An Educational Module for Healthcare Providers to Foster Positive Attitudes Towards Advance Care Discussions

Romina Tara, BSN, RN, OCN
Jeannette Manchester, DNP, RN
Cara Padovano, DNP, APN

RUTGERS School of Nursing

Introduction

Advance care planning (ACP) entails use of living wills, designation of healthcare proxies, conversations of hopes and fears, and specific medical interventions the patient desires or wishes to forgo (Splendore & Grant, 2017).

Several benefits of ACP include:

- increased patient comfort
- increased patient autonomy
- increased patient and family satisfaction
- improved healthcare provider-patient communication
- greater utilization of palliative care services
- decreased anxiety and stress during end-of-life for patient and families
- shortened length of hospital stay

(Woollen & Bakken, 2016)

Background & Significance

Despite the proven benefits of having advance directives (ADs), only 18 to 36% of Americans have one completed!

According to the *Institute of Medicine* (2012), an estimated $750 billion, accounting for 30% of all healthcare costs, were linked to unwanted medical procedures and treatments.

Patient barriers include denial of medical conditions, prognosis, or the patient being too young and feeling they are too healthy.

Healthcare provider (HCP) barriers include communication difficulties, anxiety about decreasing hope for patients, personal discomfort with the topic of death, perceived lack of reimbursement, and time constraints (Chander et al., 2017).

The most noted HCP barrier was lack of experience with ADs and lack of provider training in conducting ACP discussions (Dube et al., 2015).

Methodology

Study design: pre- and post-quasi-experimental

Study intervention: an educational module intended for healthcare providers of the Rutgers community made available through an online platform, "Canvas," for three months.

Study setting: via Canvas, an online interactive platform, of Rutgers University

Study sample: 135 participants were recruited via Canvas course invitations using a convenience sampling. Of 135, a total of 17 participants consented to partake in the study representing a 13% response rate.
One person did not complete the entire module and was therefore excluded from data analysis.

Outcome measures: Likert scores on both pre and post surveys were measured and used to assess the outcome of the educational module on healthcare provider attitudes towards initiating early ACP discussions with patients and families.

Data Analysis: Pre- and post-survey scores were compared to determine if there was a change in confidence level after participation in the educational module. Microsoft Excel was used to analyze data. A McNemar's was used to evaluate responses to each survey statement.

	AGREE PRE, AGREE POST	AGREE PRE, DISAGREE POST	DISAGREE PRE, AGREE POST	DISAGREE PRE, DISAGREE POST	SIGNIFICANCE
Q1	16	0	0	0	$\chi2=0$, DF=1, p=1.00
Q2	0	1	0	15	$\chi2=0$, DF=1, p=1.00
Q3	5	1	1	9	$\chi2=0.5$, DF=1, p=0.479
Q4	0	3	0	13	$\chi2=1.33$, DF=1, p=0.248
Q5	0	2	0	14	$\chi2=0.5$, DF=1, p=0.479
Q6	4	0	10	2	$\chi2=8.1$, DF=1, p=0.004
Q7	2	0	12	2	$\chi2=10.083$, DF=1, p=0.002
Q8	4	0	12	0	$\chi2=10.083$, DF=1, p=0.002
Q9	5	0	11	0	$\chi2=9.091$, DF=1, p=0.003
Q10	5	0	11	0	$\chi2=9.091$, DF=1, p=0.003
Q11	3	0	13	0	$\chi2=13.077$, DF=1, p=0.001

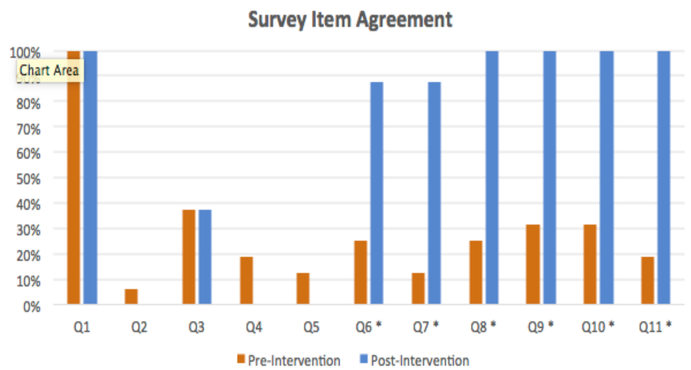
Study results

- *P-value* <.05 was used to indicate significant changes in attitudes following the intervention
- All 16 participants agreed with question 1 (Q1) both before and after the intervention
- The majority of participants disagreed with Q2, Q3, Q4, and Q5 both before and after intervention
- For all remaining pre- and post-intervention items (Q6, Q7, Q8, Q9, Q10, and Q11), the majority of individuals did not agree prior to the intervention, but did agree following the intervention
- Two items posed only post-intervention (Q12 and Q13): 15 of 16 individuals were in agreement, suggesting that an overwhelming majority of participants feel more strongly equipped as a results of the educational intervention
- 92% of participants stated they would be able to explain the *Five Wishes* AD tool to patients and families
- All participants (100%) stated they would be able to state the requirements to bill for ACP discussions.
- These changes in attitudes were found to be statistically significant

Discussion

- Results positively correlate to the findings of previous studies.
- All previous studies resulted in an increase in participant comfort and confidence in initiating ACP discussions post-educational intervention
- Statistical significance of the study was affected by the small sample size (n=16)
- Other study limitations included a single institutional setting affecting generalizability and lack of validated confidence tool

An educational module geared towards HCPs can increase confidence levels to initiate early ACP conversations with patients and families.



Study Implications

Economy: Early ACP discussions can motivate patients to complete ADs and therefore reduce the economic burden on healthcare funding spent on unnecessary medical interventions towards end-of-life.

This would mean cost savings of up to approximately $139 billion per year.

Practice: Involves healthcare providers engaging in early ACP discussions with patients in order to increase patient AD completion rates, which has been outlined as a major goal in the *Institute of Medicine report: Dying in America*.

Quality & safety:
Low AD rates are linked to anxiety, stress, & turmoil among patient, families, and HCPs.
Ultimately increases in AD completion rates will lead to better patient quality of life and autonomy as their preferences will be acknowledged and fulfilled.

Healthcare policy: Potential changes include mandating healthcare providers to complete at least two hours of continuing education credits annually on advance care planning.

Education: Changes need to be made in HCP education requirements, specifically for APNs.
APN curriculums should be updated to include courses that focus on EOL, palliative & hospice care, ACP, and ADs

References

Chandar, M., Brockstein, B., Zunamon, A., Silverman, I., Dlouhy, S., Ashlevitz, K., . . . Obel, J. (2017). Perspectives of health-care providers toward advance care planning in patients with advanced cancer and congestive heart failure. *Am J Hosp Palliat Care, 34*(5), 423-429. doi:10.1177/1049909116636614

Dube, M., McCarron, A., & Nannini, A. (2015). Advance care planning complexities for nurse practitioners. *The Journal for Nurse Practitioners, 11*(8), 766-773. doi:10.1016/j.nurpra.2015.05.011

Dying in America: Improving quality and honoring individual preferences near the end of life. (2015). The Institute of Medicine. Washington, D.C.: The National Academies Press.

Splendore, E., & Grant, C. (2017). A nurse practitioner-led community workshop: Increasing adult participation in advance care planning. *J Am Assoc Nurse Pract, 29*(9), 535-542. doi:10.1002/2327-6924.12467

Woollen, J., & Bakken, S. (2016). Engaging patients with advance directives using an information visualization approach. *J Gerontol Nurs, 42*(1), 16-20. doi: 10.3928/00989134-20150804-63

Contact Information

Romina Tara
Email: rat98@sn.rutgers.edu