

Advanced Care Planning and Advance Directives: Implementing Online Education for Healthcare Providers

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Introduction and Problem

- Two thirds of Americans have not completed an advance directive and 70 percent of Americans (more than 1.7 million) die of chronic diseases (Penn Medicine News, 2017; Kung, 2008).
- Benefits of advance directives include: autonomy during end-of-life, honored preferences, enhanced quality of medical decisions, less emotional distress among patients' loved ones, and even a decrease in healthcare costs (Garrido et al., 2015; Hickman & Pinto, 2013)
- Approximately 60% of patients stated that they are open to talk about ACP; however, only 21% percent of providers reported talking frequently about matters related to ACP or end-of-life care (Fulmer et al., 2018; Risk et al., 2019).

Problem →

- Research revealed that providers lack training and education about advance directives (AD) and advance care planning (ACP) conversations, leading to discomfort in skills, confidence, and knowledge about having these essential discussions (Blackwood et al., 2019; Fulmer et al., 2018; Wickersham et al., 2019)



Purpose →

- To increase healthcare providers' knowledge of facilitating advance care planning conversations, and completion of advance directives among patients living with a chronic disease, over the age of 65, seen within the primary care setting.



Project Objectives

- Healthcare providers' perceived knowledge, confidence, and understanding of ACP and AD will increase after completing a one-hour online education webinar posted on the NDNPA website.
- Healthcare providers' perceived knowledge of how to use the *Serious Illness Conversation Guide* and its application to initiate ACP discussion will increase after a one-hour education webinar.
- Healthcare providers knowledge of the role of ACP facilitators will increase after a one-hour education webinar.

Theoretical Framework

Malcolm Knowle's Adult Learning Theory

An adult learner as someone who is:

- Independent of self-concept and who can direct his or her own learning.
- Has accumulated a reservoir of life experiences, which is a rich resource for learning.
- Has learning needs that are influenced by social roles.
- Is problem-centered and interested in immediate application of knowledge.
- Is motivated to learn by internal rather than external factors (Meriam, 2001).

Iowa Model of Evidence Based Practice

- Problem and knowledge focused triggers
- Topic priority for organization
- Form a team
- Assemble and analyze relevant research
- Pilot the change in practice
- Integrate and sustain the practice change
- Disseminate results



Project Design

Setting:

- NDNPA's Website

Participants:

- Healthcare providers who are members of the NDNPA.

Methods:

- One-hour educational webinar will be created in accordance with the NDBON CE policies and standards and will include resources, handouts, case studies, and video.
- Participation will be voluntary

Project Design Continued

- Knowledge, Attitudinal, Experiential Survey on Advance Directives (KAESAD) instrument will evaluate pre and post education
- Information and discoveries gathered from surveys will be posted to the NDNPA website with recommendations
- Dissertation will include suggestions for future research



Evaluation Plan

- Education surveys and tests to measure knowledge, confidence, understanding, and initiation of advance directives, advance care planning, ACP facilitator referrals, and *Serious Illness Conversation Guide*. → **Pre-/Post Survey**
- Qualtrics data via descriptive statistics**
- Questions regarding demographics, experience, and area of practice will be analyzed. → **content analysis for possible themes/feedback**
- Questions regarding effectiveness of the one-hour education module will be analyzed with descriptive statistics.



- Proposal Meeting:** July 2021
- IRB Approval:** August 2021
- Implementation:** September 2021-December 2021
- Data Analysis:** January 2022
- Final Defense of Dissertation:** March 2022

References: Available upon request