

# An Educational Program Changed Clinicians' Attitudes about Caring for the Dying

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## BACKGROUND

Palliative Care is becoming a standard of care in many hospitals making it increasingly important for healthcare clinicians to have knowledge and skills to effectively care for patients with progressive, life-limiting illnesses.

## AIM

The purpose of this study was to evaluate the impact of a focused and fiscally responsible educational program on knowledge and attitudes of healthcare clinicians about end of life care.

## DESIGN

Knowledge and attitudes about care at the end of life were measured before and after a 3-hour educational program. Participants were 40 healthcare workers.

Attitudes about care at the end of life were measured with:

- *Frommelt Attitude Toward Care of the Dying Scale* &
- *Attitudes Toward Palliative Care Empowerment*, a tool designed by the investigators.

Knowledge was measured with an adapted *End of Life Care Across Settings* scale.

## MEASURES

Measures were obtained:

- prior to the first session
- after the last session and
- at 3 and 7 months post education.



Participants were instructed on use of a ***Palliative Care Quick Reference Guide***.

Content included information on:

- pain and symptom management
- assessment scales
- artificial nutrition and hydration
- advance directives
- communication
- bereavement

The binders were designed to be used in their clinical areas to help educate their colleagues about end of life care.

## RESULTS

Significant increases in positive attitudes toward care for the dying ( $p < 0.01$ ) and in empowerment attitudes toward palliative care principles ( $p = 0.004$ ) were found. Knowledge did not change with education.

## CONCLUSION

A focused 3-hour program changed clinicians' attitudes about care of the dying. The strength of the study findings and participant evaluations impacted decision-making of administration which now supports 12 hours of initial instruction and ongoing quarterly educational sessions to change attitudes and increase knowledge. Participants receive clinical ladder recognition credit for attending.

Attitudes Toward Palliative Care Empowerment					
Please circle the statement that corresponds to your own personal feelings about the attitude or situation presented. Please respond to all 10 items on the scale.					
1. I am able to define palliative care to a patient and/or family member.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
2. I feel that I have effective communication skills in helping patients, families and interdisciplinary team members determine goals of care.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
3. I feel confident and effective when helping patients complete their advance directives.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
4. Suggesting the use of comfort care order sets for the dying patient is commonplace in my practice.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5. I am familiar with the palliative care symptom management algorithms and have used them as resources in the care of my patient.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
6. If a patient is non-verbal or has dementia, our unit uses alternative pain assessment scales.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
7. I understand that DNR does not mean do not treat.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
8. My personal practice strongly advocates the use of laxatives for patients who are on opioids.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9. I have been on the Palliative Care INET site and am aware of the resources available to me and my patients.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
10. I am knowledgeable about the steps involved in having effective family meetings.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree