2023

Educating Nurses to Implement Serious Illness Conversations

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MBA, University of Hartford, 2016

MSN, University of Hartford, 2006

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

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Abstract

As part of investigating staff nurses' reluctance to have serious illness conversations (SIC) at a local hospital, an educational deficit was noted. Nurses articulated they felt uneducated about how to have a SIC with a patient in need and questioned if the practice of conducting SICs was part of the nurses' scope of practice in the New England State where they were employed. The purpose of this project was to create an educational tool and have it validated by a multidisciplinary group of experts. Once validated, the goal will be to educate nurses, raise awareness on the topic of SICs, and ultimately increase the incidence of nurses having SICs with patients in need. The Iowa model of evidence-based practice was utilized to guide the implementation of evidence-based practice. The theory of task centered instructional design was the theory used as the foundation for the instructional educational activity for this project. The research question asked if a staff education module about serious illness conversations increases the staff's knowledge in initiating end of life discussions with patients. The research design included a six-member panel of experts in palliative care and nursing leadership using a five-point Likert scale to review the proposed educational curriculum on SICs. The results from each reviewer were averaged. Results included an overall "5" rating for each question asked, representing the experts were in strong agreement that the training was high in quality, indicating the educational tool is valid. Using this validated educational tool will promote the education of nurses on SICs and will promote social change by increasing nurses' knowledge, understanding, and likelihood of providing a SIC to patients in need.

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Dedication

This project is dedicated to my late father-in-law, who unexpectedly passed away during my Doctor of Nursing Practice studies. Witnessing his care providers' inability to confidently conduct a serious illness conversation while observing the resulting distress it caused him fueled my passion for this project. This project is also dedicated to my three beautiful children Sajel, Jaya, and Maya. I hope, through my role modeling, my children learn the benefit of perseverance and aiming for the stars.

Acknowledgments

I would like to express my most sincere thanks to Dr. Joanne Minnick. Without her mentorship, guidance, cheerleading, and support, this project would not have been possible. I would also like to thank my husband for his endless support, patience, understanding, and encouragement of me. He inspires me to be the best I can be and his love for me is never ending.

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Section 1: Nature of the Serious Illness Conversations

Introduction

This project aimed to educate nurses about how to conduct an SIC with patients who have chronic and/or life limiting illness. Improving communication with patients about prognosis, values, and the seriousness of their illness remains a national priority in healthcare (Institute of Medicine [IOM], 2016; Tulsky et al., 2017). While nurses are in the prime position to have SICs with patients, some may be reluctant to do so without educational support, tools, empowerment, and resources (Sawatzky et al., 2017). Implementing a serious illness conversation guide (SICG) and education program can aid in improving nurses' communication, skills, and confidence in conducting SICs (Beddard Huber et al., 2021; Fliedner et al., 2021). Increasing nurses' knowledge about and confidence in having SICs results in an increase in the implementation of early SICs with a larger demographic of patients (Gradwohl et al., 2020; Lakin et al., 2017).

The implications of social change due to this project may include an increase in the quality of patient care and improved patient satisfaction. When patients have SICs with their healthcare providers, physical and psychological suffering is reduced and improved patient outcomes are achieved (Bernacki, 2019; Paladino et al., 2020).

Problem Statement

At the start of this project, nurses at a 199-bed community hospital located in the New England State where they were employed had not been presented with an evidence-based serious illness conversation program (SICP) curriculum. The project site identified this as an opportunity for improvement as evidenced by nurses asking for assistance in

guiding end of life care dialog from physician colleagues, nurse leaders, and via conversation at Nurse Practice Council Committee (NPCC) meetings. Nurses at this site had expressed having discomfort in facilitating SICs as well as uncertainty as to if these discussions were in their scope of practice or part of their job expectations.

While nurses are in a prime position to have SICs with patients, some may be reluctant to do so without educational support, tools, empowerment, and resources (Beddard-Huber et al., 2021; Sawatzky et al., 2017). A systemic review and meta-analysis performed by Chung et al. (2016) demonstrated structured communication training improved providers' ability to facilitate end of life discussions. By implementing an SICP there can be an improvement in the nurses' confidence in initiating end of life discussions with patients (Beddard-Huber et al., 2021; Fliedner et al., 2021). Empowering nurses by way of offering education on SICs is significant to the field of nursing in that use of an SICP has been shown to enhance learners' knowledge of and comfort in having SICs with patients (Bernacki et al., 20210; Lakin et al., 2017). Given nurses are in a key position to incorporate a palliative approach to care while honoring the wishes of individuals, offering education to nurses to support them in this endeavor is paramount (Fliedner et al., 2020).

Purpose Statement

The purpose of this project was to identify and assess an SICP to address the knowledge and confidence gap that nurses have related to having SICs with patients who have chronic and/or life limiting illness. The practice focused question for this project was: "Does a staff education module about serious illness conversations increase the

staff's knowledge in initiating end of life discussions with patients"? With this in mind, this project's objective was to validate an educational tool to be used to educate nurses about SICs.

An SICP contains educational materials that assist healthcare providers, inclusive of nurses, to initiate timely SICs with patients in need. Using an SICP to educate nurses about how to implement SICs with patients in need is of interest at this project site and warrants being addressed as it can help to bridge the current knowledge and practice gap related to the practice of nurses supporting best patient care for those with chronic and/or life limiting illness.

Nature of the Doctoral Project

To implement this project, an evidence-based SICP inclusive of the SICG developed by Ariadne Labs (2017) was utilized as the foundation for the creation of an educational curriculum geared for registered nurses who care for patients with chronic and/or life limiting illness. The project objective included an expert panel validation of the educational material that will be used to educate registered nurses Doctor of Nursing Practice (DNP) nurses. The educational material is inclusive of a pre-education test, a PowerPoint presentation, practice sessions based on interactive scenarios, and a post-education test that will be reviewed and analyzed as a measure of programmatic effectiveness. The educational material was first assessed and validated by a multidisciplinary group of experts, comprising an expert panel. The validators of the educational material included six key stakeholders that work in the area of acute care, palliative care, and nursing leadership: (a) the medical director of the hospitalist service

who is a geriatrician and board certified in palliative care, (b) a nurse practitioner who is board certified in hospice, palliative care, oncology, and pain management and is a member of the Palliative Nurses Association, (c) a DNP-prepared associate chief nursing officer who is also the director of professional practice of a hospital system, (d) a chief nursing officer who was a previous director of professional practice and a member of the Association of Critical Care Nurses, (e) a nurse director of emergency and critical care services with over 30 years of experience, and (f) a DNP-prepared chief nursing officer who also serves as faculty for a well-respected DNP program.

The purpose of this doctoral project was to address the knowledge and confidence gap that nurses have related to having SICs with patients who have chronic and/or life limiting illness. It is expected that after receiving the expert validated education from the SICP curriculum, nurses will feel better prepared and empowered to initiate SICs with patients in need. By implementing an SICP, I hypothesized there will be an improvement in the nurses' confidence in initiating end of life discussions with patients (see Beddard-Huber et al., 2021; Fliedner et al., 2021).

Significance

When patients have SICs with their healthcare providers, physical and psychological suffering is reduced and improved patient-reported outcomes are achieved (Bernacki, 2019; Paladino et al., 2020). And yet, the majority of patients who have terminal or life-limiting conditions fail to receive SICs and a palliative approach to care (Sawatzky et al., 2017).

There is an urgent need to improve the quality of communication between health care providers and patients living with serious and/or life limiting illness (Tulsky et al., 2017). The SICP includes tools for clinician training and implementation guides aimed at supporting clinicians in using a conversation guide to facilitate SICs (Ariadne Labs, 2017). Use of the SICP has been shown to enhance learners' knowledge of and comfort and confidence in having SICs with patients. Moreover, use of the SICP results in improved patient quality of care (Bernacki et al., 2019; Lakin et al., 2017; Ma et al., 2020). A systematic review and meta-analysis performed by Chung et al. (2016) demonstrated structured communication training improves providers' ability to facilitate end of life discussions.

This DNP project serves to provide education about having SICs to nurses thereby enhancing the practice of nursing through knowledge and empowerment. In addition to offering SIC education to nurses, the educational curriculum has potential transferability to physicians and advanced care providers within the health system.

The implications of social change related to this project may be an increase in nurses feeling comfortable having early SICs with a larger demographic of patients (see Gradwohl et al., 2020; Lakin et al., 2017). The ideal result is the improved quality of patient care and improved patient satisfaction. This project supports Walden University's (2022) mission by using nurses' knowledge and evidence-based practice to transform and positively meet the needs of the patient community.

Summary

Utilizing information from the SICP (Ariadne Labs, 2023), I will implement an expert validated educational program aimed at teaching nurses how to conduct SICs with patients who have chronic and/or life limiting illness. This initiative was aimed at improving communication with patients about prognosis and the seriousness of their illness, which remains a national priority in healthcare (IOM, 2016). As a result of having received this education, nurses may feel empowered and better prepared to have SICs with a larger demographic of patients. This will be assessed by analyzing pre-education and post-education tests which are to be completed by participants.

This project has applicability to the discipline of nursing but can also be scaled to physicians and advanced practice providers throughout the organization. It is in line with Walden University's (2022) mission of supporting evidence-based practice to transform care while meeting the needs of the patient community.

Section 2: Background and Context

Introduction

At the onset of this DNP project, nurses at a 199-bed community hospital located in a New England State where they were employed had not been presented with an evidence-based SICP curriculum. Nurses at this site had expressed having discomfort in facilitating SICs as well as uncertainty as to whether initiating SICs is in their job scope or is a part of their job expectations. The purpose of this doctoral project was to address the knowledge and confidence gap that nurses have related to having SICs with patients who have chronic and/or life limiting illness.

The Iowa model of evidence-based practice and the theory of task centered instructional design was used to inform an educational practice change initiative aimed at educating and empowering hospital-based nurses to have SICs with those in need. Given the noted interest in this topic at this site, I was well poised to lead this initiative in the spirit of supporting nurses' practice in addition to supporting best care to patients.

Concepts, Models, and Theories

The Iowa model of evidence-based practice (Iowa model) and the theory of task centered instructional design informed this doctoral project. The Iowa model (Iowa Model Collaborative, 2017) was developed by nurses and is a well-known framework that is used to guide the implementation of evidence-based practice (EBP). The model consists of seven action steps and three major decision points that served to guide this project from identifying the issue of nurses not feeling comfortable in having SICs with patients in need through integrating and sustaining the practice change followed by

dissemination of the results (Iowa Model Collaborative, 2017). The seven action steps and three decision points of the Iowa model include:

- Identify Triggering Issues/Opportunities
- State the Question/Purpose
- Is this topic a priority?
    - If no: consider another issue/opportunity
    - If yes: Form a Team
- Assemble, Appraise, and Synthesize Body of Evidence
- Is there sufficient evidence?
    - If no: Conduct Research
    - If yes: Design and Pilot the Practice Change
- Is change appropriate for adoption in practice?
    - If no: consider alternatives
    - If yes: Integrate and Sustain the Practice Change
- Disseminate Results (Iowa Model Collaborative, 2017).

The theory of task centered instructional design (Merrill, 2007) is the foundation upon which the instructional teachings of this project were built. The theory of task centered instructional design (Merrill, 2007) begins with showing the learners the whole task early in the instructional sequence. Doing so shows the learners what they will be able to do following the instruction and provides the objectives for the learning module. Next, the topic components related to each step are reviewed in detail and each component is demonstrated before repeating the process with the next component. The

teachings summarize with the whole task being demonstrated again followed by an opportunity for the student to practice all the steps learned from the teaching in entirety (Merrill, 2007).

The theory of task centered instructional design serves as the foundation to the education guide that was be used to teach nurses how to have SICs in the integration phase of the Iowa model (Daubman et al., 2020). Together, these theories support the educational content and approach to the overall project. The Iowa model (Iowa Model Collaborative, 2017) begins with the identification of an issue or opportunity. For this project, it was identified that nurses at the project site have knowledge and confidence gaps related to having SICs with patients who have chronic and/or life limiting illness. Once the problem was identified, the first decision point of the model was to determine whether or not the issue is a priority. Next, a team was formed and evidence assembled, appreciated, and synthesized. With enough evidence being identified, a practice change was then designed and piloted. If successful, an adoption in practice will be accepted, sustained, and disseminated (Iowa Model Collaborative, 2017).

The teachings about how to have a SIC, using the theory of task-centered instructional design (Merrill, 2007), is implemented in the design and pilot stages of the Iowa model (Iowa Model Collaborative, 2017). This task-centered teaching strategy will be the format I will use to instruct nurses on how to have a SIC with a patient. The goal is to teach a task in its entirety by teaching in smaller components in a manner which allows the learner to see their interrelationships as well as their relationship to the whole task. Using this model, learners will be informed of the steps in the procedure and the steps

will be demonstrated to them more than once. Next, learners will have a chance to practice each step a number of times. During this process, feedback will be given to the learner and steps can be redone until the learner demonstrates a positive understanding of the teachings. Ultimately, the learner will be able to complete the task of having an SIC in its entirety and will have done so by way of guided instructional design (Merrill, 2007).

For this project, there are a variety of terms to reference:

SIC: Serious Illness Conversation. A serious illness conversation is communication about a patient's prognosis, goals, and values in serious illness (Paladino et al., 2020).

SICG: Serious Illness Conversation Guide. The Serious Illness Conversation Guide serves as a template for providers to use in exploring and determining what is most important to patients during times of serious illness (Ariadne Labs, 2017).

SICP: Serious Illness Conversation Program. The Serious Illness Conversation Program is a care delivery model created by Ariadne Labs (2023). The goal of the program is to offer education and training to healthcare providers with the goal of enabling every patient with a serious illness the opportunity to have an early and meaningful conversation about prognosis, goals, and values so that future care can be guided in line with the patient's wishes.

SICP Curriculum: Serious Illness Care Program Curriculum. The Serious Illness Care Program Curriculum is the education program provided to healthcare providers (Ariadne Labs, 2017).

Nurse Practice Council Committee: The Nurse Practice Council Committee is a nursing practice council/shared governance council which is comprised of staff nurses representing all practice areas of an acute care hospital. The meeting is chaired by a nurse director and meets monthly.

DNV: Det Norske Veritas. DNV is an accreditor of United States hospitals, ensuring compliance with The Center for Medicare and Medicaid Services Conditions of Participation (DNV, n.d.).

NIAHO: National Integrated Accreditation for Healthcare Organizations. NIAHO refers to the accreditation standards that hospitals must adhere to in order to be in compliance with The Center for Medicare and Medicaid Services as per DNV (DNV, 2020).

MADPH: Massachusetts Department of Public Health. The Massachusetts Department of Public Health is the state agency that oversees the Massachusetts Board of Registration in Nursing (Mass.gov, 2021).

Iowa Model of Evidence Based Practice. The Iowa Model (Iowa Model Collaborative, 2017) was developed by nurses and is a well-known framework that is used to guide the implementation of evidence-based practice (EBP).

The Theory of Task Centered Instructional Design. The theory of task centered instructional design (Merrill, 2007) is a strategy of teaching a new concept with an understanding of the whole task as a premise for the learning. Using this model, learning occurs in parts that relate to the whole.

EOL: End-of-life discussion. An end-of-life discussion is a conversation that addresses a myriad of issues that relate to the dying patient and their family (Balaban, 2000).

Serious illness A serious illness is a health condition that has a high risk of mortality and negatively impacts a patient's daily functioning or quality of life or causes burden or stress to the caregiver (National Committee for Quality Assurance, 2018).

Relevance to Nursing Practice

Improving communication with patients about their prognosis, values, and goals related to serious illness remains a national healthcare priority (Paladino et al., 2020). Evidence demonstrates early conversations between caregivers and patients about end-of-life care and decisions results in improved patient care and better alignment with patients' needs and preferences. However, a clear agenda related to communication research that includes communication skills, tools, patient education, and models of care is lacking yet evolving (Tulsky et al., 2017). At this time, there is no consensus on which clinicians are best suited to lead SICs with patients (Lakin et al., 2017). Nurses have been identified as being key to facilitating SICs and can serve as champions (Koch & Mantzouris, 2020). However, they may be hesitant to do so in the absence of role clarity and uncertainty about their scope of practice. At this practicum site, through multiple shared governance meetings, it was identified that nurses had a knowledge deficit in how to conduct a SIC as part of their scope of practice. Providing nurses with permission to have SICs and providing them with the tools and education to do so can serve to eliminate barriers to

care (Beddard-Huber et al., 2021). This concept serves as the premise upon which this doctoral project is embedded.

An increased focus on the importance of SICs has been identified in recent years and calls have been made for improvements in clinician-led conversations with patients with serious illness (Institute of Medicine, 2015; National Academy of Medicine, 2017). When searching the topic of SICs utilizing CINAHL, the large majority of results included the benefits of SICs, the value of a SICP, and a focus on physician involvement. An integrated knowledge synthesis by Sawatzky et al. (2017) focused on embedding a palliative approach in nursing care resulted in the discovery of a large gap related to defining the nature of the nurses' role as an interdisciplinary team member delivering palliative care. The authors concluded that nurses require supports such as education, empowerment, assessment tools, and documentation mechanisms in order to facilitate palliative care and SICs. A scoping review by Fliedner et al. (2020) focused on roles and responsibilities of nurses in advanced care planning referenced a myriad of articles dating back to 2009 that demonstrated facilitating advanced planning conversations is, indeed, the role of the nurse. Yet, in contemporary times, there is still some debate about what nurses' roles and responsibilities are in the SIC process. The authors advocated for a clearer delineation of roles and responsibilities so that nurses can be more confident in the process.

Lack of role clarity and lack of training about how to have an SIC are major barriers to nurses having SICs with patients in need (Beddard-Huber et al., 2021). Implementing an SICP can aid in teaching nurses how to have an SIC, decreases anxiety,

enables role clarity, and empowers nurses to engage in SICs (Beddard-Huber et al., 2021). Using an SICG curriculum can aid in teaching nurses how to use a seven-step approach aimed at facilitating SICs, following up with the individual, and documenting the exchange as a means of ensuring communication across the healthcare team (Beddard-Huber et al., 2021).

An SICP developed by Ariadne Labs (2023) includes scalable communication tools, clinician training, and support. It has been used and tested in a variety of care settings including but not limited to oncology, primary care, and acute care. The aim of the program is to offer education and training to healthcare providers with the goal of enabling every patient with a serious illness the opportunity to have an early and meaningful conversation about prognosis, goals, and values so that future care can be guided in line with the patients' wishes. In clinical trials, use of the program was associated with more, earlier, and better quality SICs along with reported decreases in anxiety and depression by patients. It also leads to improvements in patient and staff satisfaction and reductions in health care spending (Ariadne Labs, 2023).

The SICG (Ariadne Labs, 2017; Appendix C) is a communication tool that can be used by nurses to guide SICs. It serves as a framework or guide for clinicians to explore topics that are essential to gaining an understanding about what issues are most important to patients so that the patients' wishes can be honored.

At this practicum site, the task of having SICs had defaulted to the physicians and advanced practice providers. Nurses had identified a gap in practice and some had attempted to advocate for and/or conduct SICs on an ad hoc basis yet there had been no

set standard or uniformity in practice. Tam et al. (2019) demonstrated implementing an SICP which involves didactic teaching and demonstration of the SICG was associated with an increase in knowledge and self-efficacy by learners. The authors concluded training on the use of the SICP has educational and practical value. This finding supports using The Ariadne Labs (2023) SICP as the premise for this practicum project.

This doctoral project advances nursing practice and fills a practice gap in that teaching nurses to have an SIC and empowering them to do so will increase the likelihood that patients with serious illness have a high quality SIC (Ma et al., 2020). Doing so helps to ensure that patients are receiving care that is line with their wishes, goals, and values which is reflective of high-quality care (Bernacki et al., 2015).

Local Background and Context

Nurses at this practicum site had asked various leaders for assistance in guiding end of life (EOL) discussions. Through shared governance council meetings, nurses had articulated to unit-based leaders and senior nurse leaders a general feeling that not enough SICs were occurring with patients in need. Nurses had shared that while they prompted providers to conduct such conversations, there was noted reluctance at times. When nurses were queried about their own comfort in conducting SICs, there was a general consensus among the nurses that they were uncertain if having SICs is within their scope of practice. They were hesitant in leading the SIC for fear that they had not been taught how and they may perform it incorrectly. Specialized education on how to conduct a SIC was required. A gap existed given this lack of training in light of evidence suggesting nurses involvement in SICs improves patient care. Upon implementing an

education curriculum on SICs, nurses may gain knowledge and confidence in conducting SICs as evidenced by an evaluation tool. This is in alignment with current evidence and with the Walden University DNP program goals and outcomes. Goals of Walden University's DNP program include promoting social change, translating research findings to evidence-based practice, and using advanced nursing practice to improve patient outcomes (Walden University, 2022).

The institutional context of this problem relates to the nurses on the inpatient units of a small community hospital in New England feeling reluctant to having SICs with those in need. The hospital is accredited by the DNV/NIAHO accreditation program. Local regulatory governance is also conducted by the MADPH. It is the strategic mission and vision by the Chief Nursing Officer (CNO) that nurses are engaged and empowered to practice to the fullest extent of their licensure in the spirit of supporting the provision of best patient care.

An SIC is an early discussion with a patient about his/her priorities and values at the end of life which can improve their peace of mind and comfort during serious illness (Tam et al., 2019). An SICG is a templated conversation guide used to support a structured and comprehensive SIC. The SICP includes tools for clinicians and patients to use, a clinician training curriculum, system supports, and an SICG to use in guiding SICs (Ariadne Labs, 2017; Tam et al., 2019).

Role of the DNP Student

I am a certified emergency nurse with 24 years of practice in a variety of clinical settings. I was a staff nurse for 15 years where I cared for patients at varying stages of

illness to include those at end-of-life and those with serious illnesses. During my tenure, I was also a nurse educator in a busy Level II trauma center where I implemented evidence-based practice (EBP) and led staff through a myriad of change projects. Some examples include implementing a 'time out' for emergency medical services upon arrival to the trauma bay so that report could be heard in unison and implementing a pastoral program in addition to facilitating family presence in the trauma bay. I am published in emergency medicine and have lectured nationally at various Emergency Nurses Association conferences on topics such as family presence during resuscitation, flow and throughput, and other clinical topics. I am a nurse who has a passion for honoring the wishes and values of those at EOL. I am also a nurse executive who strives to empower and engage nurses to implement EBP as a means to support best patient care while practicing to the full scope of their licensure.

This doctoral project became important to me when I learned that staff nurses at the practicum site were seeking help in advocating for EOL discussions to occur in a more timely and routine manner. There were reports that nurses did not feel comfortable in facilitating SICs and they were uncertain as to if initiating SICs was in their scope of practice or part of their job expectation. Engaging in this topic and seeking to help the nurses overcome their challenges related to facilitating SICs interested me and had merit given the project supports Walden University's mission of using nurses' knowledge and EBP to transform care and to positively meet the needs of the patient community (Walden University, 2022).

While researching the topic of SICs for this project, nurses' requests for support in this domain intensified during the COVID-19 pandemic when the hospital intensive care nurses and providers saw larger numbers of critical illness and deaths than ever before (Ginestra et al., 2021; Rosa et al. 2020). Nurses articulated they did not feel prepared to have SICs when needed (Jang et al., 2019). At the same time, I researched the concept of SIC education and validated the positive impact it can have on staff comfort, empowerment, and quality patient care (Koch & Mantzouris, 2020; Rosa et al., 2021). While conducting my research, I found myself unexpectedly in the position of having to be an advocate for a family member who experienced a sudden serious illness. It was through this experience that I observed first hand the discomfort that various providers have in initiating and completing an SIC. At the same time, I personally witnessed the profound effect that a well-executed SIC can have on a patient's outlook, well-being, and comfort in the last days of life. While the practicum site staff's interest in the topic led me to begin this project related to SICs, the personal experience that followed inspired me to stay on track and provided me with additional passion to see the project through to fruition.

To date, my motivation for this doctoral project remains intact and positive. Discussions with my preceptor related to the concept of the project were well received. Nursing staff and nursing leaders remained engaged about the topic and look forward to next steps. My desire for success with the project along with the desire to lead the nurses to improving their skill sets by offering education that supports change founded by EBP is exciting and rewarding.

There is a potential for bias in this project. I am a nurse executive at the project site. When seeking to elicit participants in the educational initiative, it is possible that nurses may feel influenced to participate given my executive role. Hence, there could be selection bias that may need to be considered.

A scoping review by Groves et al. (2021) concluded that nurse bias related to race and/or ethnicity, gender, and age are prevalent in nursing practice, thus concluding that healthcare disparity exists in a myriad of patient case scenarios. While there is not a clear trend between these factors and interventions aimed at overcoming them, it is important to be aware of the potential bias and speak to it as applicable.

Summary

Training on the use of the SICG can aid in helping providers to feel knowledgeable and empowered to conduct SICs. To this end, to address the gap in practice related to nurses not feeling prepared to have SICs with those in need, this project aimed to create an expert validated SICP which includes measuring nurses' knowledge and self-efficacy related to SICs pre- and post-education.

Section 3: Collection and Analysis of Evidence

Introduction

The goal of this project was to develop an expert validated SICP to address the knowledge and confidence gap that nurses have related to having SICs with patients who have chronic and/or life limiting illness. At the start of this project, nurses at this practicum site had not been presented with an evidence-based SICP curriculum and they did not feel comfortable facilitating SICs when needed. This was identified as a gap-in-practice as nurses are well positioned to facilitate SICs and are essential to ensuring they are completed in the spirit of fostering optimal patient care (Beddard-Huber et al., 2021). The project site had validated this topic as an opportunity for improvement. The environment appears ripe for change as nurses are asking for assistance in guiding end of life care dialog from physician colleagues, nurse leaders, and via conversation at NPCC meetings.

Practice-Focused Question

In light of staff nurses articulating that they lack knowledge in SICs and do not feel comfortable in performing them, an opportunity exists to educate them and empower them to conduct SICs. The practice focused question for this project is: “Does an expert validated staff education module about serious illness conversations increase the staff’s knowledge in initiating end of life discussions with patients?”.

Conversations initiated by health care professionals aimed at ensuring patients’ goals, desires, values, wishes, and preferences are met is essential to providing patient centered and quality care. Nurses are best suited to engage in these conversations but may

be reluctant to do so without adequate training, role clarity, and supportive leadership and tools to guide them (Beddard-Huber et al., 2021; Sawatzky et al., 2017). A systematic review and meta-analysis performed by Chung et al. (2016) demonstrated structured communication training improves providers' ability to facilitate end of life discussions. By implementing a serious illness education program, there may be an improvement in the nurses' confidence in initiating end of life discussions with patients (Beddard-Huber et al., 2021; Fliedner et al., 2021). Empowering nurses by way of offering education on SICs is significant to the field of nursing in that use of a SICP has been shown to enhance learner's knowledge of and comfort and confidence in having SICs with patients (Bernacki et al., 2021; Lakin et al, 2017). Given nurses are in a key position to incorporate a palliative approach to care while honoring the wishes of individuals, offering education to nurses to support them in this endeavor is paramount (Fliedner et al., 2020).

Sources of Evidence

Nurses are responsible for implementing palliative care interventions and they require education to improve the quality of serious illness conversations (Rosa et al., 2021). Tam et al. (2019) evaluated the effects of presenting an SICP to medical students. The authors aimed to evaluate the learners' knowledge and perceived ability to conduct an SIC both pre and post education using a formal SICP curriculum. As part of the study, students completed a preintervention survey and a postintervention survey. The authors concluded that training on the use of an SICG is associated with improvements in medical students' knowledge and capacity to have an SIC (Tam et al., 2019). Nurses are

well positioned to facilitate SICs with patients (Koch & Mantzouris, 2020; Rosa et al., 2021). A scoping review by Fliedner et al. (2020) validated nurses play a core role in patient advocacy and must have continuous training in SICs. Using an SICG has been identified as a best practice to teaching clinicians how to have structured communication around SICs (Daubman et al., 2020).

The SICG template that was incorporated into the expert validated educational module for this project was The Serious Illness Conversation Guide by Ariadne Labs (2017). This guide is evidence based and has been studied in a variety of settings to include primary care, education, and oncology (Beddard-Huber et al., 2021; Bernacki et al., 2015; Lakin et al., 2017; Massmann et al., 2019; Paladino et al., 2020; Tam et al., 2019).

Creating and validating a serious illness conversation educational curriculum, inclusive of the Ariadne Labs (2017) SICG helped in answering the question: "Does an expert validated staff education model about serious illness conversations increase the staffs' knowledge in initiating end of life discussions with patients?".

Evidence Generated for the Doctoral Project

For this DNP project, six key stakeholders who work in the area of acute care, palliative care, and nursing leadership were selected as an expert panel charged with validating a staff education module on serious illness conversations (see Appendix A). The expert panel consisted of: (a) the medical director of the hospitalist service who is a geriatrician and board certified in palliative care, (b) a nurse practitioner who is board certified in hospice, palliative care, oncology, and pain management and is a member of

the Palliative Nurses Association, (c) a DNP prepared associate chief nursing officer who is also the director of professional practice of a hospital system, (d) a chief nursing officer who was a previous director of professional practice and a member of the Association of Critical Care Nurses, (e) a nurse director of emergency and critical care services with over 30 years of experience, and (f) a DNP prepared chief nursing officer who also serves as faculty for a well-respected DNP program. The expert panel reviewed the SIC staff education module and provided written feedback by way of a five-point Likert scale (see Appendix B). The main purpose in creating the education tool was for use in educating staff in initiating SICs with patients in need at a small community hospital in New England.

In light of the fact that nurses at this practicum site had asked for assistance in learning how to have SICs, it is expected that inviting nurses to attend an educational curriculum on this topic will be well received. The education tool includes a PowerPoint Presentation, a scenario-based practice session, and a pre and posttest (Appendix A). The main goal of this project was to produce an educational curriculum that has been validated by an expert panel of palliative and leader experts for use in staff education related to having SICs with those in need. However, a core barrier to obtaining evidence for this doctoral project included the potential for expert panel participants not completing evaluations in their entirety or not at all.

Expert panel participants completed an evaluation tool for expert panel validation (Appendix B) using the Likert scale questionnaire that was provided as well as any written or verbal feedback provided aimed at improving the educational material. Results

were recorded using a Microsoft Excel spreadsheet, which included feedback and results from the six-person expert panel.

To ensure the protection of expert panel participants, questionnaires remained anonymous. All questionnaires will be stored in a locked cabinet that only I have access to and will be destroyed after period of 2 years. Participation in the expert panel assessment was voluntary. Participants were not incentivized in any way to participate and they could withdraw from the review session at any time. The Walden University IRB approved this project (approval number: 05-23-22-1022072).

Analysis and Synthesis

The expert panel questionnaire for this project is in paper format. Evidence was organized and analyzed by using an Excel spreadsheet. Descriptive statistics were used to evaluate the expert panel's feedback. Only completed surveys were used in data analysis.

Summary

Helping to empower the nurses to perform to the highest level of their licensure while utilizing and implementing EBP is the role of the DNP nurse. Having SICs with patients in need supports patients in a time of need and enables quality patient care. SICPs have been used to teach physicians how to have SICs with a positive effect on their knowledge levels as well as self-efficacy. It would stand to reason that the same would hold true for nurses. Modeling after a survey by Tam et al. (2019), nurses at this practicum site will be offered an expert panel validated SICP educational curriculum. It is anticipated that "An expert validated staff education module about serious illness

conversations will increase the staff's knowledge in initiating end of life discussions with patients".

Section 4: Findings and Recommendations

Introduction

This DNP project was initiated when it was discovered that nurses at a small community hospital in New England had a knowledge gap related to how to have an SIC. In light of staff nurses articulating that they lacked knowledge in SICs and did not feel comfortable in performing them, an opportunity existed to educate them and empower them in conducting SICs. The purpose of this project was to utilize an SICP to address the knowledge and confidence gap that nurses had related to having SICs with patients who have chronic and/or life limiting illness. The practice focused question for this project was: "Does a staff education module about serious illness conversations increase the staff's knowledge in initiating end of life discussions with patients"? With this in mind, this project's objective was to validate an educational tool to be used to educate nurses about serious illness conversations.

For this DNP project, an expert panel was utilized to validate a serious illness conversation educational curriculum created for nurses and providers. The expert panel of validators consisted of six key stakeholders that work in the area of acute care, palliative care, and nursing leadership including: (a) the medical director of the hospitalist service who is a geriatrician and board certified in palliative care, (b) a nurse practitioner who is board certified in hospice, palliative care, oncology, and pain management and is a member of the Palliative Nurses Association, (c) a DNP prepared associate chief nursing officer who is also the director of professional practice of a hospital system, (d) a chief nursing officer who was a previous director of professional practice and a member of the

Association of Critical Care Nurses, (e) a nurse director of emergency and critical care services with over 30 years of experience, and (f) a DNP prepared chief nursing officer who also serves as faculty for a well-respected DNP program. The expert panel provided anonymous written feedback related to the SIC staff education module via completion of a five-point Likert Scale (see Appendix B). The experts evaluated the quality of the proposed educational material from low, with (1) being *strongly disagree,* to high, with (5) being *strongly agree.* The overall rating was (5) with one evaluator scoring a (4) in one domain.

Findings and Implications

Table 1 includes the results of the expert panel survey. The first question on the evaluation tool for expert panel validation asked if the educational material provided supports evidence-based practice related to nurses having SICs. Question 2 asked if the educational material provided was clear and easy to follow. The third question asked if the educational material provided addressed all aspects of a SIC. Question 4 asked if the educational material supports nurses facilitating SICs with patients who have a serious illness. The last question asked if the educational material meets the educational objectives. The expert panel respondents scored (5) *strongly agree* in all areas except for one respondent who scored a (4) *agree* in response to the question asking if the educational material provided supports nurses facilitating SICs with patients who have serious illness. No further comment was associated with this rating.

Table 1

Expert Panel Survey Results

Evaluator	Question 1: Material Supports EBP Related to Nurses Having SICs	Question 2: Material is Clear & Easy to Follow	Question 3: Material Addresses All Aspects of SIC	Question 4: Material Supports Nurses in SIC	Question 5: Material Meets Educational Objectives
A	5	5	5	5	5
B	5	5	5	5	5
C	5	5	5	5	5
D	5	5	5	5	5
E	5	5	5	4	5
F	5	5	5	5	5

In addition to the anonymous expert panel questionnaires, positive verbal feedback about the educational curriculum and material was received from a number of the expert panel participants. While the survey responses were anonymous, three participants contacted me after completing the survey thanking me for initiating this project, citing anecdotally they had observed a need for SIC education and competency among staff nurses and other disciplines in their work areas. The medical director of the hospital medical staff invited me to present the curriculum to the medical staff via medicine grand rounds at a future date after the completion of this project. Another expert commented that this curriculum is quite timely and relevant to the profession of nursing, citing an opportunity exists to conduct more research on medical providers' readiness to have SICs with those in need. This expert encouraged the completion of the plan to provide this curriculum to nurses along with encouragement to publish the results in the future. A third participant shared her opinion that this topic is important and not discussed enough in nursing curriculum. She said she looks forward to this class being conducted. One of the six anonymous validators offered two unanticipated suggestions which were written in on the survey. One suggestion was to provide a link to the State

nursing scope of practice for the students to reference. The second was to consider laminating and handing out the SICG for participants to take with them at the end of class. These suggestions will be incorporated into the class content. In summary, the panel of palliative and educational experts validated a SIC educational curriculum created for nurses and providers.

Facilitating communication with patients about their prognosis, values, and goals related to serious illness remains a national healthcare priority. Validating an SIC curriculum for use with nurses will aide in the dissemination of evidence-based practice. This DNP project, which was validated by a panel of experts, will guide nursing education aimed at improving the nurses' knowledge and confidence in initiating end of life discussions with patients in need. This can have a positive impact on society in general as well as improving nurse satisfaction, autonomy, and professional practice. The implications of social change may be an increase in the quality of patient care and improved patient satisfaction. When patients have SICs with their healthcare providers, physical and psychological suffering is reduced and improved patient outcomes are achieved (Bernacki et al., 2019; Paladino et al., 2020).

Recommendations

This project aimed to educate nurses about how to conduct a SIC with patients who have chronic and/or life limiting illness. Improving communication with patients about prognosis, values, and the seriousness of their illness remains a national priority in healthcare (IOM, 2016; Tulsky et al., 2017). While nurses are in the prime position to have SICs with patients, some may be reluctant to do so without educational support,

tools, empowerment, and resources (Sawatzky et al., 2017). Implementing this expert validated SIC education program can aid in improving nurses' communication, skills, and confidence in conducting SICs. Increasing the nurses' knowledge about and confidence with having SICs may result in an increase in the implementation of early SICs with a larger demographic of patients (Gradwohl et al., 2020; Lakin et al., 2017).

To implement this project, it is recommended that this expert validated evidence-based SIC curriculum be offered to registered nurses who care for patients with chronic and/or life limiting illness. Education should be provided to registered nurses by doctoral-prepared nurses. Pre education and post education tests should be reviewed and analyzed as a measure of programmatic effectiveness.

The purpose of this doctoral project was to address the knowledge and confidence gap that nurses have related to having SICs with patients who have chronic and/or life limiting illness. It is expected that after receiving education from the SICP curriculum, nurses will feel better prepared and empowered to initiate SICs with patients in need. By implementing a SICP, there may be an improvement in the nurses' confidence in initiating end of life discussions with patients (Beddard-Huber et al., 2021; Fliedner et al., 2021).

Strengths and Limitations of the Project

The primary goal of validating a SIC educational tool for registered nurses was achieved. The expert panel of validators included providers and educators who are board certified by their respective governing bodies. At the time of their assessment, each

validator had over 20 years of experience in their field of acute care, palliative care, and/or nursing leadership.

One identified limitation of this project is related to the variety of experience among the expert panel. In light of the panel experts' differences, generalizing findings is difficult. A second limitation is the use of a convenience sample of expert panel participants all residing in the Northeastern United States of America. While the participants are from various institutions, given the geographic proximity of the individuals, results cannot be generalized. One assumption that was made was that expert panel participants were honest and thorough in their responses the survey. A third limitation of this project is lack of utilizing a validated survey tool for the expert panel feedback. For this project, a five-question Likert survey was utilized to elicit general feedback related to clarity, comprehensiveness, use of evidence-based content, relation to nurses, and meeting objectives. This format provided a quick and efficient forum in which to assess the projects value, relevance, and quality. However, the Likert scale survey the tool used was not validated. Therefore, the results cannot be generalized.

A recommendation for future projects would be to use a validated evaluation tool such as the Appraisal for Guidelines for Research & Evaluation (AGREE) II Instrument (The AGREE Next Steps Consortium, 2017). Using the AGREE II instrument helps to assess that the appropriate rigor and methodologies were used in the development of a guideline to ensure they meet standard. The AGREE II tool should be reviewed and considered at the early phase of project ideation and could be used as a template to guide overall project development. Following the tool ensures a number of domains are

addressed including scope and purpose, stakeholder involvement, rigor, clarity, applicability to the audience, and editorial independence (The Agree Next Steps Consortium, 2017). Use of the AGREE II instrument would help to ensure comprehensiveness and would facilitate use of a validated tool and format that could support standardization, reliability, scalability, and potential publication of results.

It is important to note that this project did not originate with the goal of seeking expert panel review. Instead, the original intent was to offer a staff education intervention with pre and posttest surveys to measure and evaluate the effects of content and learning. Unfortunately, midway through this project the ability to conduct learning classes as originally planned was limited by the COVID-19 pandemic. This resulted in an unplanned shift of project plan from implementing the education module to having the program evaluated by an expert panel. This quick shift resulted in the development of a short survey for expert panel use. While the expert panel was engaged and offered feedback to a five question Likert scale, use of the AGREE II instrument for future projects would be prudent as it is evidence-based, validated, and supports a well-rounded and comprehensive assessment that can be generalized and shared in a myriad of professional outlets.

An additional recommendation for future projects addressing similar topics or using similar methods is to expand the audience to include a myriad of healthcare providers from a varied geography. Participants could include inpatient and outpatient chaplains, physicians, and independent licensed providers. The topic of SICs has applicability to a host of practitioners as patients with serious illness diagnoses can

present in a myriad of care settings. Educating a variety of groups and measuring the effectiveness of the educational intervention could be used to add to a growing body of evidence and literature related to this topic.

Section 5: Dissemination Plan

The purpose of this doctoral project was to develop and validate an SIC education program for nurses aimed at addressing the knowledge and confidence gap that nurses may have related to having SICs with patients who have chronic and/or life limiting illness. This educational program will be used to educate inpatient staff nurses by way of using a PowerPoint presentation and role playing to impart knowledge, empowerment, and nurses' comfort in having SICs with those in need. An expert panel comprised of palliative and education nurses and provider leaders was used to validate an SIC educational curriculum created for nurses. Results demonstrated the educational material is valid. Educating front line inpatient hospital staff nurses with an SICP may aid in improving the nurses' confidence in initiating end of life discussions with patients. Utilizing this validated tool will help to guide the education and implementation of SICs with patients in need.

This validated SIC education material will be presented to inpatient nurses at the study site which is a 199-bed community hospital located in a New England State. At this site, nurses were hesitant in leading the SIC for fear that they had not been taught how and they may perform it incorrectly. They were also are uncertain if having SICs was within their scope of practice. Specialized education on how to conduct a SIC is required. It is expected that after receiving the expert validated education from the SICP curriculum, there will be an improvement in the nurses' confidence in initiating SICs with patients.

This SIC educational material could be expanded for use with emergency department nurses and nurses in outpatient care areas. Additionally, this SIC educational material can be modified and presented to physicians, licensed independent providers, chaplains, social workers, case managers, and other direct patient care providers. Presentation forums may include in-person classes, remote classes, grand rounds presentations, and professional practice committee presentations, to name a few. An opportunity also exists to present a summary of this scholarly work in a poster presentation at a local, regional, or national conference, or for publication in a professional journal.

Analysis of Self

I am proud to have completed this project and obtaining my doctoral degree. It was unfortunate to have had the COVID-19 pandemic present in the midst of my DNP journey, given it resulted in a mid-project track change. However, I was able to demonstrate persistence and flexibility in changing course while remaining true to the important topic at hand. The passion I have for facilitating SICs is something that blossomed during my DNP journey and it is that passion that helped to propel me through the program. The primary goal of this project was to develop and validate a serious illness education program for nurses. I have been an emergency department nurse for over 24 years and have often been a part of helping patients and/or families through serious illness events, often observing that patients with a known serious illness had never had an SIC with their healthcare provider. When I became a hospital nurse leader, I realized there were nurses throughout the care continuum who were also identifying

patients that would benefit from SICs yet they did not know how and they were not clear if it was in their scope of practice to do so. Also, during this DNP journey, I lost a loved one who had missed an opportunity to have had an SIC in a timely fashion. It was these experiences and observations that inspired me to use the skills afforded to me in my DNP learnings to set out to educate nurses on SICs using an expert validated curriculum.

Completing this DNP project afforded me the opportunity to network and collaborate across disciplines and with various levels of leadership. I was able to culminate my personal and professional experiences and relationships into a final product that gives me pride and professional satisfaction. In implementing the curriculum and teaching caregivers across the continuum of care, I will continue to network and collaborate while representing myself as a collegial colleague and consummate professional. My interim goal is to collect the data from this project and present it as a means of disseminating information and facilitating change. As I continue work towards translating evidence into practice, my long-term goal is to publish results of this project in a professional journal so that I may be a meaningful contributor to the limited body of literature on the topic of SICs.

Educating to large groups moving forward may prove to be a challenge in light of the continued COVID-19 pandemic restrictions. However, that will not dampen my spirits or my drive to set out to be a transformational leader while working to improve patient outcomes and experience. Culture and the time it may take to enact change could be another barrier to watch for. Throughout the DNP curriculum, the change process was reviewed at length and I am well aware that change projects may take multiple iterations

and time, with studying and adjusting required to make meaningful progress and to achieve sustained change. I have learned to be patient and persistent. I value the need for monitoring and intervening to sustain change.

Summary

This validated SIC educational material will provide a meaningful education modality aimed at meeting the learning needs of nurses. As a nurse leader, it is important to support the learning needs of nurses related to SICs so that nurses may provide evidence-based care to patients diagnosed with chronic and/or life limiting illness. The goal of utilizing this educational material is to address the knowledge and confidence gap that nurses have related to having SICs with patients who have chronic and/or life limiting illness. The results of this study provide an expert panel validated educational tool to educate nursing staff about how to have an SIC with patients diagnosed with chronic and/or life limiting illness.

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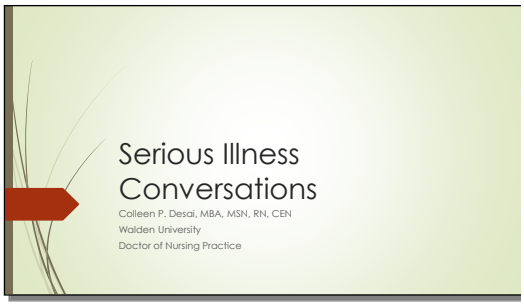
Appendix A: Staff Education Module on Serious Illness Conversations

Slide 1



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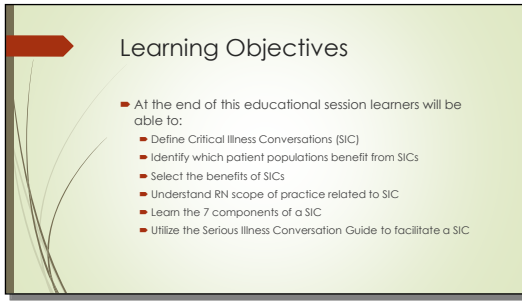

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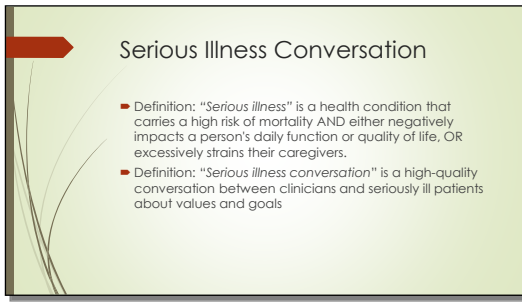

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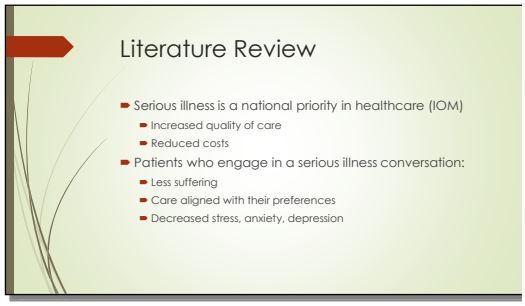

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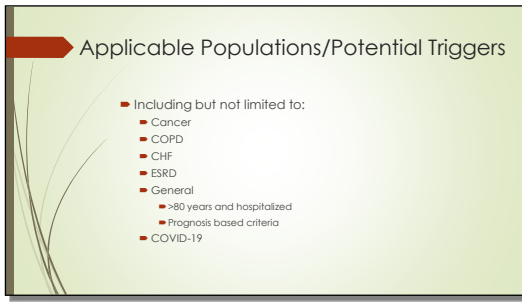

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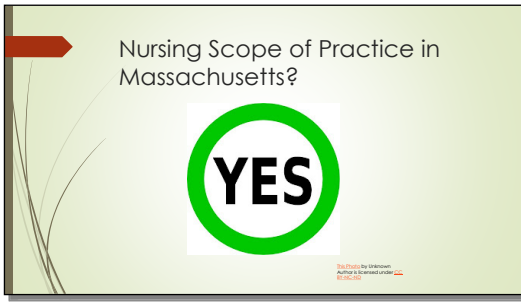

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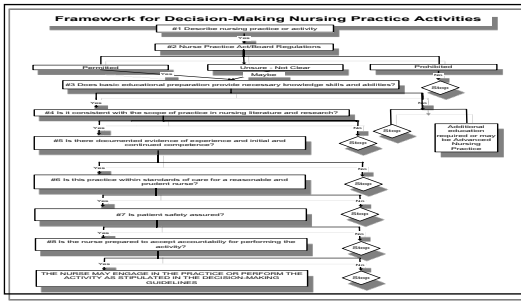
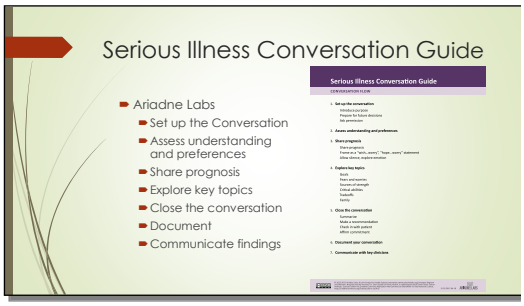


Slide 11



Slide 12

Set Up the Conversation

- Set Up
  - Introduction
  - Like to talk about what is ahead
  - Learn what is important to you
  - To ensure you get care you want
  - ***Is this OK?*** : Ask permission

Slide 13

Assess Understanding & Preferences

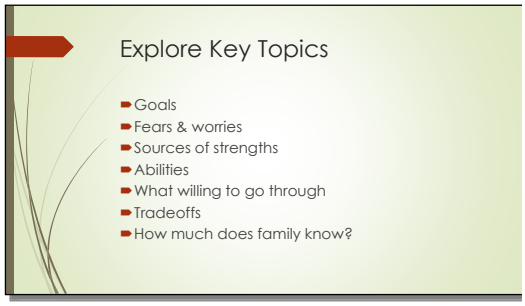
- What is your understanding?
- How much information would you like?

Slide 14

Share Prognosis

- I want to share my understanding…
- Can be difficult to predict
- I hope…
- But am worried…
- I think it is important to prepare
- [allow for silence, explore emotion]

Slide 15



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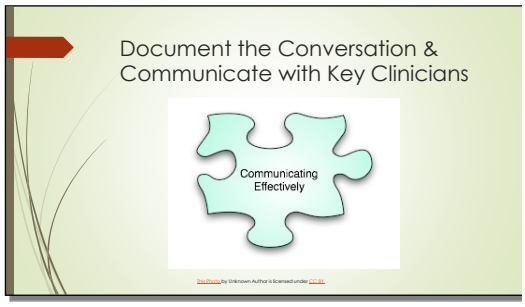

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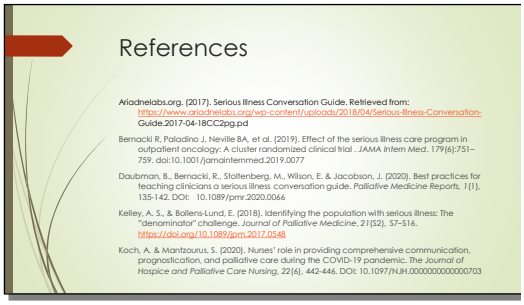

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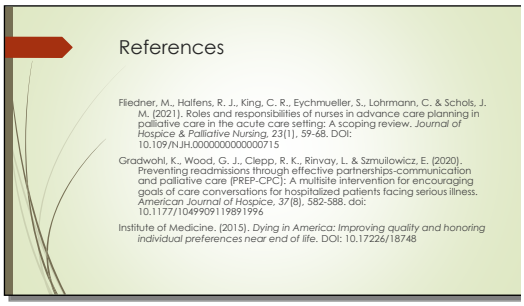

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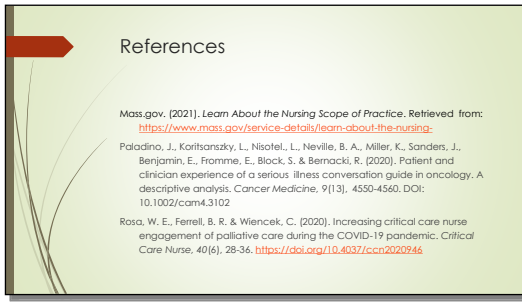

Assigned Student Number:
Role:
Gender:
Years in Profession:
What Shift Do You Work?

Pre/Post-Test

Directions: Please complete all 15 questions by reading each item and circling the best answer to each question.

1. As evidenced by recent literature, who is best prepared to conduct a serious illness conversation (SIC) with a patient diagnosed with a serious illness?
    a. Only the patient's primary care provider should have the conversation as they are the primary caregiver and know the patient best
    b. Any member of the care team that feels comfortable in doing so if the opportunity arises
    c. A staff nurse trained in conducting a serious illness conversation
    d. A family member who cares about the patient and knows the patient best

2. The definition of a serious illness is:
    a. A health condition that can be life altering and causes stress and uncertainty for a patient
    b. A health condition that can be life threatening and negatively impacts a patient's quality of life
    c. A health condition that can be life threatening, causes stress and uncertainty for a patient, and negatively impacts a patient's quality of life

   d. A health condition that carries a high risk of mortality and either negatively impacts a patient's quality of life or excessively strains their caregivers

3. You are a nurse caring for a patient with a serious illness. As you enter the room to hang the patient's intravenous fluids (IV), the patient begins to talk about his diagnosis and is asking questions about prognosis, the impact of their illness on family, and expressing worry about being a burden. The best response for you as the nurse is:
   a. Continue on with the task of hanging the IV fluids, actively listen to the patients concerns, and inform the patient you will advocate for a palliative care consult
   b. Continue with the task at hand and offer reassurance that the patient's family cares about him and is there to support him
   c. Use mirroring as a response to the patient asking about prognosis
   d. Express empathy for the patient, offer reassurance that these questions are normal for the patient, and suggest a palliative care consult

4. When evaluating if an act is within the nurse's scope of practice in Massachusetts, which of the following is true:
   a. The Massachusetts Board of Registration for Nursing says nurses are allowed to freely practice what current literature and research supports
   b. The Massachusetts Board of Registration for Nursing says nurses are only allowed to practice what they learned in an accredited nursing school
   c. The Massachusetts Board of Registration for Nursing says nurses are allowed to practice what they learned in nursing school and what they were taught or signed off on at their workplace
   d. The Massachusetts Board of Registration for Nursing says nurses may be allowed to perform nursing practices or activities if the task is not noted or clear in the Nurse Practice Act or Board Regulations

5. When conducting a serious illness conversation with a patient, it is best to
   a. Use a structured format
   b. Pass along the outcome of the conversation verbally to the care team
   c. Exclude family from the conversation so as not to confuse any issues
   d. Set aside a specific/dedicated time for the conversation

6. The format and flow of a serious illness conversation include:
   a. Asking permission to have the conversation, assessing patient understanding and preferences, sharing prognosis, exploring goals, summarizing the conversation, closing the conversation, and documenting the conversation.
   b. Asking permission to have the conversation, assessing patient understanding and preferences, exploring goals, summarizing the conversation, closing the conversation, and documenting the conversation

   c. Asking permission to have the conversation, exploring goals, assessing patient understanding and preferences, summarizing the conversation, closing the conversation, and documenting the conversation
   d. Asking permission to have the conversation, exploring goals, sharing prognosis, assessing patient understanding and preferences, summarizing the conversation, closing the conversation, and documenting the conversation

7. A serious illness conversation is defined as:
   a. A high-quality conversation between clinicians and seriously ill patients
   b. A high-quality conversation between clinicians and seriously ill patients and families
   c. A high-quality conversation between clinicians and seriously ill patients about values and goals
   d. A high-quality conversation between clinicians and seriously ill patients and families about values and goals

8. When it comes to patient initiated dialog about a patient's prognosis, it is best for the nurse to:
   a. Refrain from discussing prognosis is not part of a nurse's role
   b. Record the patient's concerns and share with the MD/licensed independent practitioner so that the provider can discuss prognosis
   c. Elicit what the patient knows about their illness and share with the patient what the nurse understands about the patient's prognosis
   d. Refrain from saying thing like "I wish you were not in this situation" or expressing worry or hope

9. The benefits of a serious illness conversation include all of the following except:
   a. Improved quality of life
   b. Reduced health care spending
   c. Improved family satisfaction
   d. Improved goal-concordant care

10. When ending a serious illness conversation, it is encouraged that the clinician do any of the following except:
   a. Inform the patient, "I will do everything I can to help you through this"
   b. Ask the patient, "How does this seem to you?"
   c. Say, "Thank you for taking the time to discuss your goals with me."
   d. Offer, "I recommend that we_____"

11. While serious illness conversations are proven to have multiple benefits, evidence demonstrates _____ % of patients in their last year of life report having these conversations
   a. 25%
   b. 33%

c. 48%
d. 55%

12. Which of the following patient groups would benefit from a serious illness conversation?
    a. A patient with an ST elevation myocardial infarction who has come out of the cath lab and is in the intensive care unit
    b. A newly diagnosed COPD patient
    c. A 78-year-old patient with major cardiac disease who has had a recent myocardial infarction, has new onset CHF, and is a high-risk candidate for surgical intervention, albeit surgery is an option and the doctors are optimistic they can get the patient through surgery with various post op options
    d. A 78-year-old patient who suffered a hip fracture and is slated for surgical intervention

13. When setting up a serious illness conversation, the clinician should:
    a. Avoid "I" statements as this conversation is about the patient
    b. Ask if it is ok to talk about what lies ahead with the patient's illness
    c. Include family in the plan for a discussion
    d. Sit or stand when proposing the conversation

14. When engaging in a serious illness conversation, the clinician should:
    a. Use his/her judgement about how much to share with the patient about what lies ahead with their illness
    b. Include family in the decision about how much to share with the patient about what lies ahead with the patient's illness
    c. Let the patient decide how much or how little they should know about what is to come with their illness
    d. Be open and honest in sharing all that is to come with their illness while honoring honesty and transparency

15. When having a serious illness conversation, the clinician should focus on:
    a. Empathy and the patients wants, needs, and desires
    b. Explaining medical processes and terminology so that the patient can consider benefit from all the interventions healthcare has to offer
    c. Eliminating the patients worry and fears
    d. Avoiding discussion about things the patient may not be able to do again

Appendix B: Expert Panelist Form

Please circle one response to each question:

1. **The educational material provided supports evidence-based practice related to nurses having serious illness conversations?**
    1. Strongly disagree
    2. Disagree
    3. Neither agree or disagree
    4. Agree
    5. Strongly Agree
2. **The educational material provided is clear and easy to follow?**
    1. Strongly disagree
    2. Disagree
    3. Neither agree or disagree
    4. Agree
    5. Strongly Agree
3. **The educational material provided addresses all aspects of a serious illness conversation?**
    1. Strongly disagree
    2. Disagree
    3. Neither agree or disagree
    4. Agree
    5. Strongly agree
4. **The educational material provided supports nurses facilitating serious illness conversations with patients who have serious illness?**
    1. Strongly disagree
    2. Disagree

3. Neither agree or disagree
4. Agree
5. Strongly agree

5. **The educational material meets the educational objectives?**
    1. Strongly disagree
    2. Disagree
    3. Neither agree or disagree
    4. Agree
    5. Strongly agree

Appendix C: Serious Illness Conversation Guide

Serious Illness Conversation Guide

CONVERSATION FLOW

1. **Set up the conversation**
   - Introduce purpose
   - Prepare for future decisions
   - Ask permission
2. **Assess understanding and preferences**
3. **Share prognosis**
   - Share prognosis
   - Frame as a "wish…worry", "hope...worry" statement
   - Allow silence, explore emotion
4. **Explore key topics**
   - Goals
   - Fears and worries
   - Sources of strength
   - Critical abilities
   - Tradeoffs
   - Family
5. **Close the conversation**
   - Summarize
   - Make a recommendation
   - Check in with patient
   - Affirm commitment
6. **Document your conversation**
7. **Communicate with key clinicians**

Serious Illness Conversation Guide

PATIENT-TESTED LANGUAGE

SET UP

"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

ASSESS

"What is **your understanding** now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

SHARE

"I want to share with you **my understanding** of where things are with your illness…"

Uncertain: "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."
OR
Time: "I **wish** we were not in this situation, but I am **worried** that time may be as short as ___ *(express as a range, e.g. days to weeks, weeks to months, months to a year)*."
OR
Function: "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

EXPLORE

"What are your most important **goals** if your health situation worsens?"

"What are your biggest **fears and worries** about the future with your health?"

"What gives you **strength** as you think about the future with your illness?"

"What **abilities** are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

"How much does your **family** know about your priorities and wishes?"

CLOSE

"I've heard you say that ___ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we ___. This will help us make sure that your treatment plans reflect what's important to you."

"How does this plan seem to you?"

"I will do everything I can to help you through this."