

Evaluation of an Advance Care Planning Workshop to Improve the Self-Efficacy of Health Care Providers

Joy Patrick, DNP, MSN, APRN, AGCNS, CCRN

BACKGROUND

- Advance care planning is a process in which individuals, with their healthcare providers, discuss care options if they become seriously ill, along with options on future care provided.
- Continually, the barriers to advance care planning are multifocal such as provider apprehension, lack of time, and fear. training of health care professionals.
- Therefore, education is a critical element in improving self-efficacy related to ACP.

PURPOSE

The purpose of this Doctor of Nursing Practice (DNP) project was to evaluate an online educational module directed at improving healthcare providers' self-efficacy (SE) in Advance Care Planning (ACP).

METHODS

Design/Setting: Pre-post evaluation, incorporating an electronic questionnaire for completely online delivery setting of the intervention.

Inclusion criteria were that participants had to be an RN, APRN, Physician, PA, medical student, or nursing student.

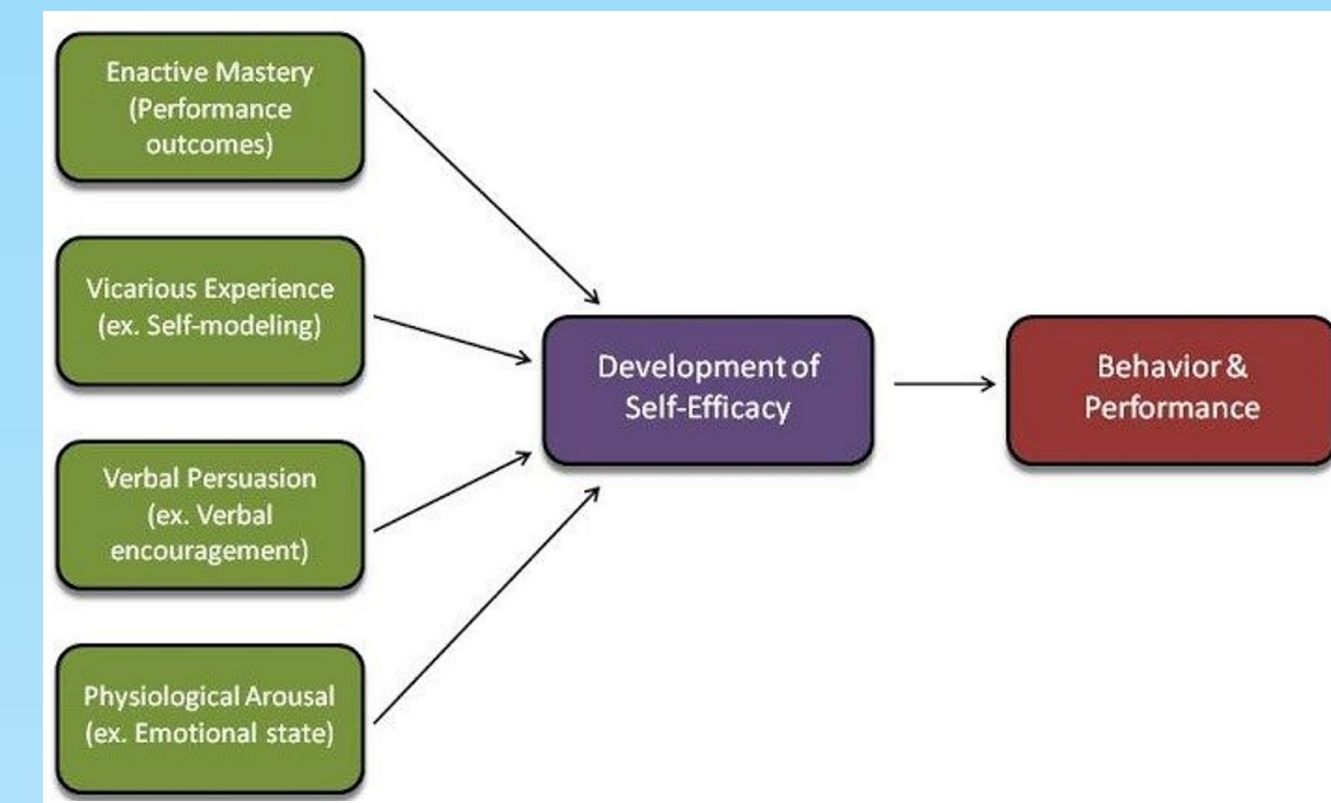
Procedure/Intervention:

- Pre-intervention demographics and assessment of knowledge and SE
- Participants viewed an ACP educational video
- Post-intervention data and project evaluation

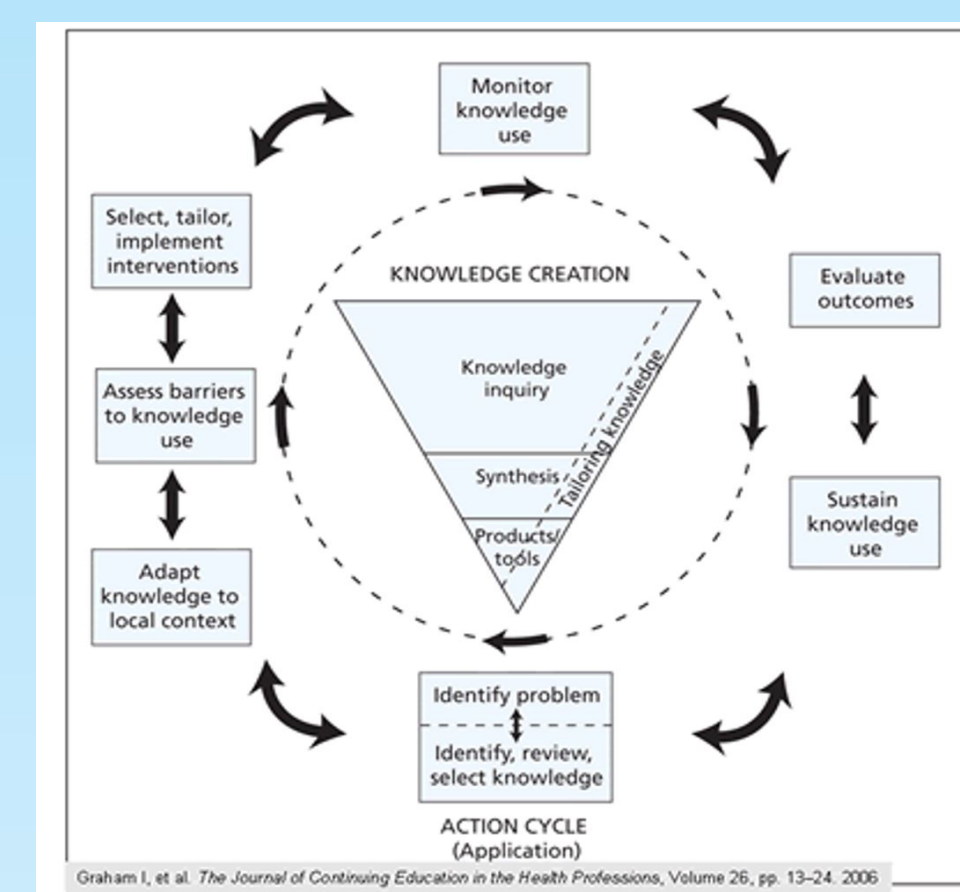
Statistical Analysis: Descriptive statistics (frequencies and percentages) were used for demographic data; knowledge and self-efficacy data were analyzed utilizing the Wilcoxon Signed Ranks test.

FRAMEWORK/THEORY

Social Cognitive Theory



Knowledge To Action



INSTRUMENT

On a scale from 1 to 5 where 1 equals not at all confident and 5 equals very confident, how confident are you that you can do the following for patients?

	Not at all confident	1	2	3	4	5	Very confident
A. Find the time to discuss the patient's prognosis, preferences and care plan with the patient	1	2	3	4	5		
B. Determine how much the patient wants to know about the prognosis	1	2	3	4	5		
C. Determine the level of involvement the patient wants in decision-making	1	2	3	4	5		
D. Determine who else (e.g., family members) the patient would like to be involved in decision-making	1	2	3	4	5		
E. Provide the desired level of information and guidance needed to help the patient in decision-making	1	2	3	4	5		
F. Describe the pros and cons of different life-sustaining treatments	1	2	3	4	5		
G. Determine the patient's specific wishes for types of medical treatment	1	2	3	4	5		
H. Discuss and negotiate individualized treatment goals and plans with patient	1	2	3	4	5		
I. Ensure that patient's treatment preferences will be honored at your facility	1	2	3	4	5		
J. Ensure that patient's treatment preferences will be honored at a hospital if patient is hospitalized	1	2	3	4	5		
K. Discuss how to complete a living will with the patient	1	2	3	4	5		
L. Determine when there should be a shift in care goals	1	2	3	4	5		
M. Reassess the patient's wishes when a shift in care goals is needed	1	2	3	4	5		
N. Openly discuss uncertainty with patient when it exists	1	2	3	4	5		
O. Educate patient and clarify any misperceptions about the disease or prognosis	1	2	3	4	5		
P. Respond empathetically to patient's and family's concerns	1	2	3	4	5		
Q. Communicate "bad news" to patients and their families	1	2	3	4	5		
R. Engage patients in advance care planning conversations	1	2	3	4	5		

Advance Care Planning Self-Efficacy (ACP-SE 17) Scale (Baughman et al., 2017)

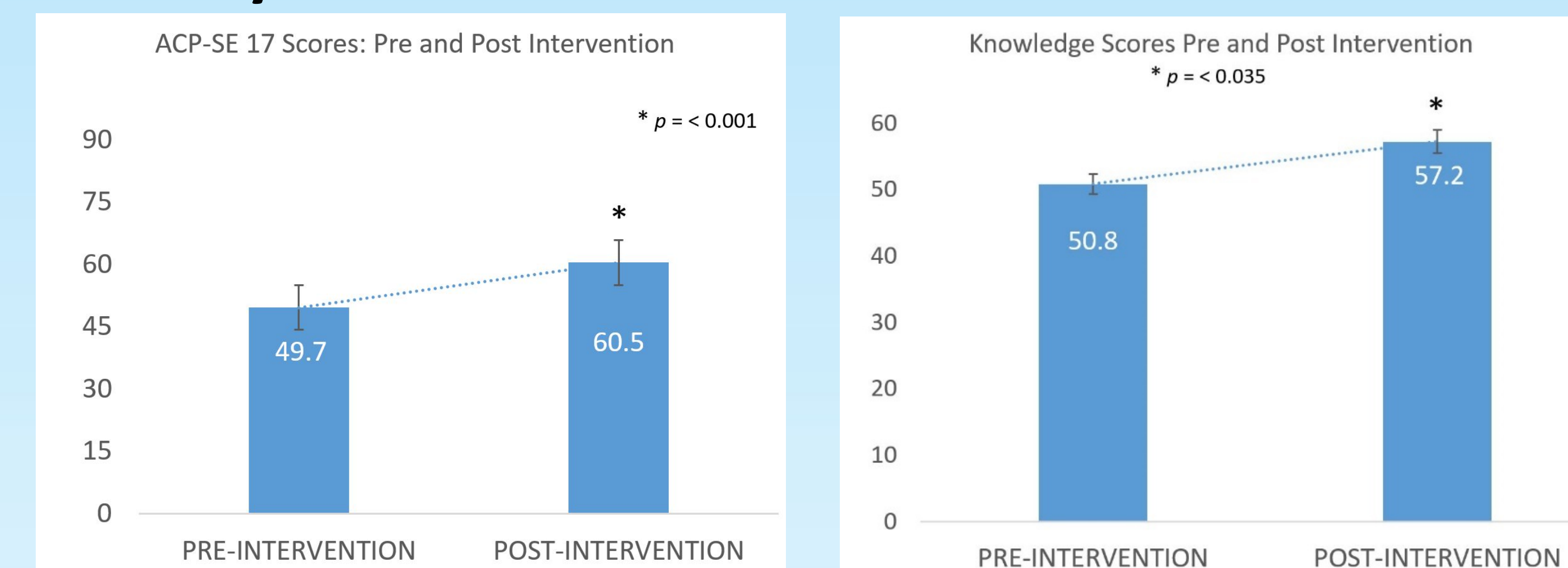
- Self-efficacy was measured with the previously validated ACP-SE 17 (used with permission) which uses a 1-5 Likert ranking scale with 5 indicative of the highest self-efficacy; responses are summed to obtain a total score (possible range of scores is 1– 85).

RESULTS

Sample: There was n=114 respondents: 83 completed the entire survey/training (N= 83).

RACE/ETHNICITY	Total (N=83)	Percentage
White	44	53.0%
Black or African American	16	19.3%
Asian or Pacific Islander	13	15.7%
Hispanic	6	7.2%
Middle Eastern or North African	2	2.4%
Multi-Ethnic	2	2.4%
AGE		
18-30	18	21.7%
31-50	45	54.2%
51-65	16	19.3%
66 or older	4	4.8%
GENDER		
Male	20	24.1%
Female	60	72.3%
Non-Binary	3	3.6%
PROVIDER LEVEL		
MD/DO	15	18.1%
APRN	23	27.7%
PA	2	2.4%
RN	34	41%
Medical Resident	8	9.6%
Medical Student (RN, APRN, PA)	1	1.2%
YEARS OF EXPERIENCE IN CURRENT ROLE		
0-5	42	50.6%
6-19	23	27.7%
20 years	18	21.7%

Primary Outcome:



IMPLICATIONS/CONCLUSIONS

The implications of this DNP project demonstrate a continued effort to educate and build health care workers' self-efficacy as it relates to advance care planning. Improving the providers' capacity to facilitate ACP may improve patient-centered communication of end-of-life care discussions.

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