

# Role Definition and Training of Volunteers for an In-Home Oncology Palliative Care Program

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## Statement of the Problem

- Shaw Cancer Center at Vail Health developed an oncology palliative care program (Shaw at Home) offering in-home services
- A need for a volunteer role was identified
- A role description and training was needed for palliative care volunteers

## Background/Literature Review

- Literature regarding training for palliative care volunteers is limited
- Volunteer role is varied across settings
- Evidence suggested various volunteer roles and training applicable to this program

## Purpose/Aims

This program development project's purpose is to:

- Define the role of the oncology palliative care volunteer
- Develop and provide training to prepare volunteers to work with oncology patients receiving palliative care in their homes
- Evaluate the effectiveness of the training by measuring knowledge and comfort in the palliative care volunteer role pre/post training



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## Methods

- Five volunteers from the community were identified
- Standard Vail Health volunteer orientation and training completed
- In-person oncology palliative care volunteer training completed consisting of six modules:
  - Overview of the program, definition of palliative care, home health, and hospice
  - Roles of the palliative care team
  - Communication
  - Physical, emotional, and spiritual issues
  - Stress management and self-care
  - The volunteer role in palliative care
- A six-item survey pre/post training assessed knowledge and comfort in the volunteer role

## Findings

Please rate your knowledge and comfort with the following: (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)	Mean Score Pre-Training	Mean Score Post-Training
<b>The definition of palliative care and how it differs from hospice and end of life</b>		
Knowledge	3.4	4.6
Comfort	3.2	4.5
<b>Communication with patients with serious illness</b>		
Knowledge	2.8	4.0
Comfort	2.5	3.9
<b>The palliative care interdisciplinary team and their roles</b>		
Knowledge	3.5	4.8
Comfort	3.7	4.8
<b>Psychosocial issues, spiritual issues, the role of family systems for people with serious illnesses</b>		
Knowledge	2.9	4.1
Comfort	2.6	3.9
<b>Stress management, self-care, and the role and value of volunteers in palliative care</b>		
Knowledge	3.4	4.6
Comfort	3.6	4.7
<b>Professional boundaries, patient and family boundaries, and handling emergencies</b>		
Knowledge	3.0	4.5
Comfort	2.8	4.3

- Survey results indicate a pretraining knowledge deficit and lack of comfort with palliative care and the volunteer role
- Post training survey results showed an improvement in knowledge and comfort in the role of an oncology palliative care volunteer

## Implications

- Developing and administering an in-person training program for volunteers increased the knowledge and comfort of volunteers entering their role 30%
- Future plan:
  - Recruit and train more volunteers to increase availability of volunteer services
  - Provide modules on the Vail Health remote learning platform (Net Learning) to allow volunteers to complete at their convenience and access to any interested employee
  - Assess knowledge and comfort of volunteers in their role after 3 months of service
  - Evaluate patient satisfaction and importance of the volunteer role for the program

## Limitations

- Small number of volunteers
- Limited literature or recommendations on training needed to be a palliative care oncology volunteer

## Acknowledgements/References

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