Abstract Top 10 Acceptance Email

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Sent: Monday, February 25, 2019 10:36 AM
To: Trovato, Gina
Cc: Hannon, Carla
Attachments: Top10AcceptanceLetter.doc (45 KB)

Dear Poster Presenter,

Congratulations! We are pleased to inform you that your poster abstract is accepted for display at the 11th Annual Janet Parkosewich YNHHS Nursing Research Conference, on Wednesday, March 27, 2019 at the Yale University West Campus Conference Center.

In addition, your abstract was one of the top 10 scoring abstracts. We are inviting you to participate in a new event this year. We would like you to submit a PDF file of your poster to Carolyn.Bradley@ynhh.org by March 13, 2019. The posters will be peer reviewed and the top three will be selected for special recognition during the conference. Authors of the posters receiving first, second, and third place recognition will be given 10 minutes to present their project on stage during the conference. Winners will be notified via email on March 20, 2019.

Posters can be set up between 7:00 AM and 7:30 AM. We will supply an easel, poster board and binder clips to attach your poster to the poster board (36" x 48"). No tables will be available for poster display. If your poster hasn't been created yet, please refer to the following document before you develop your poster, found on the YNHH Nursing Research Committee website or the registration website: YNHHS Nursing Research Committee Guidelines for Creating a Poster Presentation

We will be available to help set up your posters in the Conference Center Cafeteria. Please remember that as a poster presenter, you will need to register and attend the conference. Conference participants will have several opportunities to view your poster. Please stay by your poster during viewing times to interact with participants.

Thank you for your abstract submission. This will be a great conference and we are looking forward to seeing you and your poster. If you have any questions, feel free to contact us.

Sincerely,

Anne Marie McGrory, MS, RN
Program Director Critical Care Services, Greenwich Hospital
Lisa Silk, DNP, RN-BC, RN-NE
Program Manager, Primary Care and Ambulatory Services, Bridgeport Hospital
Carla Hannon, MSN, APRN, CCRN, CCNS
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Using the 'P' Word: Improving Nurse Self-Efficacy for Palliative Care Provision through Simulation

Gina Trovato, MSN, RN, CHPN and Nicole Generales, BSN, RN, CHPN

March 2019

MAGNET RECOGNIZED – AMERICAN NURSES CREDENTIALING CENTER

Purpose

The interdisciplinary Palliative Care Simulation Program (PCSP) was developed to create a safe environment for nurses to have crucial conversations with patients and families and thereby increase nurse self-efficacy for palliative care provision.

Background

- Palliative and end-of-life (EOL) care are related though non-synonymous sub-specialties of healthcare about which healthcare professionals currently lack competence and confidence (Harden, Price, Duffy, Galunas, & Rogers, 2017).
- Surveys of nurses at Greenwich Hospital, a 206-bed Magnet-designated regional hospital affiliated with Yale-New Haven Health System (YNHHS) with a multifaceted Palliative Care service, revealed a knowledge deficit in palliative and EOL care (Coletti et al., 2015).
- Simulation was proposed as an innovative approach to engage, empower, and educate nurses on the topics of palliative and EOL care.

Methods

- Study deemed exempt by GH IRB in March 2017
- Data collected April 2017 – June 2018
- Total convenience sample of 16 nurses (< 3 years experience) from multiple nurse residency cohorts
- One month prior to PCSP: Pre-assessment (PCSES)
- PCSP: Two simulation scenarios, each with a prebrief, debrief, and an interdisciplinary, multimodal education session on palliative care (definition and associated terms, diagnoses and symptoms); communication tools; and EOL, spiritual, bereavement and self-care
- One month following PCSP: Post-assessment (PCSES)

Palliative Care Self-Efficacy Scale (PCSES)

Please rate your degree of confidence with the following patient / family interactions and patient management topics, by ticking the relevant box below:

1 = Need further basic instruction
2 = Confident to perform with close supervision/ coaching
3 = Confident to perform with minimal consultation
4 = Confident to perform independently (Phillips, Salamonson, & Davidson, 2011)

		1	2	3	4
1	Answering patients questions about the dying process				
2	Supporting the patient or family member when they become upset				
3	Informing people of the support services available				
4	Discussing different environmental options (e.g. hospital, home ,family)				
5	Discussing patient's wishes for after their death				
6	Answering queries about the effects of certain medications				
7	Reacting to reports of pain from the patient				
8	Reacting to and coping with terminal delirium				
9	Reacting to and coping with terminal dyspnea (breathlessness)				
10	Reacting to and coping with nausea / vomiting				
11	Reacting to and coping with reports of constipation				
12	Reacting to and coping with limited patient decision-making capacity				

Results

N = 16

One Month Pre-PCSP: M=30.75, SD=8.61

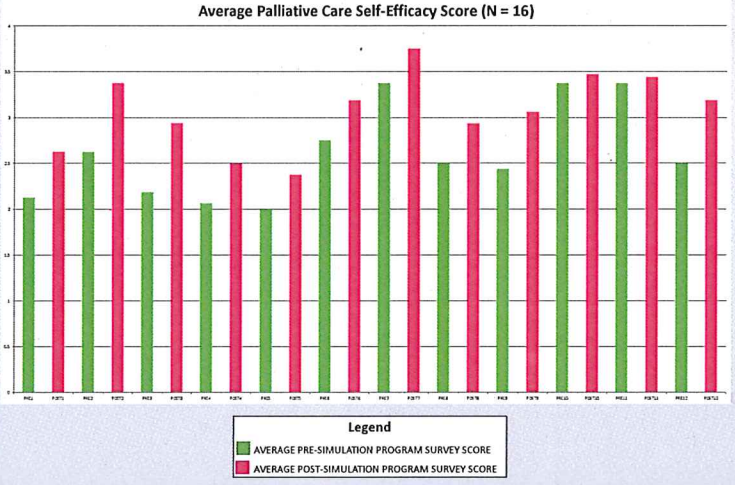
One Month Post-PCSP: M=36.91, SD=4.55, t(16) = 3.80, p=0.002

All items reflected improvement in self-efficacy scores, of which eight were statistically significant.

The greatest improvements were in the following areas:

1. Management of patients' terminal dyspnea (p=0.004)
2. Discussing support services available (p=0.008)
3. Management of patients' limited competency (p=0.006)
4. Management of patient and family members' emotional upset (p=0.008)

Average Palliative Care Self-Efficacy Score (N = 16)



"I felt I was unsure and not well educated on palliative vs. hospice care and I feel more confident now with many resources." - Nurse Participant

Implications

- Nurses improved and maintained their self-efficacy for palliative care provision 1 month following the simulation program
- As data collection is ongoing, future considerations include:
  - Increasing the sample size
  - Offering PCSP as an educational opportunity for all healthcare providers across the Yale-New Haven Health System
  - Considering additional metrics to measure effect of simulation program on patient outcomes

Limitations

- Sample size is small and not generalizable

References

Coletti, D., Leafe, B., Archer, H., Acevedo, K., Culmone, K., & Hansley, M. (2015, November). *Identifying and addressing nursing barriers in EOL care.* Poster session presented at the meeting of the Center for Advancing Palliative Care, San Antonio, TX.

Harden, K., Price, D., Duffy, E., Galunas, L., & Rodgers, C. (2017). Palliative care: Improving nursing knowledge, attitudes, and behaviors. *Clinical Journal of Oncology Nursing, 21*(5), E232-E238. doi: 10.1188/17.CJON.E232-E238

Phillips, J., Salamonson, Y., & Davidson, P. M. (2011). An instrument to assess nurses' and care assistants' self-efficacy to provide a palliative approach to older people in residential aged care: A validation study. *International Journal of Nursing Students, 48*(9), 1096 1100. doi: 10.1016/j.ijnurstu.2011.02.015

Acknowledgements

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