Introduction:
Palliative care is interdisciplinary care that improves communication, symptom control, and support for patients and their families; it results in improved quality of life and survival outcomes and decreased healthcare costs (Siouta et al., 2016; Swami & Case, 2018). Palliative care is a requisite but often unmet competency for Advance Practice Registered Nurses (APRNs). Research demonstrates the failure of our health care system to address individuals’ needs at the end-of-life (Singer et al., 2015). Barriers to improved palliative and end-of-life care include lack of training, lack of appropriately prepared providers, emphasis on specialty care, poorly informed patients and families, and delayed access to palliative/hospice care (Kelley & Morrison, 2015). One solution to overcoming these barriers is to increase the knowledge and experience in providing palliative and end-of-life care in APRN training. Developing palliative care competence in APRNs will drive cultural change and contribute to improving care, patient outcomes, and patient satisfaction (Wheeler, 2016). In this educational research program, we proposed an innovative model for palliative care training of APRNs that is grounded in sound educational principles and responsive to patient needs and our contemporary health environment.

Purpose:
The project aims to integrate palliative care throughout the advanced practice nursing curricula and accelerate palliative care competencies among Advanced Practice-Doctor of Nursing Practice (AP-DNP) graduates.

Methods:
To increase the didactic and clinical training in palliative care for APRN students, the 2 components of this educational program include:

1. Integrating into AP-DNP curricula, palliative care content through didactic, simulation, interprofessional, and clinical learning experiences that incorporate minority and underserved patient populations. This will foster AP-DNP graduates’ readiness to practice with patients from diverse backgrounds who need palliative care services.

2. Providing clinicians and clinical preceptors in all practice settings with palliative care training through workshops and continuing professional education. This fosters the creation of academic-clinical practice partnerships to increase student access to high quality palliative care sites.

To evaluate the progress and inform the process, we examined the AP-DNP students’ sociodemographic and baseline palliative care knowledge and confidence data using the Palliative Care Quiz for Nursing (PCQN)—possible scores range from 0 to 20 (Ross, McDonald, & McGuinness, 1996) and the Palliative Care Self-Efficacy Scale (PCSES)—possible scores range from 12 to 48 (Phillips, Salamonson, & Davidson, 2011). Additionally, we analyzed AP-DNP faculty and preceptors’ data from a workshop “Integrating Palliative Care into APRN Practice and Training: What should you know?”
conducted on June 14, 2018. In the workshop, participants learned how to teach communication, pain, and symptom management, as well as deal with grief, bereavement, and ethical issues in the context of the APRN role. The workshop data include demographic characteristics of the participants and pre-post surveys on PCQN and PCSES. Data were analyzed using SPSS. The dependent sample t-test was used to observe the difference in the mean scores for palliative care knowledge and self-efficacy among workshop attendees.

**Results:**
The first step of the project was to use current AP-DNP curriculum maps to assess and integrate palliative care content. The review of curriculum identified limited palliative care content. Project team is strengthening the overall palliative care content in the AP-DNP tracks by integration/modification of coursework and development of new simulations on palliative care scenarios.

The preliminary analysis of AP-DNP students (n=21) baseline data identified that the average age was 31±5 years (100% female, 52% Caucasian, 38% Asian, 19% Hispanic/Latino, 5% Native American and 5% Native Hawaiian). Sixty-seven percent of the respondents reported a BS/BSN level of education, 29% reported a MS/MA/MPH and 5% reported a doctoral degree. The mean scores on the PCQN and PCSES were 12±4 and 34±10, respectively. The mean percentage correct responses to the PCQN was 60%; the AP-DNP student demonstrated poor palliative care knowledge, < 75% (Kassa, Murugan, Zewdu, Hailu, & Woldeyohannes, 2014).

Twenty faculty and preceptors from eight different institutions attended the workshop (average age 44±13 years, 100% female, 50% having MSN degree, 25% PhD and 10% DNP). Fourteen participants had experience working as an advance practice nurse (mean 18±12 years), 16 participants had experience working as a preceptor or clinical instructor (mean 16±13 years) and 8 participants had experience working as faculty (mean 13±11 years). There was no significant change in mean scores on the PCQN (pre-test 14±3, post-test 15±3; p=.903). However, attendees demonstrated an increase in mean score on the PCSES (pre-test 32±12, post-test 36±10; p<0.01).

**Discussion/Conclusion:**
The results from workshop data suggested that the palliative care training was successful to increase the self-confidence of AP-DNP faculty and preceptors on dealing with patients and family needing palliative care. By integrating palliative care content in AP-DNP curriculum, we expect to increase palliative care knowledge and confidence of students and prepare AP-DNPs with essential palliative care competencies to keep pace with and lead in rapidly changing health care delivery system and serve as doctorly-prepared nursing faculty. There is a pressing need from local to global levels to increase the number of APRNs with palliative care competencies.

**Acknowledgment**
The educational research program is supported by NSP II proposal: Accelerating Advanced Practice Palliative Care Competencies and Expanding Practice Partnerships (MHEC grant # NSPII18-113).
Accelerating Advanced Practice Palliative Care Competencies

Keywords:
advanced practice, educational program and palliative care

References:

Abstract Summary:
There are many unmet palliative care needs for patients and nurse training in palliative care competencies is insufficient. This educational program aims to prepare AP-DNP students to integrate principles of palliative care into services provided across continuum of care and increase access to palliative care services to diverse patient populations.

Content Outline:
A. Introduction
- Palliative care improves communication, symptom control, and support for patients and their families, resulting in improved quality of life and survival outcomes while decreasing healthcare costs (Siouta et al., 2016; Swami & Case, 2018).
- However, palliative care needs remain unmet and nurse training in this area is inadequate.
• To address this need, the educational program aims to integrate palliative care throughout advanced practice curricula and accelerate palliative care competencies among Advanced Practice-Doctor of Nursing Practice (AP-DNP) graduates.

B. Body of presentation
The presentation will focus on:
• Curriculum mapping process
• Evaluation of AP-DNP students baseline data
  o Results from descriptive analysis on demographics and Palliative Care Quiz for Nursing and Palliative Care Self-Efficacy Scale scores
• Evaluation of AP-DNP faculty and preceptors’ data
  o Results from descriptive analysis
  o Results from dependent sample t-test to examine mean difference on Palliative Care Quiz for Nursing and Palliative Care Self-Efficacy Scale scores before and after attending palliative care workshop

C. Conclusion
• From baseline data analysis, AP-DNP students demonstrated poor knowledge on palliative care.
• Through integration of palliative care content in AP-DNP curriculum, we expect to increase palliative care knowledge and confidence of AP-DNP students and prepare AP-DNPs with essential palliative care competencies.
• The results from workshop data suggested that the palliative care training was successful to increase the self-confidence of AP-DNP faculty and preceptors on dealing with patients and family needing palliative care.

First Secondary Presenting Author
Corresponding Secondary Presenting Author
Binu Koirala, RN, MGS
School of Nursing, The Johns Hopkins University
Doctoral Candidate
Baltimore MD
USA

Author Summary: Binu is a doctoral candidate at Johns Hopkins School of Nursing. Her research interests include cardiovascular health, palliative care, global health and older adults. Her recent research experience is focused to support heart failure management, accelerate palliative care competencies among advanced practice registered nurses and prevention and management of delirium. She has recently received Sigma Theta Tau-Nu Beta 2018 Nursing Research Award, 2018 Dissertation Award and 2018 NLN Foundation for Nursing Education Scholarship Award.

Second Secondary Presenting Author
Corresponding Secondary Presenting Author
Sharon Kozachik, PhD, MSN, RN
Johns Hopkins University
School of Nursing
Assistant Professor
Author Summary: Sharon Kozachik's research focuses on the relationship between pain and disturbed sleep and the mechanisms that underlie their co-occurrence. Dr. Kozachik is committed to relieving suffering through scientific exploration of the clinical phenomena that she observed as a clinician. She currently conducts bedside-to-bench translational research to determine: 1) the antecedents and consequences of pain and sleep disturbance, 2) whether alterations in HPA axis responsivity serve as a mechanism linking sleep disruption to increases in pain.

Third Primary Presenting Author

Primary Presenting Author
Cheryl Dennison-Himmelfarb, PhD, ANP, RN, FAAN
Johns Hopkins University
School of Nursing
Professor
Baltimore MD
USA

Author Summary: Dr. Dennison-Himmelfarb is the Associate Dean for Research at Johns Hopkins School of Nursing and has joint appointments in the Schools of Medicine and Public Health. Her research involves developing and testing interventions to reduce cardiovascular risk among high-risk populations in acute care and community settings.