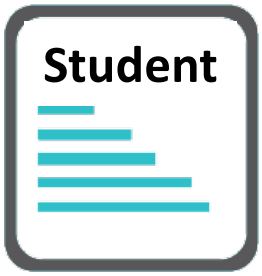

Student Pre-Work

Palliative Care: An Interprofessional Education (IPE) Approach in the COVID-19 Era (Part II VIDEO) - Cancer End of Life Care

Part of the JHUSON Interprofessional Education and Online Simulation Program

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Brief Summary

The purpose of this simulation is to identify the roles of interprofessional palliative care team members, as well as acquire skills for delivering collaborative teamwork among team members and a patient and family member receiving cancer care. Additionally, this simulation will provide a tool to help learners develop skills for conducting difficult conversations and supporting patient and family members during complex decision making and end-of-life care.

Objectives

Pre-licensure nursing students

By the end of this simulation, the learner will be able to:

1. Identify strategies for engaging in difficult conversations with cancer patients and family members.
2. Recognize patient/family cues when responding to difficult conversations.
3. Feel more confident and prepared for difficult conversations with patients/family coping with cancer.
4. Recognize the importance of silence when engaging in difficult conversations.
5. Provide support for patients/families during difficult conversations
6. Identify a framework to discuss end of life treatment options and goals of care with patients/family coping with cancer.
7. Recognize the importance of discussing code status with patients/family coping with cancer.
8. Identify strategies to evaluate/manage pain and other with patients/family coping with cancer.
9. Discuss the roles of palliative team members in delivering current therapies.
10. Address social, spiritual and emotional needs of patients and families.
11. Recognize the value of having an interdisciplinary team to assist with care of patients with acute and critical illness.

Nurse practitioner students

By the end of this simulation, the learner will be able to:

1. Apply strategies for engaging in difficult conversations with cancer patients and family members.
2. Assess patient/family cues when engaging in difficult conversations.
3. Acknowledge confidence in preparation to engage in difficult conversations with cancer patients and family members.
4. Engage in silence appropriately when sharing news with patients/family coping with cancer.
5. Promote support among team members for patients/families during difficult conversations.
6. Apply a framework to discuss end-of-life treatment options with patients/family coping with cancer.
7. Apply strategies to discuss code status with patients/family coping with cancer.
8. Employ strategies to evaluate/manage pain and other symptoms
9. Collaborate with palliative team members in determining efficacy of current therapies.

10. Develop strategies to address social, spiritual and emotional needs of patients and families.
11. Establish an interdisciplinary team to assist with care of patients with acute and critical illness.

Core Competencies for Interprofessional Collaborative Practice (2016)

A. Values/Ethics sub-competencies

VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
VE6. Develop a trusting relationship with patients, families and other team members.
VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.
VE10. Maintain competence in one's own profession appropriate to scope of practice.

B. Roles and Responsibilities sub-competencies

RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
RR2. Recognize one's limitations in skills, knowledge, and abilities.
RR3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
RR5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.

C. Interprofessional Communication sub-competencies

CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
CC3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies
CC4. Listen actively and encourage ideas and options of other team members.
CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

D. Teams and Teamwork sub-competencies

TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.
TT4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
TT10. Use available evidence to inform effective teamwork and team-based practices.
TT11. Perform effectively on teams and in different team roles in a variety of settings.

Prework

Pre-licensure nursing students:

Please review the following information prior to participating in this simulation:

1. Brief overview of the patient
2. Learning objectives (Pre-licensure/ or Nurse Practitioner, as appropriate)
3. The Core Competencies of Interprofessional Collaborative Practice addressed by this module
4. Roles of each member of the team (physician, nurse, nurse practitioner, social worker, pharmacist).
5. The palliative care team roles and *REMAP: A framework for goals of care conversation for palliative care*
6. Communication strategies to use in acute and critical illness: https://www.vitaltalk.org/
7. Read the following assigned references:
   Childers, J.W., Back, A.L., Tulsky, J.A., Arnold, R.M. (2017). REMAP: A framework for goals of care conversation. Journal of Oncology Practice 13(10), e844-850. DOI: https://doi.org/10.1200/JOP. 2016.018796 https://ascopubs-org.proxy1.library.jhu.edu/doi/10.1200/JOP.2016.018796
   Ferrell, B., Malloy, P., Mazanec, P., & Virani, R. (2016) CARES: AACN's new competencies and recommendations for educat- ing undergraduate nursing students to improve pallia- tive care. *J Prof Nurs*. *32*(5), 327-333.

Nurse practitioner students:

Please review the following information prior to participating in this simulation:

1. Brief overview of the patient
2. Learning objectives (Pre-licensure/ or Nurse Practitioner, as appropriate)
3. The Core Competencies of Interprofessional Collaborative Practice addressed by this module
4. Roles of each member of the team (physician, nurse, nurse practitioner, social worker, pharmacist).
5. The palliative care team roles and *REMAP: A framework for goals of care conversation for palliative care* (see assigned reading)
6. Communication strategies to use in serious illness: https://www.vitaltalk.org/
7. Read the following assigned references:
   American Association of Colleges of Nursing (2019). Preparing graduate nursing students to ensure quality palliative care for the seriously ill and their families. https://www.aacnnursing.org/Portals/42/ELNEC/PDF/Graduate-CARES.pdf
   Childers, J.W., Back, A.L., Tulsky, J.A., Arnold, R.M. (2017). REMAP: A framework for goals of care conversation. Journal of Oncology Practice 13(10), e844-850. DOI: https://doi.org/10.1200/JOP. 2016.018796 https://ascopubs-org.proxy1.library.jhu.edu/doi/10.1200/JOP.2016.018796

Reference Materials

Back, A. (2020). Patient-Clinician Communication Issues in Palliative Care for Patients With Advanced Cancer. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology, 38*(9), 866-876. doi:10.1200/JCO.19.00128 https://doi.org/10.1200/JOP. 2016.018796 https://ascopubs-org.proxy1.library.jhu.edu/doi/10.1200/JOP.2016.018796

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Kozhevnikov, D., Morrison, L., & Ellman, M. (2018). Simulation training in palliative care: state of the art and future directions. *Advances in medical education and practice, 9*, 915-924. doi:10.2147/AMEP.S153630

Brief overview of patient

Mr. M., a 53-yearsold male and his wife, visits a primary care office to discuss laboratory results, and a nurse practitioner shares potential diagnosis of cancer. Following the conversation at primary care office, Mr. M had appointments with an oncologist and radiology. A biopsy revealed small cell lung cancer. A month later, an interprofessional palliative care team at the inpatient hospital setting met with Mr. M and his wife to discuss the disease progression and current symptoms. With a poor prognosis, the palliative care team met further with Mr. M and his wife to discuss a treatment plan, end-of-life care and transfer to hospice care.