A Pre-Test Post-Test Intervention Study to Determine if an End-of-Life Educational Intervention Will Increase the Comfort Level of Nursing Staff in Providing Care to Patients at the End-of-Life

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INTRODUCTION and PURPOSE:
According to the American Heart Association (2009) more than 5 million Americans have heart failure and roughly 5% of patients with heart failure have end-stage disease that is refractory to medical therapy. Heart failure deaths in 2004 outpaced the death rates for lung, breast and prostate cancer. Along this trend, staff nurses on the Heart and Vascular Unit at Anne Arundel Medical Center (AAMC) have identified increasing rates of end of life care for the cardiac patients and expressed a need for further education in this area in order to provide the best possible care to this patient population. Nicole George proposed to provide some sort of intervention for nursing staff to help improve the quality of care provided to these patients and applied for and was awarded a Bedside Scientist Grant.

METHODS:
STUDY DESIGN: IRB-approved, one group pre-test/post-test design
INCLUSION CRITERIA: male or female nursing staff at Anne Arundel Medical Center, no specifications on experience level or practice area, voluntary, must attend entire educational session
EXCLUSION CRITERIA: none
STUDY SETTING: Anne Arundel Medical Center’s Doordan Institute
DATA COLLECTION TOOL: End of Life Professional Caregiver’s Survey (EPCS), proved to be a highly reliable and valid tool

REFERENCES:

INTERVENTION:
• Two-part education program utilizing concepts from End of Life Nursing Educational Consortium (ELNEC) was developed and hosted on April 8, 2013 and April 22, 2013; generous support from the Executive Nursing Leadership at Anne Arundel Medical Center
• Content experts from Anne Arundel Medical Center, Chesapeake Palliative Medicine, and Hospice of the Chesapeake lead podium discussions
• The pre-test was administered before the April 8th session began; the post-test was administered three weeks after the April 22nd session to participants who attended the entire program
• Incentive provided to the participants who returned the post-test

CONCLUSIONS:
• Two educational sessions were developed based on the ELNEC consortium curriculum
• Findings show the educational program was effective and per the EPCS, nursing staff comfort level for caring with patients near end of life improved
• Interdisciplinary, collaborative effort in preparing educational sessions
• The data demonstrates statistically significant improvement across the board in the EPCS score overall and for each of the subscales

STUDY LIMITATIONS:
• Lack of responses from participants of the post-test provided for smaller sample size
• Not enough time allotted for certain content during educational sessions

IMPLICATIONS:
• Findings indicate future educational sessions may be warranted
• This educational program may benefit all disciplines

SUMMARY:

RESULTS:
N=32
• EPCS had three subscales: Patient and Family Centered Communication, Cultural and Ethical Values, and Effective Care Delivery Scale
• An N of 63 took the pre-survey and an N of 32 completed the post intervention survey. The surveys of those who completed both the pre and posttest were matched and analysis of the 32 who took both tests was reported
• Based on the EPCS survey, there was an improvement in each subscale and the overall score

ACKNOWLEDGEMENTS:
Anne Arundel Medical Center Executive Nursing Leadership
Mark Lazenby, PhD, RN, Yale School of Nursing
Ryan MacDonald, PhD, Mercy Medical Center, Baltimore

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