

Statement of the Problem

Neonatal ICU Registered Nurses (NIC-RNs) lack formal palliative care (PC) education and communication skills

Orientation and in-service education for NIC-RNs emphasize technical skills

Background

- The National Association of Neonatal Nurses recommends NICU RNs be trained in providing palliative and end-of-life care (Catlin, Brandon, Wool, & Mendes, 2015).
- Having difficult conversations with parents of critically ill infants can prove anxiety-provoking when RNs have little experience caring for NICU patients (Price et al., 2019) and can lead to moral distress (Mills & Cortezzo, 2020).
- Research reveals a serious lack of PC education and communication skills for NIC-RNs when addressing parents of seriously ill or dying infants.

Purpose

This educational project's purpose is to improve NIC-RNs' knowledge, attitudes, confidence during PC conversations with parents of critically ill infants with uncertain outcomes. **Objectives:**

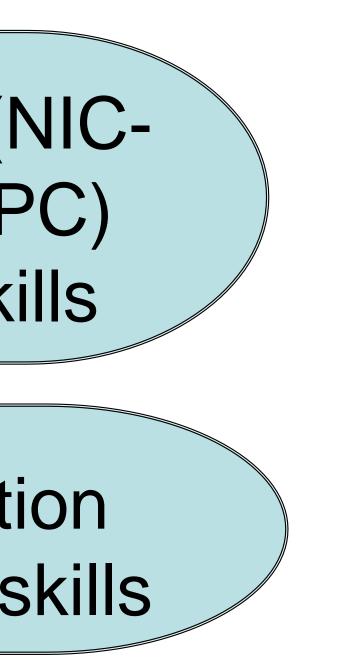
- Define PC
- Demonstrate PC communication strategies
- Improve NIC-RN confidence and comfort when communicating with families of seriously ill infants





Primary Palliative Care Communication Skills for Neonatal ICU Registered Nurses

Evangeline G. MacMillan, RN, BSN, BA, CHPPN



Format: 70-minute didactive/interactive session with lecture, clinical case script utilizing reader's theater, and discussion **Setting:** 82-bed Level 4 children's hospital NIC unit **Evaluation:** Online link to a 24-item pre/post education survey measuring NIC-RN comfort, confidence, and barriers using a Likert scale on Microsoft Forms **Timeline:** June 2021 – October 2021

Findings

Sample: 24 Bachelor's prepared NIC-RNs attended the sessions.18 (75%) pre-survey; 15 (62.5%) post-survey.

NIC-RN Experience: Mean = 1.08 years (Range: 0-19)

Familiarity 0=not familiar, 1=somewhat familiar, 2=familiar, 3=very familiar

How familiar are you with the definition of PC?

Confidence or Comfort 0=strongly agree, 1=disagree, 2=agree, **3=strongly agree**

Caring for palliative care patients and their families

Communicating with parents re: life and death decisions about their child's diagnosis Accessing the hospital's palliative care team

Communicating with parents' expressions of sadness and anger about their child's diagnosis My communication skills when assessing and addressing non-verbal expressions of anxiety and grief

Parents' anticipatory grief re: their child's diagnosis and potential outcome

Asking about emotional needs of my patient's family

Barriers to Palliative Care 0=not a barrier, 1=minor barrier, 2=moderate barrier, **3=major barrier**

Lack of nurse's knowledge about specialty PC Lack of access to the hospital's PC team Lack of identification by advanced practice provider that patient is appropriate for PC

Methods

- **Data Analysis:** Frequencies, descriptive stats, t-tests (p<.05)

Pre- Education Mean (N=18)	Post- Education Mean (N=15)	P-value
2.22	2.73	.04
2.06	2.40	.04
1.50	2.13	.02
1.89	2.40	.02
1.89	2.4	.01
1.61	2.3	.003
1.67	2.27	.005
2.11	2.67	.005

2.00	1.80	.38
1.17	.93	.38
2.06	1.67	.19

everyday things difficult verbal cues difficult situations companion to families





Mentor: Nancy English, PhD, APRN, CS, CHPN Thank you: Regina Fink, PhD, APRN, CHPN, FAAN References

- in Pediatrics, 8, 581. <u>https://doi.org/10.3389/fped.2020.00581</u>



www.cuanschutz.edu/MSPC

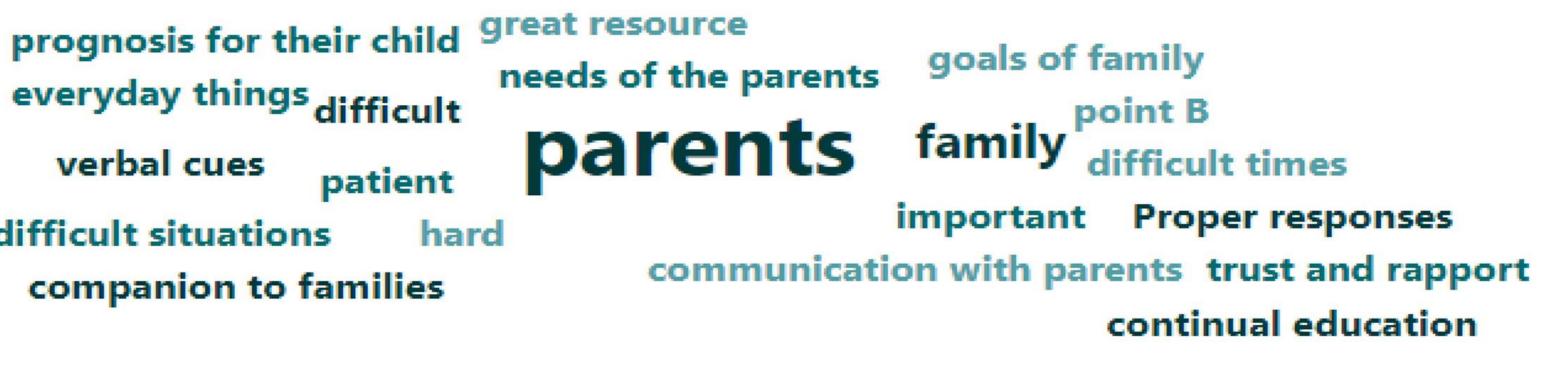
Implications

An interactive educational session may increase familiarity of PC definition and confidence/comfort levels when communicating with parents of seriously ill infants. Primary PC communication skills education during NIC-RN orientation may benefit NIC-RNs and parents of seriously ill NIC infants.

Increasing awareness of hospital PC team may increase comfort level accessing and utilizing PC team.

Limitations

Small number of participants in a single institution Covid-19 pandemic limited in-person learning Some participants attended virtually while working at the bedside due to high census and staffing shortages One or both surveys not completed by all participants



"It is important to be a companion to families during difficult times." "I learned it is equally important to meet physical and

emotional needs of parents as it is to care for the baby." "Take time to talk to families about everyday things to allow a connection."

"Compassionate communication." "Loved role-playing; so helpful to do in a safe space."

Acknowledgements/References

1. Catlin, A., Brandon, D., Wool, C., & Mendes, J. (2015). Palliative and End-of-Life Care for Newborns and Infants: Position Statement# 3063. Retrieved

http://nann.org/uploads/About/PositionPDFS/1.4.5_Palliative%20and%20End%20of%20Life%20Care%20for%20Newborns%20and%20Infants.pdf 2. Mills, M., & Cortezzo, D. E. (2020). Moral distress in the neonatal intensive care unit: what is it, why it happens, and how we can address it. *Frontiers*

3. Price, J. E., Mendizabal-Espinosa, R. M., Podsiadly, E., Marshall-Lucette, S., & Marshall, J. E. (2019). Perinatal/neonatal palliative care: Effecting improved knowledge and multi-professional practice of midwifery and children's nursing students through an inter-professional education initiative. Nurse Education in Practice, 40, 102611. https://doi.org/10.1016/j.nepr.2019.08.005