

Preparing Oncology Advanced Practice RNs as Generalists in Palliative Care

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OBJECTIVES: To train and support oncology advanced practice RNs (APRNs) to become generalist providers of palliative care.

SAMPLE & SETTING: APRNs with master's or doctor of nursing practice degrees and at least five years of experience in oncology (N = 165) attended a National Cancer Institute–funded national training course and participated in ongoing support and education.

METHODS & VARIABLES: Course participants completed a precourse, postcourse, and six-month follow-up evaluation regarding palliative care practices in their settings, course evaluation, and their perceived effectiveness in applying course content in their practice.

RESULTS: The precourse results showed deficiencies in current practice, with a low percentage of patients having palliative care as part of their oncology care. Barriers included lack of triggers that could assist in identifying patients who could benefit from palliative care. Six-month postcourse data showed more APRNs participating in family meetings, recommending palliative care consultations, speaking with family members regarding bereavement services, and preparing clinical staff for impending patient deaths.

IMPLICATIONS FOR NURSING: APRNs require palliative care training to integrate this care within their role. APRNs can influence practice change and improve care for patients in their settings.

KEYWORDS palliative care; advanced practice RNs; advanced cancer

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Palliative care has become increasingly recognized as an important aspect of quality cancer care addressing critical aspects of quality of life (Buller et al., 2019; Dalggaard et al., 2014; Dumanovsky et al., 2016; Ferrell & Paice, 2019; Greer et al., 2013; Hui et al., 2015; Kelley & Morrison, 2015; Siler et al., 2018). As the field of palliative care has developed, consensus has also been growing regarding the need to integrate this care from the time of cancer diagnosis (Partridge et al., 2014). In 2018, the National Consensus Project (NCP) for Quality Palliative Care published the fourth edition of national palliative care guidelines, further emphasizing the need to integrate palliative care in all serious illness care. A key emphasis of these guidelines is the need to integrate palliative care within the role of all clinicians, including oncology nurses and physicians, who provide care to patients who are seriously ill to meet the demands that far exceed the workforce of palliative care specialists.

The body of evidence has been growing regarding the benefits of palliative care across domains of physical, psychological, social, and spiritual well-being of patients and families (Bakitas et al., 2015; Berglund et al., 2015; Ferrell et al., 2015; McCorkle et al., 2015; Van Lancker et al., 2014). Benefits of palliative care have also been demonstrated for healthcare systems in terms of reduced hospitalizations and intensive care unit stays, increased completion of advance directives, and reduced futile care at the end of life (Henson et al., 2015; May et al., 2014, 2015; Partridge et al., 2014).

Substantial discussion has taken place regarding workforce issues related to the delivery of palliative care, including the need for increased education to prepare nurses to provide this care (Aldridge et al., 2016; Kamal et al., 2016; Pang et al., 2015; Quill & Abernethy, 2013). Oncology clinicians require