

Dumke College of Health Professions

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ABSTRACT

The lack of formal education applicable to the clinical oncology team leads to inadequate timing of palliative/hospice care service implementation. A formal education program was developed to address current barriers to admission. This program provides the opportunity for clinical oncology staff to gain a more in-depth understanding of the benefits of timely conversations regarding palliative/hospice care. This program may promote the implementation of formal pathways and guidelines within the United States. All patients will experience death. Providing dignity and autonomy to do so with their individual needs addressed is important in providing a patient centered care environment. Keywords: hospice, palliative, education, death, metastatic cancer

PICO QUESTION

For clinical oncology staff, how does implementation of an educational program regarding early palliative/hospice interventions for patients with metastatic cancer impact timeliness of conversations to individualize patient care plans as compared to current education?

LITERATURE REVIEW

A literature review provided three categories of importance related to the need for formal education on benefits of early palliative/hospice care interventions.

- Barriers to early palliative/hospice identification (1).
- Cancer pathways and guidelines (2).
- Communication techniques (3).

Palliative/Hospice Care Education Effectiveness for Clinical Staff on an Oncology Unit

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PROJECT METHODOLOGY

Creating an educational program to support the advancing knowledge of oncology clinical staff increases the efficient utilization of palliative/hospice care (4). The education program design will address concerns such as barriers to admission, difficult conversations, and the need for formal pathways and guidelines created in the United States. The development of this project provides the necessary information for clinical oncology staff to aid in empowering their patients and families to make informed decisions.

Plan and Implementation

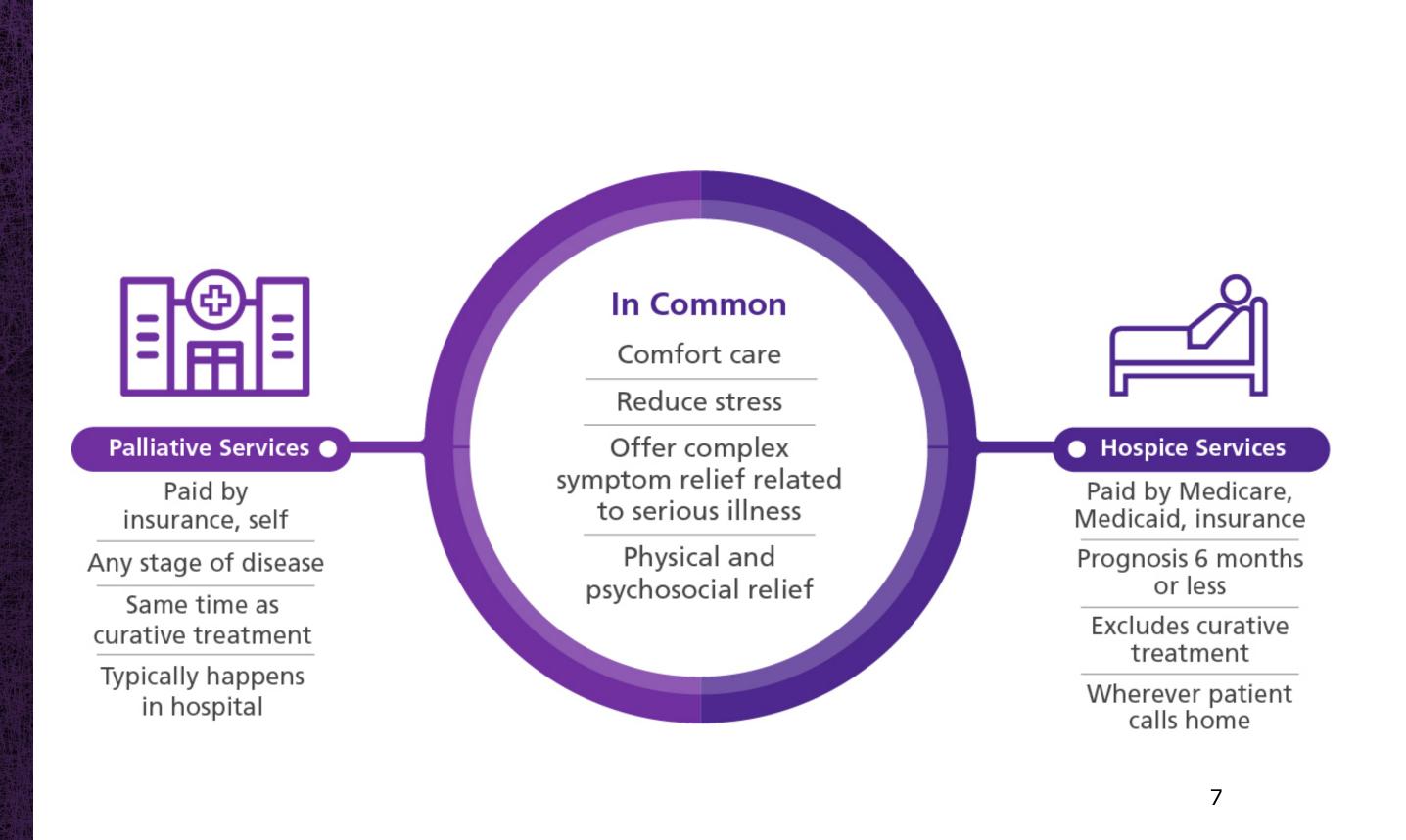
The educational program will be presented to clinical staff including certified nurse assistants, bedside nurses, case managers, social workers, and advanced practice nurses.

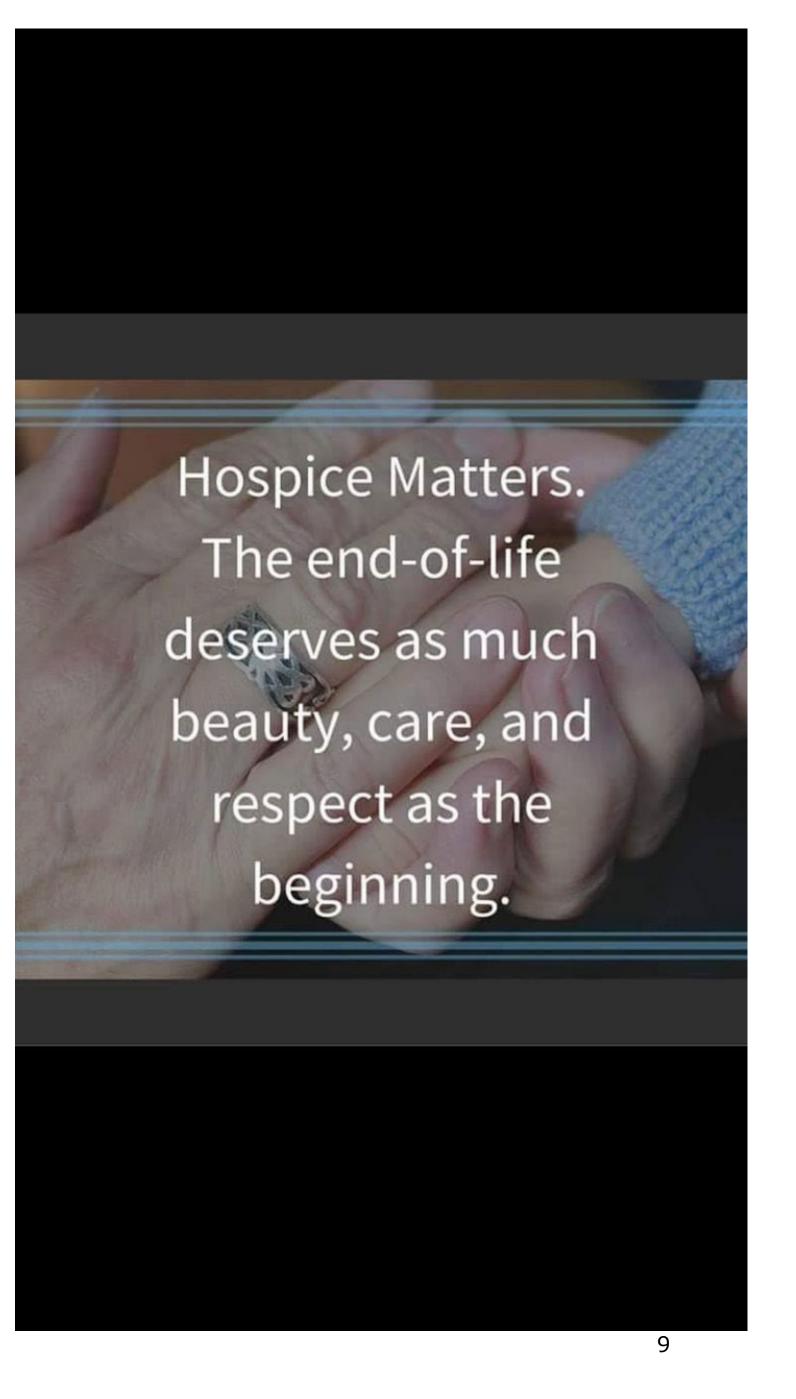
- Each member will attend on session of the program. Multiple sessions with varying times are provided to accommodate all staff
- A podium presentation will include follow the course outline and provide information to support early interventions.
- A poster will be available on the unit for both clinical staff, patients, and families.

Evaluation

The commitment and engagement of clinical staff will be crucial in implementing change. The educational program will be over time.

- Program attendees will provide feedback via brief questionnaire at the end of their session
- An end of program meeting will be held including unit educator, charge nurses, and presenter at the end of all sessions to discuss feedback.
- Follow up evaluations will be conducted at the six-month and oneyear time frame.







THEORETICAL FRAMEWORK

- The Stevens Star Model of Transmission design guides implementation of knowledge into clinical practice (5).
- The models focus follows a five-point star reflecting each necessary step for transformation.
- The steps include discovery research; evidence summery; translation into guidelines; practice integration; and process, outcome, and evaluation (5).
- Each of these points guide clinical staff to translate research into clinical practice.

CONCLUSIONS

Education provides the opportunity for clinical oncology staff to implement the necessary changes regarding barriers to early identification, communication techniques and the creation of formal pathways and guidelines. Death is inevitable for all patients. Ensuring patients with metastatic terminal cancer have the necessary information to make an informed decision regarding their goals of care is crucial for a more positive outcome for both patients and families (6). A formal education program gives the necessary insight to clinicians to be able to introduce and implement palliative/ hospice care information. This can result in a timelier discussion and potential admission to such programs.

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