Advance Care Planning (ACP) Training

Your Role as a Nursing Leader

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Sigma Theta Tau International’s 28th International Nursing Research Congress
July 29, 2017
Objectives

The learner will be able to:

- Appraise the leader’s role in ensuring healthcare staff have the tools and training needed to initiate advance care planning (ACP) discussion with patients and families.
- Identify strategies to provide training and education to the healthcare team on ACP.
- Discuss the importance of providing ACP training.

The authors have no reported conflicts or perceived conflicts. This presentation does not have any sponsorship or commercial support.

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Why should ACP & AD training matter to leaders?
Background

- U.S. population is living longer
- Only 18-36% of the U.S. population has completed an Advance Directive (AD)
- Patient Self Determination Act of 1991
- Healthcare teams lack education & training on Advance Care Planning (ACP) and ADs

(Pecanac, Repenshek, Tennenbaum, & Hammes, 2014)
(Kroning, 2014)
What does training provide?

• Knowledge base for ACP & ADs
• Enhanced staff member’s confidence
• Encourages completion of an AD
Training Methods in a Pilot Study

- Classes developed with informational pamphlet
- Multiple classes offered
- Two different instructors
- Open dialogue with small class sizes
Evaluation Tools

- Pretest
- Posttest
- Evaluations
Advance Care Planning Pre-test

Name/Title ____________________________  Elect not to answer/Last 4 digits of phone # ________

1. How would you rate your current knowledge regarding Advance Directives?
   
   1 2 3 4 5 6 7 8 9 10
   No Knowledge Very Knowledgeable

2. How comfortable are you with advance care planning (having conversations about healthcare wishes at the end of life)?
   
   1 2 3 4 5 6 7 8 9 10
   Not Comfortable Very Comfortable

3. Have you ever received training on Advance Directives or Advance Care Planning before?
   
   Yes No

   If yes, which one? ____________________________

4. How often do you encounter someone needing assistance with Advance Directives or Advance Care Planning?
   
   Daily Monthly Yearly Rarely

5. Do you have an Advance Directive?
   
   Yes No

6. Can you describe the difference between Advance Directives and Advance Care Planning?
   
   Yes No

   If yes, please describe: ________________________________________________________________

Advance Care Planning Post-test

Name/Title ____________________________  Elect not to answer/Last 4 digits of phone # ________

1. How would you rate your knowledge regarding Advance Directives after today’s session?
   
   1 2 3 4 5 6 7 8 9 10
   No Knowledge Very Knowledgeable

   Comments: ________________________________________________________________

2. How comfortable are you with advance care planning (having conversations about healthcare wishes at the end of life) after today’s session?
   
   1 2 3 4 5 6 7 8 9 10
   Not Comfortable Very Comfortable

   Comments: ________________________________________________________________

3. If you do not have an Advance Directive, do you plan on getting one since learning the importance of Advance Care Planning after today’s session?
   
   Yes No

   Comments: ________________________________________________________________

4. Can you describe the difference between Advance Directives and Advance Care Planning after today’s session?
   
   Yes No

   If yes, please describe: ________________________________________________________________
Data Analysis

- Sample N=138 (Power of 60 needed)
- Answers compared per participant
- Instructors compared
- P value set less than 0.05 (P<.05)
- Statistician assistance with statistical computer program
Advance Directive Results

Attendees with AD

- Yes: 88%
- No: 12%

Post Training: Will get AD

- Will get: 84%
- Will not: 4%
- Not sure: 1%
Results for Encounters

Number of Encounters w/individuals needing AD assistance

- 61% Yearly/Rarely
- 39% Daily/Monthly/Weekly
Results

Pairwise Comparison Calculations = .000
95% Confidence Interval for the following:

- Comfort Level
- Knowledge Level
- Ability to describe ACP & ADs
Results
Instructor Data

No significant difference in knowledge & comfort level & ability to describe ACP & ADs

No interaction between instructors for knowledge level data

Significant interaction across time in both instructors for comfort level & ability to describe, decreased at the same rate
Limitations

- Small sample but sample size exceeds power analysis level required
- Unable to identify roles of attendees
- Program data is self-reported
Discussion/Recommendation

Findings show that:

• ACP and AD training enhances the staff’s comfort & knowledge level

• More than 1 instructor can provide the training with the same positive outcomes
QUESTIONS?

References available upon request

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Midland Memorial Hospital ACP Pamphlet
http://www.midlandhealth.org/Uploads/Public/Documents/AdvanceCareBooklet_Pages_NoBlee ds_spreads.pdf