ± 1.0</td>
</tr>
<tr>
<td>4. Decision-making</td>
<td>3.33 ± 0.8*</td>
<td>3.41 ± 0.8</td>
</tr>
<tr>
<td>5. Communication</td>
<td>3.32 ± 0.8</td>
<td>3.36 ± 0.9</td>
</tr>
<tr>
<td>6. Continuity of care</td>
<td>3.31 ± 0.9</td>
<td>2.96 ± 0.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.61 ± 0.5</strong></td>
<td><strong>3.35 ± 0.6</strong></td>
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Discussion

- Results indicate that EOL care education is needed in:
  - Communication, decision-making, and continuity of care in pediatric ICUs, and additionally patient and family support and symptom management in pediatric acute care units
  - Formal consistency reliability confirmed EOLQ for use in Pediatric ICUs, Pediatric-Acute Care Units, and Neonatal ICUs
- Limitations:
  - Self-report nature of the data
  - Variable response rates among units
  - Those who responded were more likely interested in palliative and EOL care
  - Generalization of findings limited to health professionals in pediatric, in-patient, academic settings

Future Implications

- Assist nursing units in identifying their specific palliative and EOL care education needs
- Identify and implement “Train the Trainer’’ programs that address palliative and end-of-life care to create nurse peer resource champions on each unit
- Create and implement a MChat check-list to trigger consultations with unit-based peer resource champion
- Establish stronger communication between unit-based peer resource champions and health care team to allow collaboration regarding ordering a consultation with the Palliative Care Team
- This study provides baseline measurements for effectiveness comparison of future interventions and practice improvements

References


Specific Aims

1. Assess health professionals self-perceived competence of knowledge, attitudes and behaviors regarding the provision of palliative and EOL care.
2. Identify deficits in delivery of quality end-of-life care within seven domains of Palliative & EOL care.
3. Confirm hypothesis acknowledging that pediatric acute care and ICU nurses experience different strengths/deficits when compared to other units, patient populations, and disciplines.
4. Validate the End-of-Life Questionnaire (EOLQ) for use in:
   - Pediatric ICU and Acute Care
   - Neonatal ICU

Themes of Palliative and EOL Care Concerns (N=198)

<table>
<thead>
<tr>
<th>Theme</th>
<th>N</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication</td>
<td>52</td>
<td>26.3%</td>
</tr>
<tr>
<td>2. Decision-making/ Care Planning</td>
<td>47</td>
<td>23.7%</td>
</tr>
<tr>
<td>3. End-of-life care</td>
<td>43</td>
<td>21.7%</td>
</tr>
<tr>
<td>4. Education Needs</td>
<td>25</td>
<td>12.6%</td>
</tr>
<tr>
<td>5. Satisfaction with Palliative and EOL Care</td>
<td>14</td>
<td>7.1%</td>
</tr>
<tr>
<td>6. Ethics</td>
<td>12</td>
<td>6.1%</td>
</tr>
<tr>
<td>7. Spiritual/Cultural Care</td>
<td>5</td>
<td>2.5%</td>
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Total Study Participants per Unit (N=179)