Educational Intervention to Enhance Nursing Comfort With Advance Care Planning and Documentation

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Nearly 70% of adults in the United States have not undertaken advance care planning (ACP) (Centers for Disease Control and Prevention, 2021). The goal of ACP is to make end-of-life decisions before diagnosis or at early onset of a serious health situation (National Institute on Aging, 2019). ACP involves discussions to establish goals and end-of-life preferences, such as a living will, healthcare power of attorney, and advance directives (Bires et al., 2018). Only 37% of adults in the United States have established advance directives, 29% have a living will, and 33% have a healthcare power of attorney (Yadav et al., 2017). Only 45% of adults aged 65 years or older report having an advance directive (Yadav et al., 2017). People who are diagnosed with a potentially life-threatening condition tend to be more willing to undertake ACP. However, a barrier to ACP is a lack of provider comfort with initiating effective and productive end-of-life discussions (Steiner et al., 2020).

The purpose of this project was to provide education about ACP for nurses caring for people with advanced-stage cancer. The project’s objectives were to increase the rate of ACP documentation in the electronic health record (EHR) by nurses and enhance nurses’ self-reported comfort with ACP discussions.

AT A GLANCE
- Evidence-based education can improve experienced oncology nurses’ comfort with discussing ACP.
- Educational offerings to enhance nurses’ self-reported comfort and documentation rates can be brief and include video examples and role-play.
- Lack of ACP documentation is a common issue, and educating providers about how and where to record ACP in the EHR can improve documentation rates.

KEYWORDS
adults with cancer; advance care planning; early palliative care; advance directives

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