

# Inpatient Oncology Implementation of a Palliative Resource Nurse Training Program Utilizing the ELNEC-Core Curriculum

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## Background and Literature

- Patients and families have palliative and end-of-life (EOL) needs
- The literature indicates that nurses often do not have the knowledge or confidence to meet these needs
- The literature supports the efficacy of palliative/EOL educational interventions
- However, a gap in the literature is the lack of focus on the construction and development of the educational interventions themselves
- The focus of this poster is the framework and development of the workshop

## Purpose

Develop and implement an ELNEC-based palliative/EOL nursing education workshop on an inpatient oncology unit.

\*The End of Life Nursing Education Consortium is a long-running evidence-based palliative nursing education initiative that is the up-to-date source of the foundational workshop content (i.e. slides, supplemental materials, some case studies).

## Aims and Outcomes

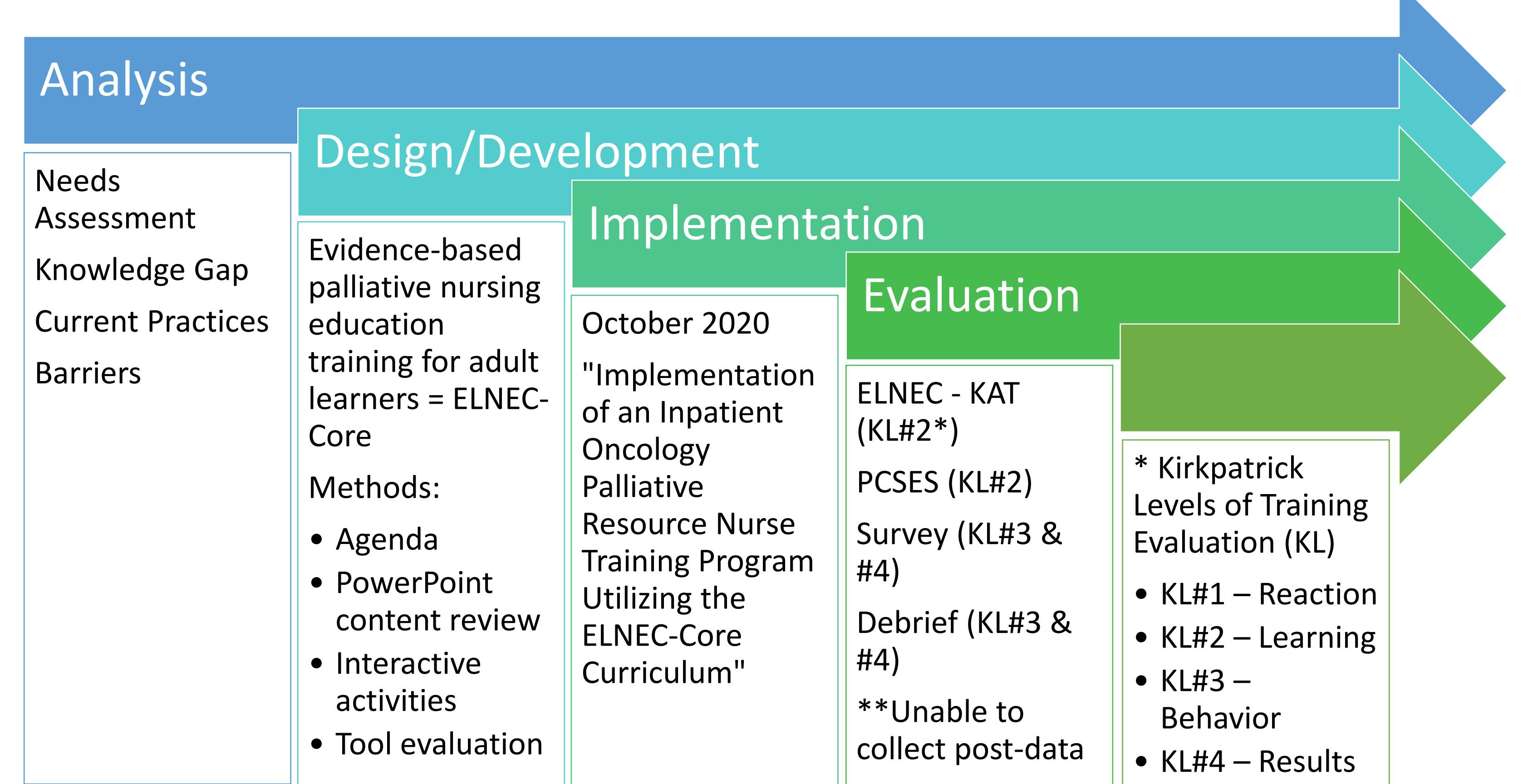
- Aim 1:** Deliver a palliative workshop to inpatient oncology nurses, measured by attendance and participation.  
**Outcome:** 20 participants of varying ethnic backgrounds, 1-30 years of experience, and no previous palliative/EOL education. 0% attrition, 100% online module completion, 100% participation.
- Aim 2:** Increase participant knowledge of palliative care, measured with the ELNEC-KAT.  
**Outcome:** Pre-test average score of 80%. Incorrect questions mostly relate to death. Unable to collect post-data.
- Aim 3:** Increase participant confidence in providing palliative care, measured with the PCSES.  
**Outcome:** Pre-test indicates existing high confidence in common palliative activities such as managing pain, constipation, and nausea, and indicates low confidence in activities related to death/dying such as discussing supportive resources, environments of death, the dying process, and patients wishes after death. Unable to collect post-data.

## Methods and Instruments

- Unit needs assessment (demographics, nursing background, interest in project, related topics of particular interest, learning preferences, ranked perceived usefulness of ELNEC topics)
- ELNEC trainer certification (DNP student)
- Tailored workshop development (see following sections)
- Anonymous Qualtrics pre-test
  - **ELNEC-KAT** (Knowledge Assessment Test) 50-item multiple choice test that covers ELNEC domains, e.g.: symptom management, bereavement, and final hours
  - **PCSES** (Palliative Care Self-Efficacy Scale) 12-item Likert rating confidence in performing palliative/EOL activities
- Eight online ELNEC common base modules
- Two-day, 16-hour in-person workshops

## Translational Framework and Design

Integrated framework incorporates best practice from the fields of nursing education *and* palliative medicine. An expanded ADDIE model (education) with nested ELNEC (palliative), andragogy (adult learners), and Kirkpatrick (training evaluation):



## Activities

ELNEC-provided case studies. Student-designed unit-case studies, comparative videos, discussions, simulated patient scenarios (phone), and PCA programming relay race. Externally developed:

**"Hello" Info**  
<https://commonpractice.com/products/hello-game>

"The conversation game about living and dying and what matters most"

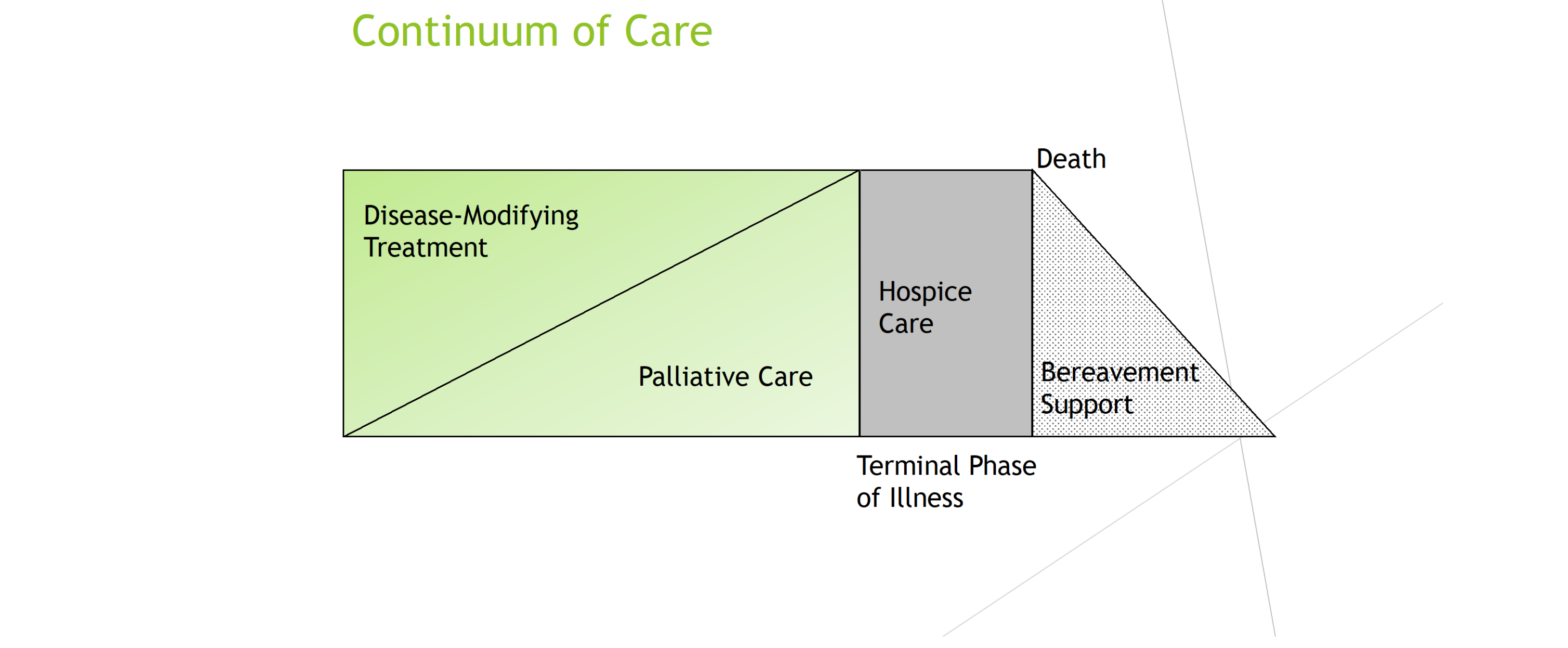
Student-developed, for the nurses: obituary lamp remembrance tree for the breakroom. Participants chose a patient dear to them, folded the obit and decorated the lantern.

ELNEC homepage for more information:

**SCAN ME**

## Content Expansion and Tailoring

**Verbatim ELNEC Slide**  
 Shows best practice, taken from slide deck received on completion of trainer certification



**Expanded and Tailored Slide**  
 ELNEC content: Non-Opioids, Adjuvants, Procedures for pain management  
 Tailoring: Unit formulary, commonly-used drugs, available procedures, photo

**Non-Opioids We Use**

- ▶ Acetaminophen (Ofirmev for post-op)
- ▶ NSAIDs (ketorolac/Toradol for post-op)

**Adjuvants**

- ▶ Antileptics
  - ▶ Gabapentin (Neurontin)
  - ▶ Pregabalin (Lyrica)
- ▶ Antidepressants
  - ▶ Paroxetine (Paxil)/fluoxetine (Prozac) (SSRI)
  - ▶ Amitriptyline (Elavil)/venlafaxine (Effexor) (TCA)
- ▶ Topical (lidocaine)
- ▶ Corticosteroids
  - ▶ Dexamethasone (Decadron)
  - ▶ Prednisolone (Orapred)

**Procedural**

- ▶ Surgery (usually spinal)
- ▶ Radiation (not as common)
- ▶ Nerve blocks
  - ▶ Often bedside, sometimes IR or intra-op
- ▶ TENS unit (transcutaneous electrical nerve stimulation)

**Tailored Supplemental Slide**  
 Student-made; unit-specific policies, organization-specific PCA order set

**What is in Place for Prevention/Safety?**

- ▶ Pain assessment (Q shift, prior to analgesia, and reassessment after)
- ▶ Sedation assessment
- ▶ Mental status assessment
- ▶ PCA-specific (VS and checks Q4)

▶ What is this?

- ▶ nalaxone (Narcan) 0.4mg/mL injection 0.1mg IV Q3 minutes
- ▶ loratadine (Claritin) tablet 10mg oral daily PRN
- ▶ diphenhydramine (Benadryl) capsule 25mg daily PRN
- ▶ ondansetron (Zofran) 4mg/2mL injection 4mg IV Q6 hours

\*Narcan IV? Narcan nasal spray?

## Feedback

**Kirkpatrick Level (from framework evaluation method)**

**Selected Participant Statements**

- "Reaction to Training"
1. Everyone should have to take this class.
  2. I actually did every single online module and took my time. They were so well done that I didn't want to miss anything.
  3. I was really worried this would just be a lot of PowerPoint lectures, like most workshops. But this wasn't like that all! I was really engaged, and felt like I could share safely and be part of a team with this.
  4. This was one of the best workshops I've ever done.
  5. This was so important and valuable, and I feel so much more comfortable now.
- "Degree of Acquiring knowledge/skills/attitude shift"
1. These activities really made me think about myself, not just my patients.
  2. I loved talking to the "patient" over the phone, I forgot that it wasn't real.

- "Changes to Behavior/Practice and Changes on Unit/in Organization"
1. I had a patient with bad anxiety and because of this class I was able to help in ways I hadn't known before, and we both had a much better day because of it.
  2. A newer nurse had a patient who died, and was worried about the opioids she had given. I was able to have a conversation with her about what death looks like, and how we manage opioids and other medications.
  3. I keep quotes and things that I wrote down from the workshop on my phone to help me with patients, and with other nurses.
  4. I started helping to work on our new palliative care policies.