

Palliative Care: A Comparison of Knowledge Between Physician Assistant and Family Nurse Practitioner Students

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Abstract. Palliative care aims to improve the quality of life for patients who face life-limiting illness, but adequate training provided to physician assistant (PA) students remains uncertain. The purpose of this study was to assess PA student knowledge regarding palliative care and compare their knowledge to other mid-level healthcare providers. A reliable self-report questionnaire, the Palliative Care Knowledge Test (PCKT), was given to 44 pre-clinical PA students at the end of their didactic education and 31 family nurse practitioner (FNP) students at the comparable time in their educational program. FNP students had significantly higher scores overall and in 4 out of 5 subcategories. PA education should place more focus on proper care for the chronically ill and end-of-life patient.

1. Introduction

According to the World Health Organization, the goal of palliative care is to improve the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life and bereavement. [1]

With an increasing population of adults 65 and older, greater numbers of patients will be living with multiple chronic diseases. Those with 4 or more chronic illnesses are 99% more likely to be hospitalized, often as a result of suboptimal outpatient treatment. [2] The need for appropriate management of the chronically ill patient is clear and has been demonstrated, in part, by the recent rise in palliative care teams. [3]

The benefits of palliative care are numerous for both patients and clinicians. Palliative care has benefits early in the course of oncologic treatment. Patients have reported improved quality of life with fewer depressive symptoms. In addition, early palliative care has been associated with increased life expectancy, fewer chemotherapy treatments, and the need for less aggressive end-of-life care prior to death. Outpatient palliative care availability has also shown to decrease hospitalization rates and ER usage in chronically ill patients. Benefits of palliative care are not reserved solely for patients; family members

have been shown to report more positive feelings in regards to loved-ones care when palliative care teams are involved. [4, 7]

Palliative care consultation has also shown to decrease health care expenditures. In a study of pediatric ICU patients, those receiving palliative care had reduced daily charges of \$2,458. Morrison et al. discovered palliative care consultation in four New York state hospitals decreased Medicaid hospital costs by \$6,900 per patient in comparison to control groups. Cost was not the only statistic reduced in these studies, as both populations demonstrated lower mortality rates and decreased length of hospitalization. [8, 9]

The Accreditation Review Commission on Education for PAs requires students to receive education on patient care throughout the lifespan, including palliative care and end-of-life medicine. Setting no specific guidelines, individual programs decide how to implement these topics into their educational curriculum. The purpose of this study was to assess palliative care knowledge among mid-level provider students.

2. Experiment, Results, and Significance

We hypothesized FNP students would display increased knowledge regarding palliative care for the following reasons: 1) nurses have been involved in palliative and end-of-life care since the modern hospice movement of the mid-20th century 2) NPs are trained in the nursing model of education which provides greater focus on holistic care of the patient, taking into account physical and psychosocial needs 3) in comparison to nursing literature, a scarcity of PA palliative care research exists [10, 11] 4) under Medicare law, NPs are recognized as primary providers under the hospice benefit, whereas PAs are not.

Study Design

Survey Tool

The PCKT is a reliable and valid 20-question self-report questionnaire developed as a tool to assess knowledge regarding 5 crucial areas of palliative care: philosophy, pain, dyspnea, psychiatric, and gastrointestinal. Responses include “correct,” “incorrect,” or “unsure.” [1, 2]

Population

Participants included 44 PA students in their final didactic semester prior to beginning clinical rotations and 31 FNP students beginning their 3rd year of training. PA students received two one-hour lectures regarding palliative care given by a clinical psychologist and pain management physician. FNP education included a semester of hospice and home health nursing during registered nurse (RN) training as well as a 3-hour lecture regarding hospice during FNP training.

Statistical Analyses

Descriptive statistics were summarized using frequencies and percentages for categorical variables and means with standard deviations for continuous variables. Differences in continuous variables were evaluated by the Mann-Whitney test and categorically by chi-square statistics.

Results

Overall scores were higher among FNP students than PA students. FNP students also displayed significantly higher scores in the philosophy, pain management, dyspnea, and gastrointestinal subcategories.

Significance

An aging population has lead to an increasing number of people suffering from multiple chronic illnesses. Enhancing education to PA students may better provide patients and their families the benefits of palliative care. These strategies may also aid in expanding PA roles and reimbursement in palliative care and hospice medicine.

Table 1

Palliative Care Knowledge Test Total and Subcategorical Scores			
	Physician Assistant	Nurse Practitioner	<i>p</i>
Number Of Students Surveyed	44	31	
Total Score (% correct)	46.14	59.8	<.001
Philosophy Score (% correct)	79.55	95.16	0.009
Pain Management Score (% correct)	47.35	56.45	0.043
Dyspnea Score (% correct)	35.23	62.9	<.001
Psychiatric Score (% correct)	35.23	41.13	0.207
Gastrointestinal Score (% correct)	49.43	62.9	0.016

3. Conclusions

Despite academic requirements regarding palliative care and end-of-life education, PA students lack clinical knowledge on these topics. Specific categories that PA education should further focus on include: philosophy of palliative care and management of dyspnea, pain, and gastrointestinal symptoms in the chronically ill and dying patient. Further studies should include larger sample sizes from multiple educational programs to better assess palliative care knowledge amongst students.

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