Using Simulation in Palliative Care Nursing Education: Panel Discussion

Facilitators

Megan Lippe, PhD, MSN, RN
Associate Professor
UT Health San Antonio, School of Nursing
2019 Cambia Health Foundation Sojourns Scholar

Andra Davis, PhD, MN, RN
Associate Professor,
University of Portland, School of Nursing
Co-Investigator, ELNEC Undergraduate/New Graduate & ELNEC Graduate
Support for Webinars

Dr. Betty Ferrell, Professor City of Hope
Principal Investigator ELNEC Project

Three-year grant to advance work strengthening the nursing workforce in caring for patients and families with serious illness (2021-2023)

Develop a regional model of excellence – targeting 4-state region (WA, UT, ID, OR)

Supports efforts to reach schools with high proportion of diverse students/faculty within underserved communities
### Objectives

<table>
<thead>
<tr>
<th>Describe</th>
<th>Describe critical elements of high-quality simulation in nursing education and available resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore</td>
<td>Explore different primary palliative care and end-of-life care simulations being conducted around the United States</td>
</tr>
<tr>
<td>Consider</td>
<td>Consider opportunities to implement primary palliative care simulation as a means of evaluating student competence</td>
</tr>
</tbody>
</table>
Introduction to Simulation

HELPFUL RESOURCES FOR DESIGN AND IMPLEMENTATION
NLN/Jeffries Simulation Theory

Critical Design Characteristics

- Objectives
- Fidelity
- Complexity
- Cues
- Debriefing

HEALTHCARE SIMULATION STANDARDS OF BEST PRACTICE™

- Professional Development
- Prebriefing
- Simulation Design
- Facilitation
- Debriefing Process
- Operations
- Outcomes & Objectives
- Professional Integrity
- Simulation-Enhanced-IPE
- Evaluation of Learning and Performance

https://www.inacsl.org/healthcare-simulation-standards
Simulation Innovation Resource Center (SIRC)

https://www.nln.org/education/education/sirc/sirc/sirc
Simulation Design Template
(revised May 2019)

(name of patient) Simulation

Date: 
Discipline: Nursing 
Expected Simulation Run Time: 
Location: 
Today’s Date::

File Name: 
Student Level: 
Guided Reflection Time: Twice the amount of time that the simulation runs. 
Location for Reflection: 

Brief Description of Client

https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/simulation-design-template-2019newlogo.docx?sfvrsn=d26a60d_0
Faculty Development Toolkit of Simulation Resources

https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/faculty-development-toolkit-february-2016.pdf?sfvrsn=4926a60d_0
Low-Fidelity Manikins and Skills Trainers

- Designed for skills implementation
- Less similarity with true anatomy and physiology
- More cost efficient

Products shown from:
Laerdal, Gaumard, CAE Healthcare
High-Fidelity Manikins

Closely mimic human anatomy and physiology

Corresponding vital signs monitor

More realistic

Expensive

Require specially-trained operators

Pictures show products from:
CAE Healthcare - Lucina and Luna
Gaumard - Pediatric HAL
Laerdal - SimMan 3G Plus
REPOSITORY OF INSTRUMENTS USED IN SIMULATION RESEARCH

- Skill Performance
- Learner Satisfaction
- Knowledge/Learning
- Critical Thinking/Clinical Judgement
- Self-confidence/Self-efficacy
- Debriefing
- Video Training Tools
- Facilitator Competence
- Organization-level Evaluation

https://www.inacsl.org/repository-of-instruments
Specialty Simulation Certification

https://www.ssih.org/Credentialing/Certification/CHSE
Simulation Exemplars around the Country
Interprofessional Withdrawal-of-Life-Sustaining Measures Simulation

Megan Lippe, PhD, MSN, RN
Associate Professor
UT Health San Antonio, School of Nursing
2019 Cambia Health Foundation Sojourns Scholar
Conducted at University of Alabama Capstone College of Nursing
Medical Residents (MR), Nursing Students (NS), Social Work Students (SWS)

Perceived competence to care for dying patients
- CARES-PC: Significant improvement
- No difference between professions

Interprofessional team communication
- Gap-Kalamazoo Communication Skills Assessment Form


Phase One: Family Decision-Making

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Prebriefing</th>
<th>Performance Simulation Room</th>
<th>Performance Observation Room</th>
<th>Debriefing</th>
</tr>
</thead>
</table>
| • Communication with family  
• Treatment decision  
• Interprofessional communication | All participants  
• Introduction to patient  
• Principles of effective communication among team and with patient and family | MR, SWS, 3-4 NS  
• MR discusses goals of care, health status, treatment options  
• NS answer family follow-up questions  
• SWS discuss advanced directives (fall 2017) or manage family disagreements (spring and fall 2018)| Remaining NS  
• Observe simulation room via live video feed | All participants  
• Team perceptions of communication |
Phase Two: Change in Patient Status

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Prebriefing</th>
<th>Performance Simulation Room</th>
<th>Performance Observation Room</th>
<th>Debriefing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient assessment</td>
<td>MR leave room and receive written abbreviated report</td>
<td>MR and 3-4 NS</td>
<td>Remaining NS and SWS</td>
<td>All participants</td>
</tr>
<tr>
<td>Interprofessional communication</td>
<td>SWS and NS receive status report and discuss team communication strategies for acute patient changes</td>
<td>NS conduct assessment</td>
<td>Observe simulation room via live video feed</td>
<td>Strategies to improve communication</td>
</tr>
</tbody>
</table>
# Phase Three: Withdrawal of Life-Sustaining Measures

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Prebriefing</th>
<th>Performance Simulation Room</th>
<th>Performance Observation Room</th>
<th>Debriefing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with family</td>
<td>All participants</td>
<td>MR, SWS, 3-4 NS</td>
<td>Remaining NS</td>
<td>All participants</td>
</tr>
<tr>
<td>End-of-life care</td>
<td>• Conducting critical conversations about treatment plans</td>
<td>• Family meeting about patient condition</td>
<td>• Observe simulation room via live video feed</td>
<td>• Methods to improve end-of-life communication</td>
</tr>
<tr>
<td></td>
<td>• Concerns about breaking bad news</td>
<td>• Withdrawal of life-sustaining measures</td>
<td></td>
<td>• Response to simulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bereavement care</td>
<td></td>
<td>• Questions or concerns</td>
</tr>
</tbody>
</table>

![Image of a group of people in a meeting room]
Nursing-Only Versions

  - Conducted at Widener University

  - Conducted at University of Texas at Austin
Questions?

Simulation templates available upon request

Contact information: lippe@uthscsa.edu
High-Fidelity Simulation: Conversations Had at Trying Times (CHATT)

Amisha Parekh de Campos, PhD, MPH, RN, CHPN
CHATT Simulation Framework
Methods

• Study consisted of 2 phases:
  ▫ 1) Simulation Development & 2) Simulation Testing

• Simulation Development:
  ▫ Construct validity
    • DeVellis’s Instrument Development
  ▫ Content Validity
    • Expert review
Simulation Development (7 steps):

1. Performed a needs assessment
2. Determined clearly what to measure
3. Generated a scenario for simulation
4. Determined a simulation format
5. Performed an iterative review by experts
6. Established inclusion of scenario items
7. Administered to sample of subjects
NLN Simulation Template

- Pre-brief script
- Sim learning objectives:
  - General
  - Specific
- Equipment/Supplies
  - SPs (2 – patient, adult child)
  - ID band, O2 tubing, standards
- Medical-Surgical Unit setup
- Report to participants
- Scenario progression outline
- Debrief through PEARLS
  - Plus additional resources
<table>
<thead>
<tr>
<th>Timing (approx.)</th>
<th>Expected Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 mins</td>
<td>• Introducing selves</td>
</tr>
<tr>
<td></td>
<td>• Recognize distress between patient and daughter</td>
</tr>
<tr>
<td></td>
<td>• Sits at eye level with patient and daughter</td>
</tr>
<tr>
<td></td>
<td>• Provide education about Morphine and use</td>
</tr>
<tr>
<td>3-6 mins</td>
<td>• Provide information on specifics of advanced directives</td>
</tr>
<tr>
<td></td>
<td>Explain the difference between DNR/DNI &amp; the living will</td>
</tr>
<tr>
<td>6-10 mins</td>
<td>• Initiate discussion on ACP</td>
</tr>
</tbody>
</table>
Instruments

- Researcher-developed **Demographic Instrument**

- **Advance Care Planning Knowledge, Attitudes & Practice Behaviors Scale** (ACPKAP) (Zhou et al., 2010)

- **Caring Efficacy Scale** (CES) (Reid et al., 2015)

- Feasibility: (available through NLN) (Franklin et al., 2015; Unver et al., 2017)
  - **Simulation Design Scale** (student version)
  - **Student Satisfaction and Self-Confidence in Learning Scale**
## Results

| Knowledge                      | RNs overall improved ACP knowledge from pre-to post-simulation  
|                               | But still had a low percentage of correct answers |
| Attitudes                     | Younger participants  
|                               | Less experience in nursing  
|                               | Less experience in H&P care =  
|                               | Had the largest change in attitude between pre-and post-simulation |
| Self-Efficacy                 | As years of experience increased, self-efficacy in ACP increased |
Implications for Nursing Practice...

- Nurse residency programs:
  - Entry-level nurses
    - Not prepared for ACP conversations
  - Communication skills
    - Multifaced skill difficult to develop in school
  - Mentorship
- Staff development
  - Resources available through:
    - End-of-Life Nursing Education Consortium (ELNEC)
    - Center to Advance Palliative Care (CAPC)
    - National Hospice and Palliative Care Organization (NHPCO)
Questions?
Simulation template available upon request

Contact Information:
amisha.parekh_de_campos@uconn.edu
COMPARING ACTIVE VERSUS VICARIOUS LEARNERS’ SELF-EFFICACY DURING A PEDIATRIC PALLIATIVE CARE SIMULATION

Stephanie Clark, EdD, RN
University of North Alabama

Purpose: Examine vicarious learning as an effective pedagogy for increasing BSN students’ perceived self-efficacy in therapeutic communication during palliative care simulation

- Quasi-Experimental Design
- Multi-site study
  - University of Alabama Capstone College of Nursing
  - University of Northern Alabama
- Self-efficacy in Communication Scale (SECS)
  - Measured perceived self-efficacy pre-sim, post-sim, post-debriefing
FINDINGS AND IMPLICATIONS FOR NURSING EDUCATION AND PRACTICE

- Vicarious learning equally efficacious as active learning
- Addresses common pitfalls of simulation
  - Requires less simulation lab space and time
  - Less expense by running fewer simulations
  - Fewer palliative care-trained faculty needed
- Effective simulation with larger student audience
CONCLUSION

- Vicarious learners: equal and sometimes greater improvement in perceived self-efficacy
- Vicarious learning: excellent alternative to traditional active learning in palliative care simulation
- Non-traditional pedagogy using simulated situations may transform the way palliative care is taught and may change the perceived negatively nature of the experience
QUESTIONS

- Simulation templates available upon request

- Contact information
  - sbarger1@una.edu
Palliative Care in Simulation: Logistics and Implementation

Kaleigh Barnett, RN, MNE, OCN, CHSE
Case Overview

- Unfolding over 4 semesters
- Scaffolding around course concepts
- No formal evaluation of competencies
Modalities

• Use of Standardized Patients (SP)
  – Focus on communication/critical conversations
  – Portrayal of family at bedside

• Lifecast manikin
  – Postmortem care

• High fidelity manikin, hybrid
  – Could be used depending on focus of sim
Logistical Challenges

• SP training and standardization
• Staffing challenges
• Heavy tech involvement
• Faculty directing and prebriefing responsibility
Interprofessional Palliative Care Simulations

Mandy Kirkpatrick, PhD, RN
Associate Professor
*Brooks Scholar, College of Nursing FIRE Initiative 2021-2024*
*Josiah Macy Jr. Faculty Scholar 2019-2021*
*Jonas Nurse Scholar 2016-2018*
*Creighton University College of Nursing*
Palliative Care: An Ideal Platform for IPE

Phases of Care

Palliative Specialties

Systems & Resources
What?

1. In-Person End-of-Life Simulation
   – Undergraduate BSN
   – Graduate DNP
   – Chaplain Residents

2. Online Distance Palliative & Hospice Sims
   – UG & Grad Nursing
   – Medicine & PA
   – Pharmacy
   – OT & PT
   – Social Work
   – Chaplaincy
   – Dentistry
Using Frameworks

JAN
JOURNAL OF ADVANCED NURSING

DISCUSSION PAPER
Development of a shared theory in palliative care to enhance nursing competence
Jean-François Desbiens, Johanne Gagnon & Lise Fillion
Figure. CHAARM concept model of palliative care nursing (including CHAARM approach) developed through a concept analysis using the Walker and Avant model.
Figure 1. Theoretical framework diagram. PCQN=Palliative Care Quiz for Nurses; FATCOD-B=Frommelt Attitudes Toward Care for the Dying-Form B

Palliative care knowledge and self-awareness in active and observing undergraduate nursing students after end-of-life simulation

Amanda J Kirkpatrick, Mary Ann Castrell and Suzanne C Snelletzer

International Journal of Palliative Nursing 2020, Vol 26, No 3
Fig. 1. Model for Palliative Care Competence Development. This visual model depicts how practice-based learning and palliative care structure an online interprofessional palliative care course that fosters self-efficacy and competence in the performance of relationsadapted learners.
Why?

• Mixing learner levels
• Distance learners
• Partnering institutions
• Flexible location
• Student connections
What/Where?

- Nursing Care Unit – Primary PC Nursing
  - Objective: Difficult Conversations & EOL Care
- Hospital Setting – Palliative Care Team
  - Objective: Goals of Care
- Home Setting - Hospice Team
  - Objective: Caregiver Support
How?

1. Pre-simulation module
2. Plan is transparent to students
3. Standardized patients are trained
4. Feedback using evaluation instruments
Preparatory Materials

Required Resources (Prelab for Simulation)

- Read student behavior and participation expectations for interprofessional simulation.
- View PHASE 1 Simulation Prequel Video

Review patient chart (H&P, labs, advance directive, etc.).
- Admit Day 1.docx
- Admit Day 2.docx
- Hazen Patient Name.pdf

Advance Directives Document (Page 1 of 4)

Hazel Smith
Appointment with Victorian
whose address is 111 College Drive, Omaha, NE 68101
and whose telephone number (cell) is 402-269-9999
person named above is unavailable or unwilling to make decisions on my behalf.

I authorize these individuals to receive information and to make healthcare and treatment decisions on my behalf.

Creighton University
Center for Interprofessional Practice, Education and Research

Cardiology Consult Note:
86 year old male, AFib. Has had atrial fibrillation for years. Has had 2+ years of hemoptysis, has had 2+ years of hemoptysis, has had 2+ years of hemoptysis, has had 2+ years of hemoptysis.

Recommendation: Treat for dyspnea as needed to keep her comfortable. Patient not open to TIAVR, no surgical intervention warranted. Consult Palliative care for goals of care discussion. Continue albumin and ESA. Add subcutaneous heparin, continue with Lexapro at daily dose. Consider screening/evaluation by PT/OT, and social work for discharge planning.
Prebriefing & Psychological Safety

Required Resources (Prelab for Simulation)

- Read student behavior and participation expectations for interprofessional simulation.
- View PHASE 1 Simulation Prequel Video
- Review patient chart (H&P, labs, advance directive, etc.).

Notice: Standardized patient may die by the end of scenario. Student may experience some emotional distress given the nature of the scenario and discussion regarding end of life. The faculty wish to promote students’ psychological safety and preparation for this event. There are also resources posted in the syllabus for those needing additional support following the simulation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
<th>Admission-Related Cause</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, Hazel</td>
<td>55</td>
<td>White</td>
<td>Female</td>
<td>SBO</td>
<td>Creighton Medical Center</td>
</tr>
</tbody>
</table>

The patient, Hazel Smith, was admitted to the hospital with a diagnosis of small bowel obstruction (SBO). She has a history of significant obesity and is on a cardiac rehabilitation program. She presented with abdominal pain, nausea, and vomiting. On physical examination, she was found to have a distended abdomen with bowel sounds. She was found to have a small bowel obstruction that was causing significant abdominal pain and nausea.

Hazel has a history of diabetes, hypertension, and hyperlipidemia. She is taking insulin, metformin, and Lipitor. Her cardiologist has advised her to undergo a cardiac catheterization. She is scheduled for the procedure next week.

Current Medications:
- Metformin 500mg PO TID
- Lisinopril 20mg PO QD
- Statin 80mg PO QD
- Insulin 30 units SQ at bedtime

Hazel is on a clear liquid diet and is currently receiving IV fluids. She is being monitored closely for signs of dehydration and electrolyte imbalances.

Recommendation: Given her history of diabetes, hypertension, and hyperlipidemia, she should be closely monitored for signs of dehydration and electrolyte imbalances. She should be hydrated and her medications should be adjusted as needed. She should also be assessed for signs of cardiac ischemia.

Additionally, Hazel should be counseled on the importance of maintaining a healthy diet and lifestyle to prevent further complications. She should also be encouraged to participate in regular exercise and to attend her cardiac rehabilitation program.

Hazel is scheduled for a consult with her gastroenterologist to discuss the possibility of surgical intervention. She should be informed of the risks and benefits of surgical intervention and should be involved in the decision-making process.

In conclusion, Hazel Smith presents with a significant medical history and requires close monitoring and management of her current health status. Effective communication and coordination of care among healthcare providers are crucial to her successful management.
Example Simulation Plan

1. Team case discussion – Establish plan (20 mins)
2. Patient interview – (30 mins)
   1. Phase 1: Goals of care discussion
   2. Phase 2: Caregiver support
3. Team recommendations – “Consult Note” (10 mins)
4. Debriefing – Reflect on team dynamics (30 mins)
## Modified Creighton Competency Evaluation Instrument – Palliative Care Version© (CCEI-PC©)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtains Pertinent Data [Holistic approach: includes assessment of patient and family member(s), identifies patient's preferences and/or reviews patient’s advance directives, conducts systematic physiologic assessment (includes pain, oral, dyspnea, delirium), &amp; performs cultural/spiritual assessment]</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2. Performs Follow-Up Assessments as Needed</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3. Assesses the Environment in an Orderly Manner</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4. Communicates Effectively with Intra/Interprofessional Team (Team STEPPS, SBAR, Written Read Back Order)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>a. Efforts to establish trust (through demonstration of empathy, active listening, and authentic presence)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>b. Uses language that is culturally/spiritually sensitive, age-appropriate, and situation-appropriate. (e.g. avoid medical jargon &amp; “I know how you feel...”, instead “This must be really hard for you...”, use open ended statements/questions)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>c. Utilizes resource(s) to improve communication (e.g. education pamphlet, advance directives, coping techniques, etc.)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Evaluator Name:**

**Date:** ______/______/______

**Comments:**
Team Evaluation: C-ICE

<table>
<thead>
<tr>
<th>Values/Ethics for Interprofessional Practice</th>
<th>Circle Appropriate Score for all Applicable Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemplifies patient-centered care (i.e., patient dignity, confidentiality, diversity, etc.)</td>
<td>0 = Does not demonstrate competency 1 = Demonstrates competency NA = Not applicable</td>
</tr>
<tr>
<td>• Involves patient as a member of health care team (acknowledges, solicits information and listens to patient, NA if patient not present)</td>
<td>0</td>
</tr>
<tr>
<td>• Values patients’ right to make their own health care decisions (references patient’s perspective) – Team does not allow son to monopolize the conversation and ensures patient voice is heard in discussion</td>
<td>0</td>
</tr>
<tr>
<td>• Identifies factors influencing health status of the patient (verbalizes factors) – Addresses patient’s diagnosis and what she understands about her chronic condition(s)</td>
<td>0</td>
</tr>
<tr>
<td>• Integrates patient-specific circumstances into care planning (considers factors in plan) – Considers patient safety factors (lives alone, son is not in the area) and patient values/preferences (may include spirituality, diet, etc.)</td>
<td>0</td>
</tr>
</tbody>
</table>

| Demonstrates team goal setting | | |
|--------------------------------|----------------------------|
| • Identifies patient’s goals (from patient’s perspective, verbalizes goals) – Returning home | 0 | N/A |
| • Identifies team goals for patient (verbalizes goals) – Comfort and maximized QOL | 0 | N/A |
| • Prioritizes goals (NA if only one goal established) – Code status and symptom management as priorities in discussion (minimum requirements) | 0 | N/A |

Fig. 3. Example Criteria for Performance Evaluation. This example shows faculty-identified criteria for evaluating student performance during an interprofessional palliative care distance simulation using the Creighton Interprofessional Collaborative Evaluation® instrument.
Questions?

- Resources & reference list are posted
- Thank you on behalf of our faculty course team -
  Amanda J. Kirkpatrick, PhD, RN,
  Diane Jorgensen, MA, MSW, LMHP, BCC,
  Helen S. Chapple, PhD, RN, MA,
  Maribeth Hercinger, PhD, RN,
  Lindsay M. Iverson, DNP, APRN-NP, ACNP-BC,
  Kelly K. Nystrom, PharmD, BCOP,
  Amy M. Pick, PharmD, BCOP,
  Cindy L. Selig, DNP, APRN, RNC-OB, CPLC,
  Nancy Shirley, PhD, RN, and
  Andrea M. Thinnes, OTD, OTR/L
Panelist Contact

- Megan Lippe: lippe@uthscsa.edu
- Amisha Parekh de Campos: amisha.parekh.de.campos@uconn.edu
- Stephanie Clark: sbarger1@una.edu
- Kaleigh Barnett: Barnett@up.edu
- Amanda J. Kirkpatrick: mandykirkpatrick@creighton.edu
Welcome

End-of-Life Nursing Education Consortium (ELNEC) project is a national and international education initiative to improve palliative care. Learn more. This corner was created to support faculty in schools of nursing.

Visit the ELNEC Materials tab for free faculty access to ELNEC Undergraduate/New Graduate and/or ELNEC Graduate curricula. Visit the Faculty Teaching & Evaluation Tools tab for materials and websites, from our palliative care colleagues. Visit the Hall of Fame to see if your institution is featured as one of ELNEC’s champion sites.

Upcoming Webinars

- Evaluating Learning Outcomes in Palliative Care Nursing Education: Tools and Strategies - Facilitated by Andra Davis, PhD, MN, RN
  - Monday, February 28th, 8:00-9:00AM PST/11:00AM-12:00PM EST  Click to Register
  - Tuesday, March 1st, 3:00-4:00PM PST/6:00PM-7:00PM EST  Click to Register

- Teaching Innovation with Palliative Care - TBD, Facilitated by Andra Davis, PhD, MN, RN

Faculty Spotlight

Dr. Andra Davis interviews faculty who currently use ELNEC Undergraduate and/or ELNEC Graduate. Check back often to see updated interviews.

February 2022: Casey Shillam, PhD, RN, Dean & Professor, School of Nursing, University of Portland. Watch Interview

Past Faculty Spotlight Interviews
ELNEC
END-OF-LIFE NURSING EDUCATION CONSORTIUM

2022
Train-The-Trainer National Courses

Participants receive CEs, a textbook, syllabus, resources, and more...

Advancing Palliative Care
SUMMIT COURSES ARE HELD SIMULTANEOUSLY. PARTICIPANTS MUST CHOOSE ONE

Spring Summit: Pasadena, CA
April 21-22
- APRN Adult
- APRN Pediatric
- Core
- Communication
- Critical Care
- Geriatric
- Pediatric

Fall Summit: Chicago Area
(Oak Brook, IL) | October 20-21
- APRN Adult
- Core

FOR MORE INFORMATION OR TO REGISTER:
AACNNURSING.ORG/ELNEC

Interprofessional Communication Curriculum (ICC)
Portland, OR - August 24-26
- NCI Grant Funded: FREE registration, hotel lodging, and more
- For Teams of Oncology Nurses, Chaplains, and Social Workers

FOR MORE INFORMATION OR TO APPLY:
CITYOFHOPE.ORG/ICC