

DO CHANGES IN KNOWLEDGE PREDICT CHANGES IN SELF-EFFICACY AFTER TRAINING TO IMPROVE ADVANCE DIRECTIVES CONVERSATIONS?

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SAMPLE

Interdisciplinary clinicians were recruited through the hospital (n=163), most of whom were physicians (n = 96) and registered nurses (n = 23). About 20% of participants practiced for less than a year, whereas about 18% reported over 20 years of experience. The sample consisted of mostly women (61.73%), and was predominantly East or South Asian (42.33%) followed by Non-Hispanic White, Black, Other, Hispanic, Black/Hispanic and Pacific Islander.

MEASURES

- Before and after the intervention, participants completed questionnaires to measure key study variables.
 - The knowledge pre- and post-tests were identical and consisted of 15 items (9 ACP knowledge and effective communication items, and 6 hypothetical-patient scenario items on the healthcare provider's role in EOL care). Participants encountered questions like: "All the following statements are useful tools for communicating empathy to a patient except:"
 - The self efficacy pre-and post-tests asked participants to rate their performance or skill level in ACP. All self-efficacy questions began with "Rate your performance skill level in..." and evaluated dimensions like discussing and completing ADs & DNR orders, assessing patient decision-making capacity, discussing bad news, conducting patient/family goal-setting meetings, identifying cultural barriers impacting decision making, managing conflicts over medical decisions, and interdisciplinary teams.

RESULTS

- AD-LAST was successful in individually improving measures of knowledge ($F(1,159) = 114.47, p < .01$) and self-efficacy ($F(1, 153) = 274.06, p < .01$).
- Pearson correlational analyses indicated that knowledge and self-efficacy were unrelated across all dimensions (Table 1).

CONCLUSION

- AD-LAST proved to be a successful tool in improving interdisciplinary professionals' knowledge and self-efficacy of ACP.
- There was no relationship of gains in knowledge to improvements in self-efficacy.
- **Improving knowledge may not be enough to change attitudes or behavior. Practice in emotionally-demanding tasks may be necessary.**
- Further research is needed to understand the effects of both knowledge acquisition and self-efficacy on actual behavior change, including completion of ACP communication with patients.

LIMITATIONS

- It is unclear whether the workshop actually facilitated better AD/EOL discussions and increased the rates of AD completion.
- The workshop's sample was limited to mainly nurses and physicians.

OVERVIEW

- **Advanced Care Planning (ACP) and Advanced Directives (AD) are essential components of end-of-life (EOL) care, as 70% of patients lack decision-making capacity when EOL decisions must be made.** Studies show that less than one third of the general population have completed ADs.
- **There have been training programs designed to increase knowledge and self-efficacy in the delivery of end-of-life care, including ACP and AD.** However, there is very limited research examining whether increasing providers' knowledge of EOL improves their self-efficacy in conducting EOL conversations.
- **AD-LAST was a workshop given to multidisciplinary health care providers in a small-group, one-day training.** AD-LAST provided clinicians with tools to help them better communicate bad news to their patients, provide emotional support, assess spiritual/cultural concerns, and encourage open exploration of end-of life care preferences.
- **AD-LAST proved to be successful in improving multidisciplinary professionals' knowledge and self-efficacy of ACP.** However, data suggests that the two dimensions are unrelated and increases in knowledge do not predict increases in self efficacy.

AIM

The purpose of this study is to investigate the relationship between intervention-related **improvements in knowledge and improvements in self-efficacy** among professionals who participated in the AD-LAST training.

Table 1. Knowledge and Self-efficacy Correlation

	Baseline self-efficacy	Post-test self-efficacy	Changes in self-efficacy
Baseline knowledge	$r = 0.07,$ $p = .36$	$r = -.002,$ $p = .98$	$r = -.11$ $p = .18$
Post-test knowledge	$r = .01,$ $p = .92$	$r = .01,$ $p = .87$	$r = .00$ $p = 1.00$
Changes in knowledge	$r = -.09$ $p = .24$	$r = .01$ $p = .87$	$r = .13,$ $p = .10$

BACKGROUND

- ACP: a representation of a patient's wishes in the face of future circumstances in which they are unable to state them (Lund, Richardson & May, 2015).
- ADs: written statements of a person's wishes regarding medical treatment to ensure those wishes are carried out, should the person be unable to communicate them to a doctor (American Cancer Society, 2019).
- 70% of patients lack decision-making capacity when EOL decisions must be made (Yadav et al., 2017; Green et al., 2015). Less than one third of the general population have completed ADs (Yadav et al., 2017).

Disparities

- There are disparities by race and socioeconomic status in completion of ADs. African Americans and those with low SES are less likely to complete ADs (Johnson, Kuchibhatla, & Tulsy, 2008; Carr, 2011; 2012)

Past Interventions

- There are gaps in the understanding of the relations of knowledge to improvements in self-efficacy. Some data suggest that these dimensions are not related (Shinnick & Woo, 2014).



METHODS

The workshop was given in a small-group, one-day training. AD-LAST included standardized training (NURSE, SPIKES, FICA, ask-tell-ask) with psychoeducational and experiential components. The training provided clinicians with knowledge and communication tools to better communicate bad news to their patients, provide emotional support, assess spiritual concerns, encourage open exploration and complete ADs.

Bad news: SPIKES	Empathic therapeutic alliance: NURSE	Cultural awareness: FICA
Setting	Naming	Faith
Perception	Understanding	Influence
Invitation	Respect	Community
Knowledge	Support	Address
Empathize	Explore	
Summarize/Strategize		

