

Title: Palliative education impact on provider confidence levels

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Objectives: This poster explores confidence levels in palliative medicine skills amongst members of an interdisciplinary palliative medicine team.

Learning Objectives: The learner will be able to identify education topics that may improve confidence levels in hospice and palliative medicine providers.

Research Objectives: To assess where palliative providers feel the strongest, and where they feel they need the most development.

Introduction: As the general population ages and develops increasingly complex medical needs, the demand for competent and confident palliative care providers will continue to grow. These providers play a critical role in delivering compassionate, patient-centered care. However, the nuances of this medical specialty--which include symptom management, communication skills, emotional support and advanced care planning—can be a source of uncertainty and stress for medical professionals. Improving provider confidence may be a critical element in improving patient care.

Methods:

Participants received a 15-question true/false test reviewing concepts in palliative medicine. The test concluded with four questions reflecting provider confidence levels on a scale of 1 to 5 in the areas of: complex pain, nausea, psychosocial distress and symptoms at end of life. Surveys also asked participants for their role in the interdisciplinary care team.

Results:

A total of 23 respondents participated in the survey. This included two physicians, 14 nurse practitioners and seven registered nurses. Participants were asked to rate their confidence levels on a scale of 1-5, with a 5 representing Definitely Confident, and 1 representing Definitely Not Confident. Providers reported varying confidence levels in each of the four areas of practice. Providers appeared most assured in their care of patients suffering

from psychosocial distress, with an average rating of 3.74 out of 5. Participants reported a confidence scale of 3.65 out of 5 in the area of symptom management at the end of life; 3.52 out of 5 in nausea management; and 3.26 out of 5 in management of complex pain.

Conclusions:

In aggregate, the interdisciplinary team feels most confident in the management of psychosocial distress. Management of symptoms at the end of life was also a source of confidence for this team. However, specific symptoms including nausea and complex pain were areas that providers felt the least confident.

Implications:

Palliative medicine teams provide invaluable resources to patients with serious illness. Providers act as a source of emotional support, and a knowledge base for symptom management from the time of diagnosis. Within this area of practice, providers report feeling the most confident with providing emotional support, and with symptom management skills at the end of life. However, palliative medicine teams may continue to grow by improving confidence in the management of specific symptoms outside of the end of life. Potential educational opportunities can include didactic sessions, access to evidence-based guidelines for symptom management, and mentoring programs.