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An Assessment of Current Palliative Care Beliefs and Knowledge: The Primary Palliative Care Providers' Perspective

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Objectives

- **Summarize the literature review regarding healthcare providers (HCP) knowledge of primary palliative care (PPC).**

- **Describe the methods used to evaluate BHSF HCP knowledge and competency in the delivery of PPC.**

- **Discuss findings that support the need for:**
  (1) ongoing palliative care education;
  (2) further exploration of HCP perceived competency in PPC.

Purpose

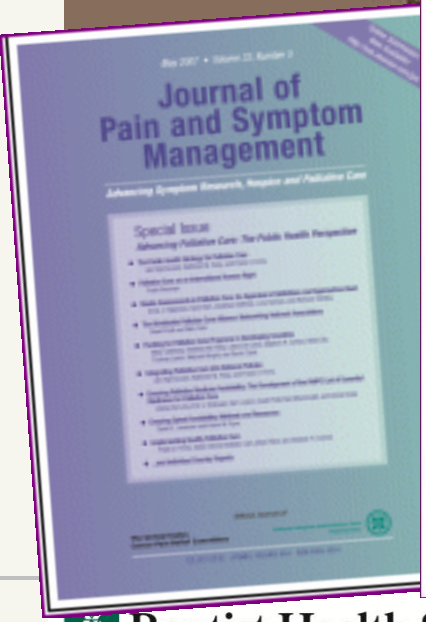
The purpose of this study was twofold:

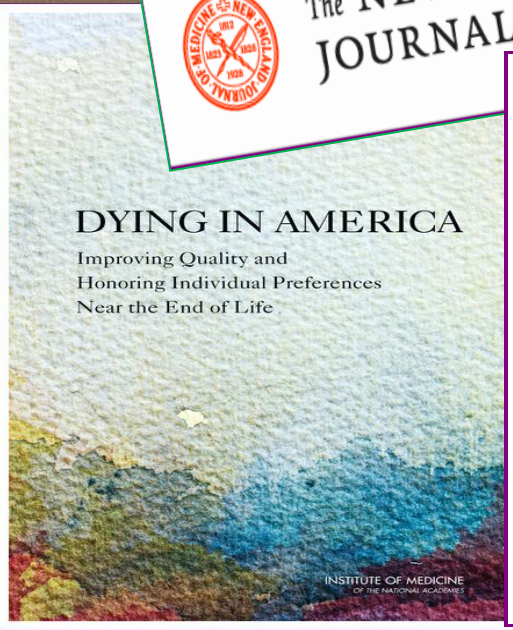
(a) Evaluate the level of perceived competence and palliative care knowledge amongst Baptist Health South Florida (BHSF) healthcare providers

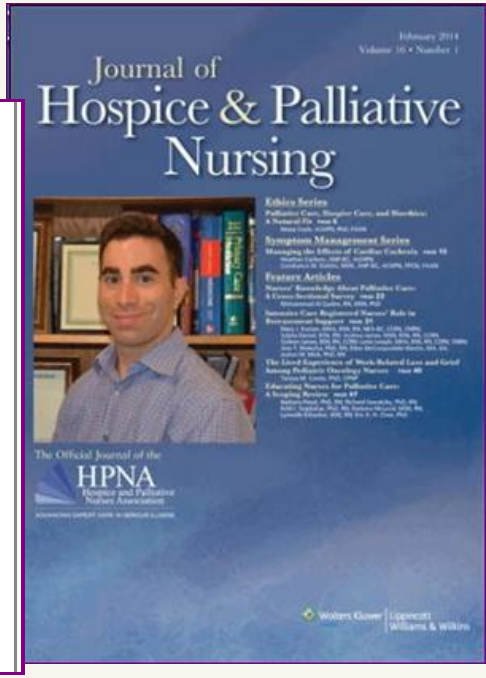
(b) Determine the difference in knowledge between healthcare providers who participated in the BHSF Intercultural Palliative Care/End-of-Life Training and those who did not participate.

World Health Organization

The NEW ENGLAND JOURNAL of MEDICINE







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Intercultural Palliative Care End-of-Life Program

- Improve confidence for dealing with palliative care EOL patients
- Gain fundamental cultural communication competence
- Identify, assess and resolve challenging patient care issues
- Utilize evidence-based tools and process to address patient and families needs

Research Questions

1. **Do HCP who participated in the BHSF palliative care training have significantly higher levels of perceived competency regarding palliative care compared to those who did not take the training?**

2. **Do HCP who participated in the BHSF palliative care training have significantly higher levels of knowledge regarding palliative care compared to those who did not take the training?**

3. **Is there a significant association between HCP perceived competence in providing PPC and knowledge of PPC?**

Methods

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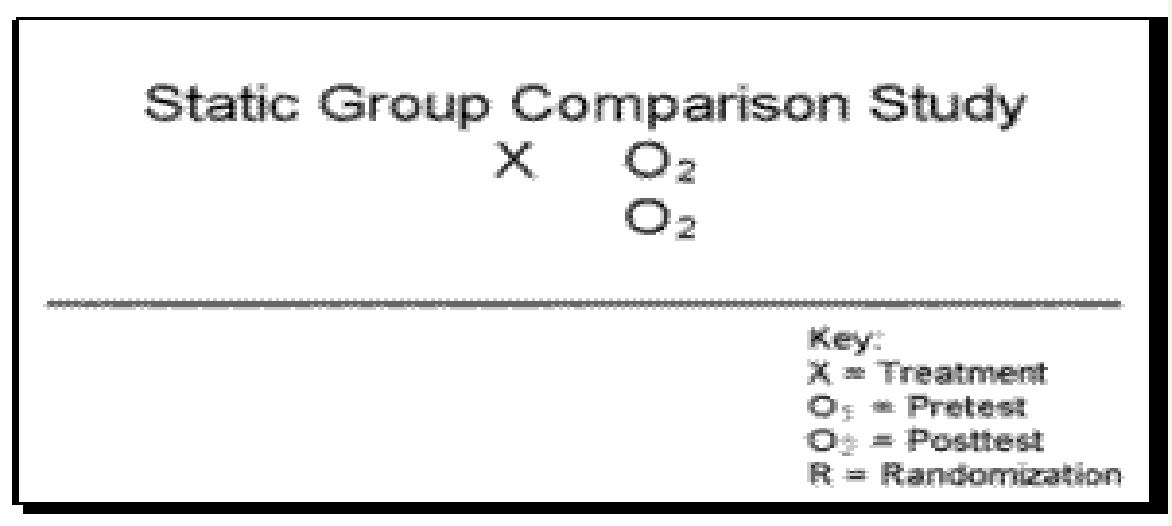
Design

The method of the study was a Pre-experimental static-group comparison design using two online surveys.



The study was approved by the IRB.

Sampling

- **Setting**
  - **7 hospital, not-for-profit healthcare system**
- **Target study participants**
  - **A non-randomized sample of BHSF healthcare professionals**
  - **IRB approved maximum sample size = 5000**
- **Total participants - 388 with usable data**

End-of-Life Professional Caregiver Survey (EPCS)

Perceived Competence Assessment

- **28-item questionnaire using a 5 Point Likert Scale (1= Strongly Agree and 5= Strongly Disagree)**
- **EPCS assesses perception of 3-factors:**
  - **Patient & Family Centered Communication**
  - **Cultural & Ethical Values**
  - **Effective care delivery.**
- **Preliminary testing of the EPCS has demonstrated internal consistency reliability (Cronbach's alpha = 0.50 – 0.75) and good discriminant validity.**
- **Permission was obtained from the author to use the instrument (Lazenberry, Ercolano, Schulman-Green & McCorkle, 2012).**

PI Developed Palliative Care Survey [PCS]

Knowledge assessment

- Questions structured based on National Consensus Project (NCP) 8 domains that guide quality improvement efforts in Palliative Care
- 20-item self-reported questionnaire using a multiple choice format (True/False/I don't know)
- Questions reviewed for face validity by four palliative care experts.

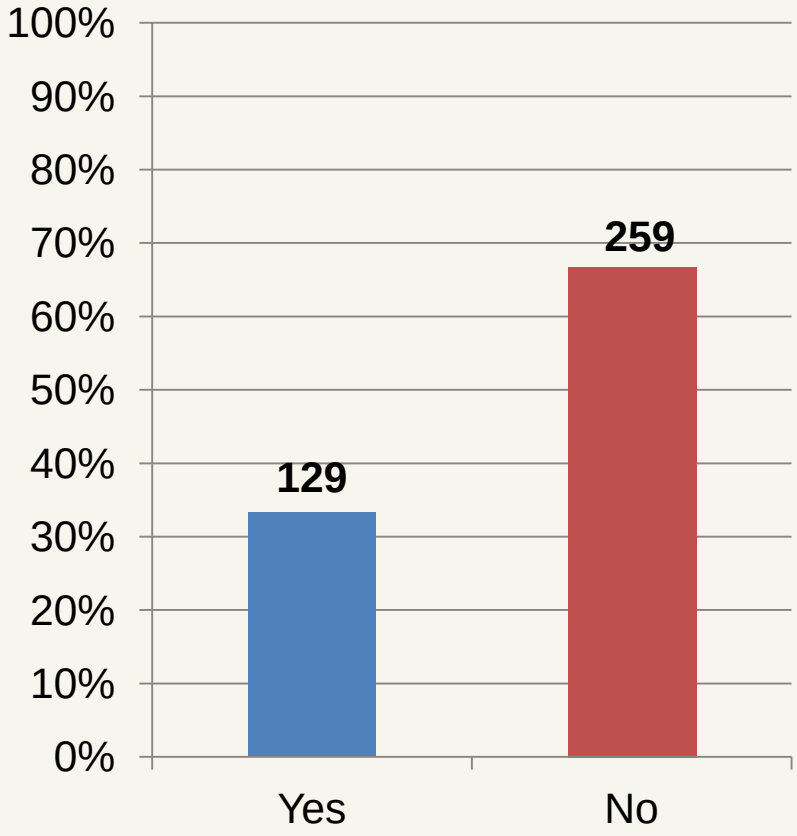
Procedures

- Recruitment of Participants

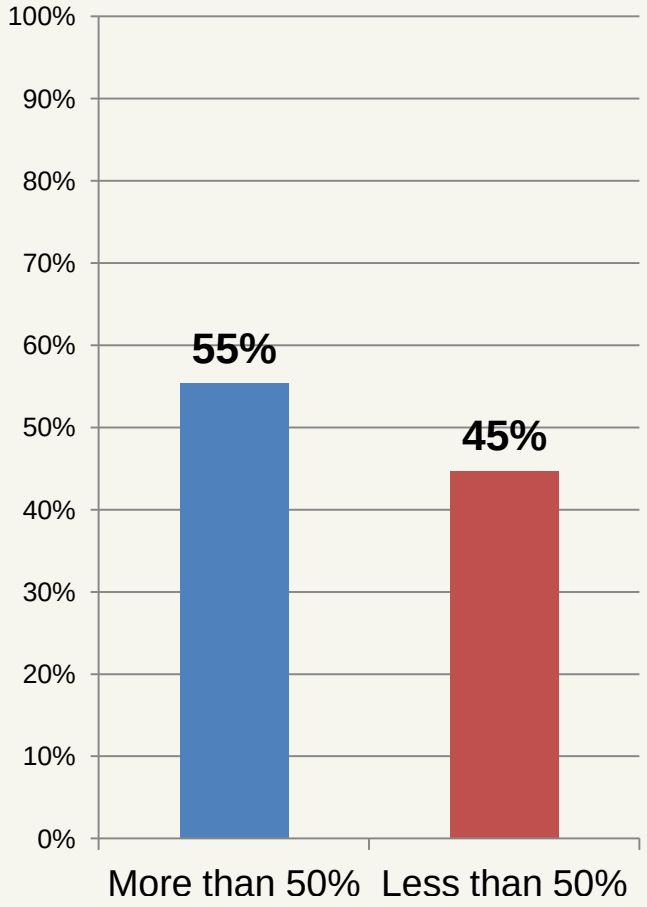
- Email
  - #1 Announcement
  - #2 Distributed 1-week after announcement
  - #3 Reminder - sent 1-week after distribution

Demographics

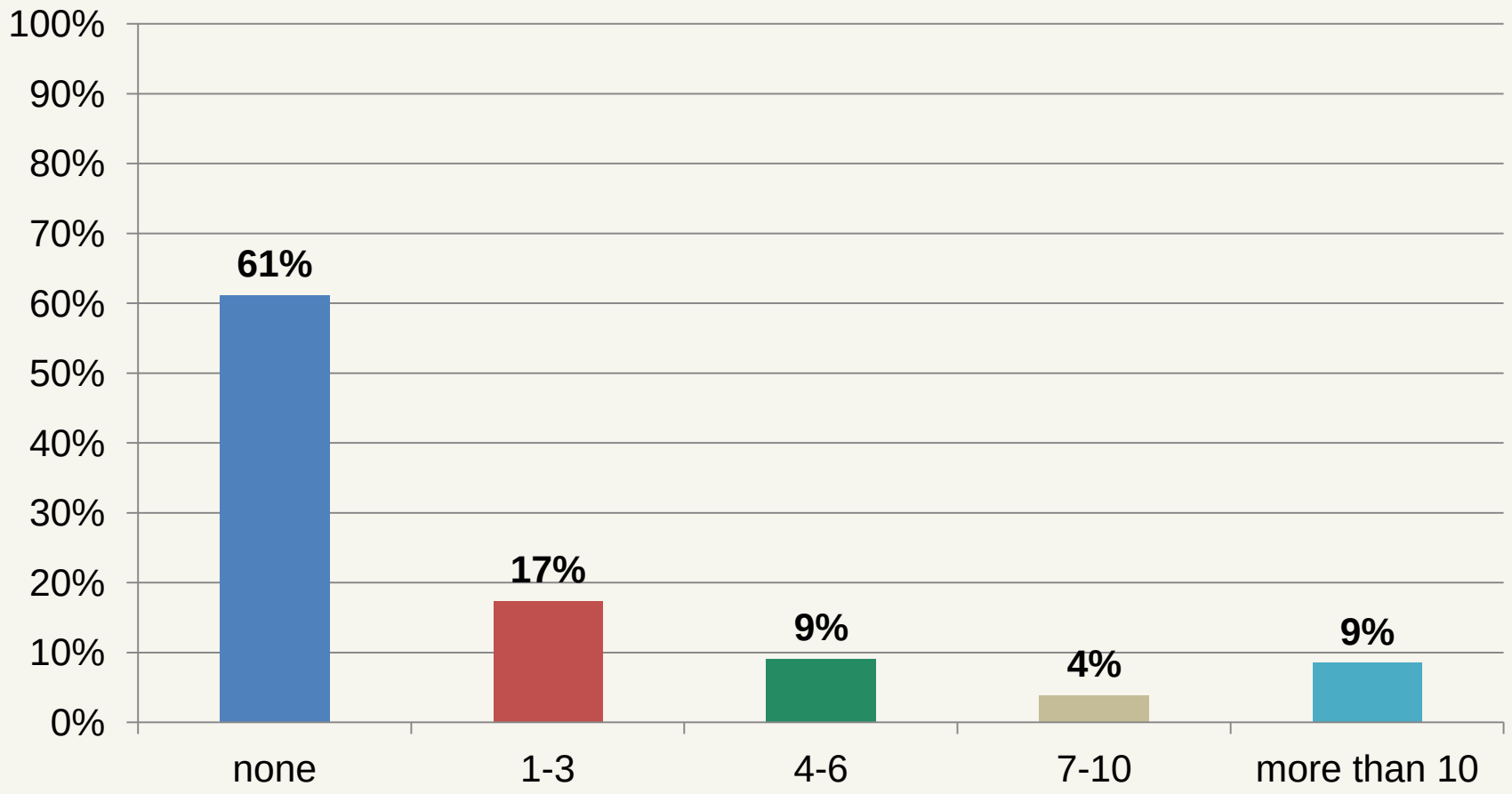
Study Groups by Training Status (N=388)



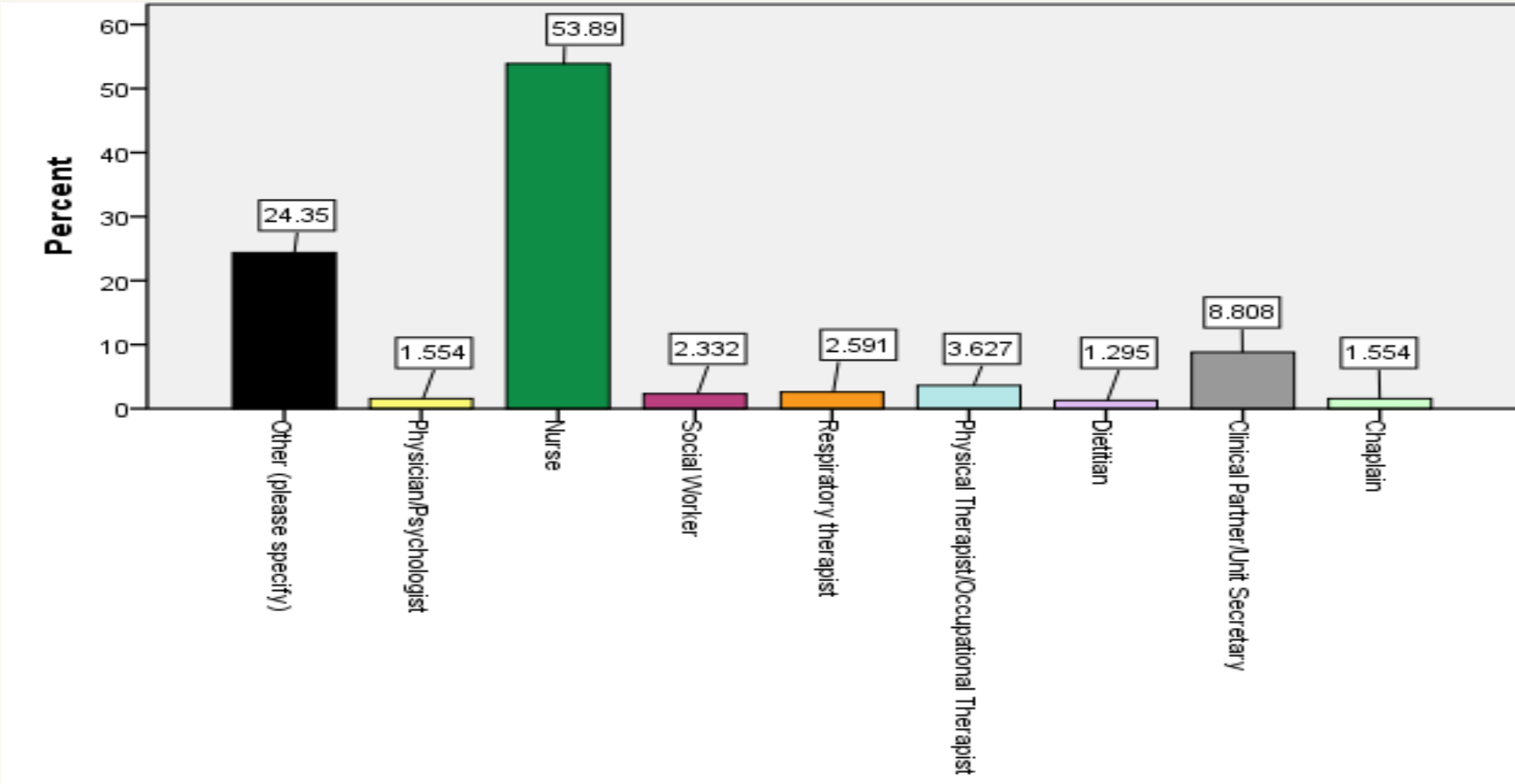
<50% of time spent in Direct Patient Care



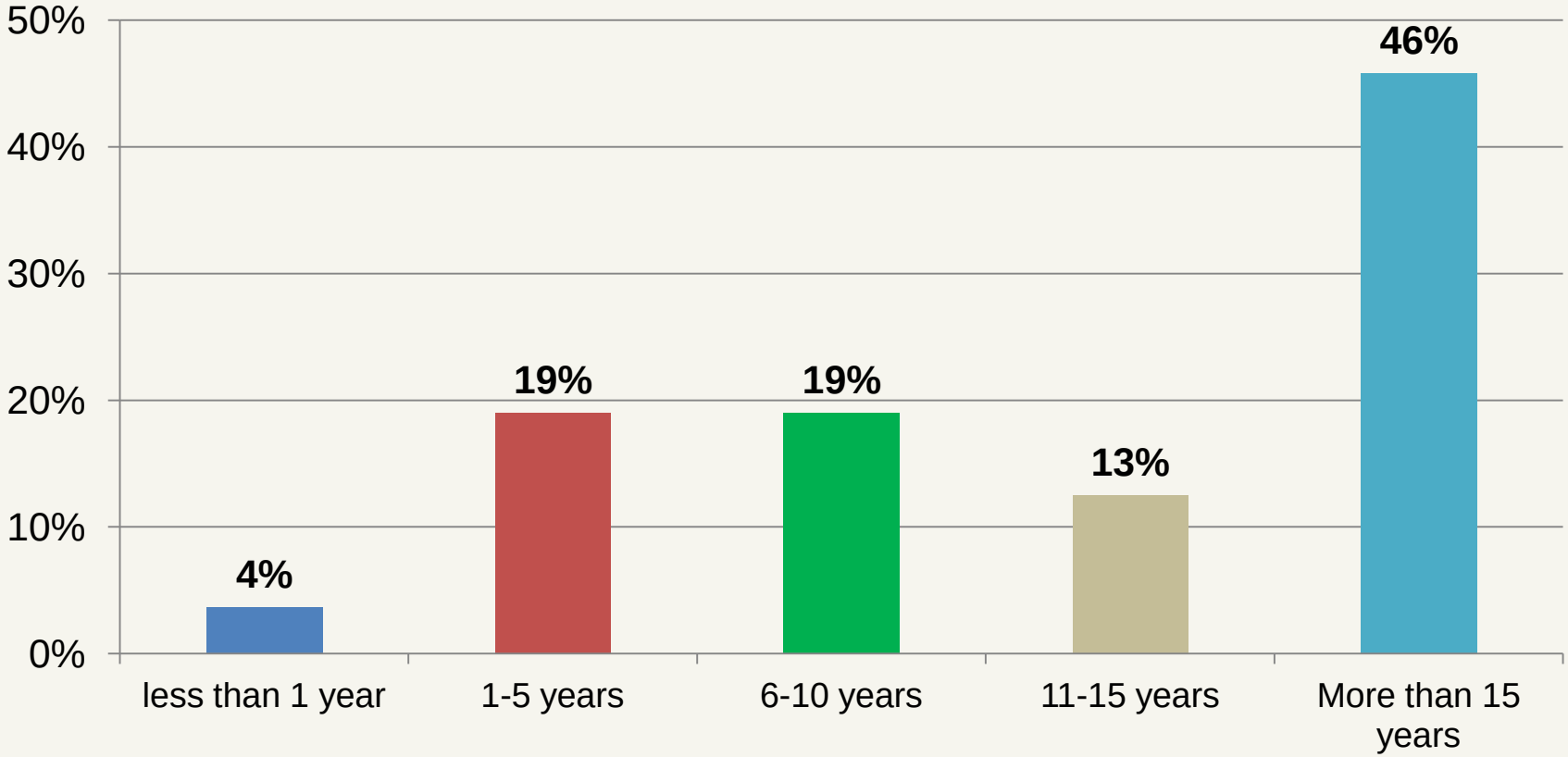
Study Participants
Palliative Referrals in 1-year



Primary Role at BHSF



Years in Profession



Results & Interpretation

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Differences between Training status groups on Demographic characteristics

Question	Chi-square, (df)	n	P-value
Number of palliative care referrals last year	X^2=20.836, (4)	385	*P<.000
Spend at least 50% of time in direct care	X^2=.436, (1)	386	P=.509
Primary role	X^2=29.52, (8)	386	*P<.000
Number of Midlevel providers	X^2=.176, (1)	387	P=.675
Number of years in profession	X^2=6.659 (4)	383	P=.155

Reliability & Validity

- **Internal consistency reliability**
  - **Perceived competency (EPCS)= .955**
  - **Knowledge (PCS) = .775**
- **Exploratory factor analysis – used principal component analysis with Varimax rotation**
  - **EPCS**
    - **6 component structure**
    - **Accounted for 65.8% of the variance in the data**
  - **PCS**
    - **6 component structure**
    - **Accounted for 50.2% of the variance in the data**

Differences in Scores by Demographic Characteristic

- Medians
  - Number of palliative care referrals (df=4)
    - Perceived competency, X^2=29.083, n=383, *p<.000
    - Knowledge, X^2=32.483, n=348, *p<.000
  - Primary role (df=8)
    - Perceived competency, X2=31.009, n=384, *p<.000
    - Knowledge, X^2=83.69, n=349, *p<.000
  - Number of years in profession
    - Not significant
- Man-Whitney U
  - Most days spend 50% or more of time in direct care
    - Not significant
  - Midlevel provider [ARNPs, PAs]
    - (n=384) Perceived competency U=1582.5, z=-2.108, *p=.035
    - (n=349) Knowledge U=1050.00, z=-2.842, *p=.004

Average Scores: Perceived Competency & Knowledge

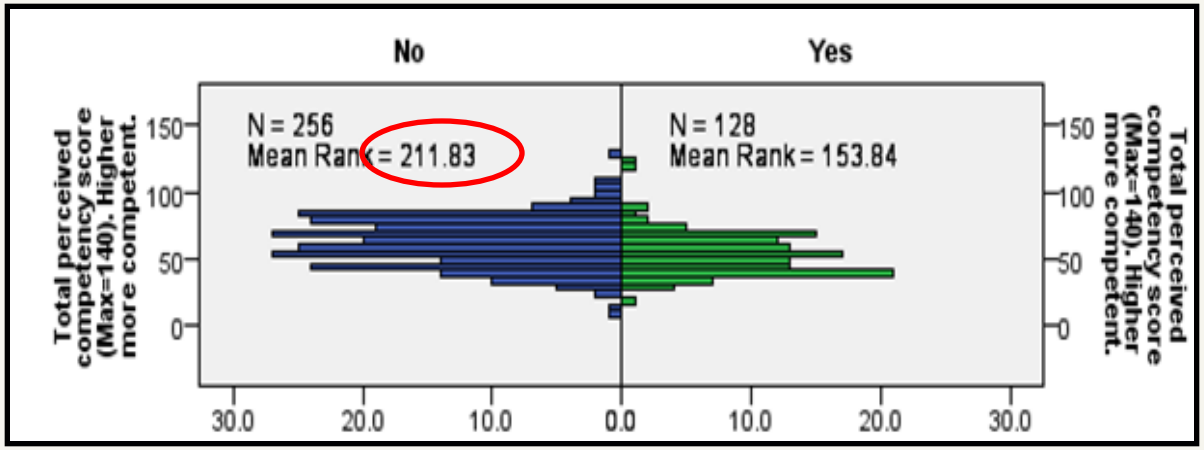
Pooled sample:

- **Perceived Competency = 59.88 (n=384)**
- **Knowledge= 12.53 (n=349)**

Split (by Training group)

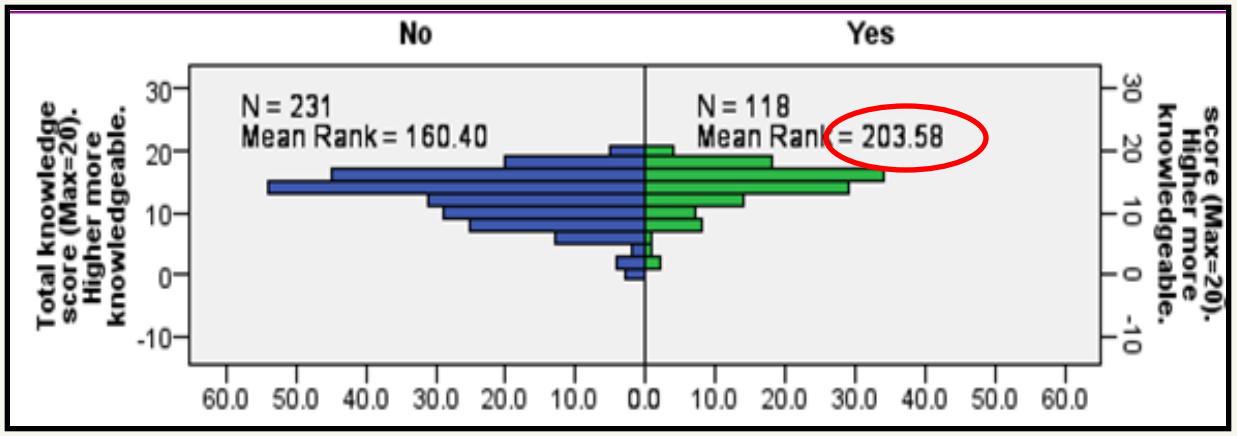
	Average score by Group: Yes=Trained; No= Not trained	
Survey	**Yes**	**No**
Perceived Competency	54.14 (n=128)	62.75 (n=256)
Knowledge	13.61 (n=118)	11.98 (n=231)

Differences between Training groups on perceived competency and knowledge



Perceived Competency
Mann Whitney U= 21332, z=4.827, p=<.000

Knowledge
Mann-Whitney
***U*=10257,**
z=-3.797, p<.000



Discussion

Unanticipated events

- **Incomplete responses**

Implications

- **Ongoing education**
- **Staff may not be as competent as they believe…**
- **Future Research**
  - **What were the underlying reasons for the negative association between perceived competency & knowledge?**
  - **What predicted scores on perceived competency and knowledge scores? (Demographic vs. Training status).**

Questions

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