

Palliative Care: COVID19 End-of-Life Care - An Interprofessional Education (IPE) Approach in the COVID-19 Era (Part I)

Part of the JHUSON Interprofessional Education and Simulation Online Program

Brief Summary

The purpose of this simulation is to demonstrate the role of an interprofessional palliative care team in caring for an acutely ill adult patient with COVID-19. Additionally, this simulation will demonstrate a virtual interprofessional-patient/family communication process (using zoom) to assist learners in establishing skills and competencies for delivering care to a patient who is COVID-19 positive and supporting a family member during the care transitions, including shared decision-making and end-of-life care.

Learning Objectives

Pre-licensure students:

By the end of this simulation, the learner will be able to:

1. Communicate effectively and compassionately with the acutely and critically ill adult patient, family and healthcare team members, in-person and virtually.
2. Demonstrate respect for patient and family values, preferences, goals of care, and shared decision-making during critical illness and at end-of-life.
3. Collaborate with the acutely and critically ill adult patient, family, and interprofessional healthcare team to provide evidence-based care that is patient and family-centered and culturally sensitive, during transitions and across care settings.
4. Apply ethical/legal principles when addressing patient and family goals of care under circumstances of acute and critical illness.
5. Collaborate with the interprofessional team using evidence-based pharmacologic and nonpharmacologic approaches to address pain and symptom management with the acutely and critically ill adult patient.
6. Assess, plan, and implement interventions to address physical, psychological, social, and spiritual needs of patients with acute and critical illness and their families while improving the quality of life.

Nurse practitioner students:

By the end of this simulation, the learner will be able to:

1. Lead and engage in effective and compassionate communication with the patient, family and health care team members, in-person and virtually.
2. Collaborate with the acutely and critically ill adult patient, family, and interprofessional healthcare team from the time of diagnosis, to develop, manage, and coordinate a culturally sensitive, patient-centered, family-focused, and evidence-based plan of care across care transitions, including appropriate use of technology.
3. Engage in primary palliative care communication skills, including sharing difficult news and discussing advanced care planning.
4. Apply evidence-based and ethical/legal principles in prescribing and de-prescribing medications,

- ordering diagnostic tests and recommending treatments, reflective of patient and family goals of care.
5. Elicit and demonstrate respect for the adult patient and family values, preferences, goals of care, and shared decision-making during acute and critical illness and at end-of-life.
 6. Communicate with the interprofessional team in planning and intervening in pain and symptom management, using evidence-based pharmacologic and nonpharmacologic approaches.
 7. Assess, plan, and treat patients' physical, psychological, social, and spiritual needs to improve quality of life for patients with acute and critical illness and their families.

Discuss the following core competencies for Interprofessional

Collaborative Practice:

Competency 1: Values/Ethics

- VE2.** Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- VE4.** Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
- VE5.** Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
- VE6.** Develop a trusting relationship with patients, families, and other team members.
- VE7.** Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
- VE8.** Manage ethical dilemmas specific to interprofessional patient/population centered care situations.
- VE9.** Act with honesty and integrity in relationships with patients, families, communities, and other team members.

Competency 2: Roles/Responsibilities

- RR2.** Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
- RR3.** Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- RR6.** Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- RR7.** Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.

Competency 3: Interprofessional Communication

- CC1.** Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- CC2.** Communicate information with patients, families, community members, and healthcare team members involved in a form that is understandable, avoiding discipline-specific terminology when possible.
- CC4.** Listen actively, and encourage ideas and opinions of other team members.
- CC6.** Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.

Competency 4: Teams & Teamwork

- TT2.** Develop consensus on the ethical principles to guide all aspects of team work.
- TT3.** Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- TT4.** Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
- TT7.** Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- TT10.** Use available evidence to inform effective teamwork and team-based practices.

TT11. Perform effectively on teams and in different team roles in a variety of settings.

Key teaching/debriefing points:

In addition to interprofessional communication, teamwork, roles and responsibilities, and values/ethics included on the debriefing tool, address important palliative care competencies by engaging students in discussing the following points:

1. Explore ways in which team members determined the patient's palliative care needs
2. Discuss the process by which team members can initiate conversations with patients and families to provide support for decision making and end-of-life care as well as deliver palliative care services
3. Compare and contrast the effectiveness of team virtual communication techniques (e.g. zoom to conduct family meeting and support decision making) when in-person communication is not possible

Case Overview

This simulation depicts interprofessional communication and team collaboration in the delivery of palliative care for a patient diagnosed with COVID-19 and family member. Members of the palliative care team include a nurse, nurse practitioner, intensivist physician, palliative care physician, pharmacist, social worker, and chaplain. The patient, Mr. W., is a 79-years-old male who presents to the emergency department with flu like symptoms, including shortness of breath, fever, chills, fatigue, sore throat, cough and muscle pain, tests positive for COVID-19 and is transferred to isolation unit. Within a few hours of admission, his oxygen saturation starts to decrease, despite escalating levels of oxygen support. The patient's condition further deteriorates requiring palliative care consultation and intensive care admission. The palliative care team meet with the patient, family member and care team members to discuss the treatment plan, symptom management and an individualized advanced directive. In response to Mr. W's prognosis and continuing deterioration, the palliative care team discusses the goals of care and plans for withdrawal of support with a family member via zoom.

Curricular information

Educational Rationale and Need

As of December 21, 2020, 77,202,828 coronavirus disease 2019 (COVID-19) cases have been confirmed with 1,699,307 deaths due to COVID-19 recorded globally (COVID-19 dashboard by the Center for System Science and Engineering (CSSE) at John Hopkins, 2020). Nevertheless, both the number of confirmed cases and mortality rate due to COVID-19 is likely to be underestimated, as not all cases and deaths due to COVID-19 are confirmed or recorded (Janssen et al., 2020). With COVID-19, patients can deteriorate quickly; healthcare resources are limited; isolation is required; and family visits are restricted. The COVID-19 crisis has been a personally and professionally challenging period for patients, family members and healthcare workers (Janssen et al., 2020). In this context of the COVID-19 pandemic, the usual concerns of palliative care—person-centered care, quality of life, discernment of patient goals, advance care planning, pain and symptom management, and support for caregivers over protracted trajectories—seem perplexing. Under such circumstances, palliative care has been acknowledged (Radbruch, Knaul, de Lima, de Joncheere, & Bhadelia, 2020; Rosa, Meghani, Stone, & Ferrell, 2020) and has never been more important. Although the underlying principles of palliative care have not changed, the specific challenges of COVID-19 require specific guidance.

Palliative care requires skills in symptom management, prognostic awareness and goals of care conversations which are central to the COVID-19 pandemic response (Hanson, 2020). Additionally, varied and multiple professional health care members of the palliative care community have identified the critical need of spiritual care during COVID-19 crisis (Ferrell, Handzo, Picchi, Puchalski, & Rosa, 2020). Further, virtual visits have allowed clinicians the opportunity to console and support family members who have been

shut out by the COVID visitation policy and bring them to the bedside through use of virtual video visits with patients (Hanson, 2020). As clinical practice is being transformed due to COVID-19, nursing and other health care students need to develop and deploy new skills and novel collaborative care models of practice with frontline teams.

Reference Materials

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