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Content, Communication, and Contemplation:
Recommendations for a Hospice Orientation Program

Scholarly Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts in Nursing

St. Catherine University
St. Paul, Minnesota

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May 2011

ST. CATHERINE UNIVERSITY
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This is to certify that I have examined this
Master of Arts in Nursing scholarly project
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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

Name of Faculty Project Advisor

19 May 2011

Date

DEPARTMENT OF NURSING

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Abstract

High employee turnover and the aging population are two challenges facing hospice programs today. The purpose of this project is to provide recommendations for the design of a hospice orientation that is individualized to the learner while also being more efficient and cost effective for the agency. An extensive review of the recent literature related to hospice, palliative care, and home care education was completed. Recommendations can be categorized by the themes of content, communication, and collaboration.

Keywords: collaboration, communication, content, education, employee orientation, hospice

Content, Communication, and Contemplation:

Recommendations for a Hospice Orientation Program

Effective hospice training programs establish a culture of learning (Egan & Abbott, 2002). Given the stressful nature of the work, turnover is high among employees in many hospice programs. The patients and families served by hospice require specialized care and competent professionals. The patients' families are simultaneously stressed by the impending death of a loved one as they are trying to figure out how to move on in life without them. As a result of the high turnover, hospice employees are often required to periodically increase their workload until new employees are hired and oriented. The purpose of this paper is to complete a review of the literature to identify best practice for hospice orientation. From this information recommendations for the design of a hospice orientation that is individualized to the learner while also being efficient and cost effective for the agency are provided.

New employee training serves many purposes and has many meanings. Akdere and Schmidt (2008) found that successful new employee orientation helps the learners become familiar with their organizational environment. An effective orientation conditions new employees to the shared understanding and philosophy of the organization. An organization is only as capable as its workers. To help employees to become successful, and for agencies to retain those who are, employees must have an adequate opportunity to acquire the skills and knowledge necessary to work within a new work environment.

Background

The concept of hospice can be traced back to medieval times but the modern hospice movement dates back to the 1960s in London. Dame Cicely Saunders, a British physician, Florence Wald, Dean of the Yale School of Nursing, and Dr. Elisabeth Kubler-Ross, a physician,

worked to bring the needs of the dying and their families to the public's attention. Hospice is the product of three elements intertwined in process: religion, medicine, and a sense of community (Clark, 2001). The community alluded to by Saunders and the co-founders of the concept of hospice is seen today through the interdisciplinary approach to hospice care.

These women collaborated to increase awareness of death and dying, to provide hospice care to terminal patients, and to work with the governments of their respective countries to fund such programs. The first hospice providers, who were volunteers, opened the first hospice agency in the United States in 1974. By 2009, there were approximately 5,000 agencies in the United States (National Hospice and Palliative Care Organization, 2010).

Hospice is not just a place, but rather a philosophy of care. This philosophy does not focus on curative treatments, but rather palliative, or comfort, treatments. As a result, care in hospice is not intended to prolong life nor hasten death. Instead, nature is allowed to run its course as the priority of care for the hospice care team is to address the patient's symptoms. To qualify for hospice, regardless of the insurance provider, one must have a life expectancy of 6 months or less as determined by both a primary care physician and a hospice medical director.

The number of patients who receive hospice care has been increasing over time. In 2005, 1.2 million patients were under hospice care. In 2009, that number was estimated to be 1.56 million with approximately 41.2% of all deaths in the United States under the care of a hospice program (NSPCO, 2010, p. 4). Hospice services save Medicare, the most frequent payor source for hospice, money because the majority of care is provided in the patient's home with family and friends acting as the caregivers as opposed to being admitted to a hospital or skilled nursing facility. Studies show that those receiving hospice care live an average of one month

longer than those with a similar diagnosis who do not choose to receive hospice care (NHPCO, 2010, p. 5).

Hospice is slowly becoming more acceptable in general. As baby boomers near an age in which they qualify for Medicare it is expected that the demand for hospice services will increase. The sheer volume of these new patients creates incentive for hospice programs to evaluate the effectiveness and efficiency of orientation programs. The literature informs nurse educators of programs and research that indicate how hospice orientation can be designed to be effective and efficient.

Review of the Literature

Nursing, educational, and medical literature was reviewed pertaining to hospice orientation programs as well as those related to palliative care and home care settings. The search was expanded in this way because the practice environments are similar. Palliative care is often seen as a bridge to hospice care because participants may still be seeking curative treatments while also requiring assistance in symptom management. Home care nurses work autonomously, much like the nurses in the hospice setting. The focus of this paper is on hospice orientation. However, the literature on home care and palliative care orientation programs is included as it might inform the educator to the design of hospice orientation programs. After completing this search, several themes were identified. From these themes, literature on education for hospice employees will be grouped into the topics of content, communication, and contemplation.

Content

The vast majority of the literature available for hospice education and related orientation programs focused on the content that should be covered for competent practice. In addition,

information in the literature supports additional education for employees who moved into a preceptor role to assist them with their new responsibilities.

Egan and Abbott (2002) developed a module for training new hospice employees based on the Patient/Family Value Directed Model of Care as a framework. There are three core principles in this module: (a) dying is a unique personal experience, (b) people experience the last phase of their lives through many interrelated dimensions, and (c) the last phase of life provides continues opportunity for positive growth and development in the face of suffering (Egan & Abbott, 2002, p. 162). The authors recommend that the orientation process for new employees reflect the journey that patients and families take through hospice by first observing an admission. After observing the admission process, the new employee then follows the various disciplines of the interdisciplinary team (IDT) to gain a holistic view of hospice and its services. Next, the new nurse would gradually take on the primary coordination of care for one to three patients. The case load would increase with the new employee's comfort and the preceptor's assessment of progression through orientation.

These authors also addressed the needs of the employees as they act as preceptors, or mentors, to the new employees. Education must be available to experienced staff members that are expected to fill these preceptor roles (Egan & Abbott, 2002). For example, the preceptors' input as to the new employee's progress is considered throughout orientation. This means preceptors must also learn the skills of assessment and evaluation. In addition, educators and those responsible for orientation benefit from being knowledgeable about the learning outcomes of the orientation process.

In their study of experienced nurses transitioning to hospice, Rosser and King (2003) found that the relationships established between the new nurse and the preceptor in formal

mentorship was helpful. Threats to the quality of these relationships included lack of time, lack of perceived power in the mentor role, and the perception of pressure being placed upon mentors during busy times. Further, the mentors interviewed by the authors felt ill-prepared for the new role and all expressed a need for ongoing support (Rosser, & King, 2003).

The End of Life Nursing Education Consortium (ELNEC) is a well-regarded educational group in hospice formed to improve the quality of care at end of life through the education of those working with the dying. Sherman, Matzo, Pitorak, Ferrell, and Malloy (2005) outlined nine modules and six learning objectives for curriculums in hospice. Topics identified by the authors as required include: (a) nursing care at the end of life; (b) pain management; (c) symptom management; (d) ethical and legal issues; (e) cultural considerations; (f) communication; (g) grief, loss, and bereavement; (h) achieving quality care at the end of life; and (i) preparation and care for the time of death. This content should be delivered via multiple methods, such as written material, slides, storytelling, case studies, and psychomotor skills.

In creating an end of life curriculum for medical students entering their internship, Reilly and Ring discovered the importance of addressing the affective, or emotional, components of working with the dying (2004). A full day of end of life training has been added to the internship orientation and topics covered include the delivery of (a) bad news, (b) pain management, (c) the use of hospice and palliative care, (d) family issues, and (e) paperwork needed at end of life. Activities were scattered throughout the day to encourage the participants to reflect upon their own thoughts, feelings, and experiences related to death and dying.

The authors acknowledged the potential difficulty for some people to discuss this topic (Reilly & Ring, 2004). To keep the participants attentive and involved in the discussion, examples of death, dying, and grieving from popular culture were included in the presentations.

For example, to illustrate stages of grief, the group watched and discussed the funeral scene from *Steel Magnolias* in which Sally Field's character grieves the loss of her daughter. Participants in this class also received copies of the book *Tuesdays with Morrie* before starting the program and, through a book club model, discussed the character's experience with a terminal illness. The authors found that the participants contributed reflective and spirited discussions of these challenging topics while using these popular culture pieces as a detached way to discuss the heavy topic of death and dying (Reilly & Ring, 2004).

Communication

The next topic covered in the literature is the importance of communication, both for the interdisciplinary group working with the patient and for the patients and families who are being served by the interdisciplinary group. Further, the literature identified the communication needs of patients and families as they receive hospice care. Thomas, Wilson, and Sheps (2006) reported that providing palliative care through a team approach had a positive impact on patients and their ratings of quality of life and satisfaction with care provided.

Egan and Abbott's (2002) Patient/Family Value Directed Model of Care emphasize the need to have effective communication among disciplines by exposing a new employee to all members of the IDT in orientation. New employees spend a portion of their orientation experience with members of the IDT, such as social workers, chaplains, and home health aides, following them to learn more about their roles in the IDT. This job-shadowing experience assists the new employee in assimilating to their new work environment.

The IDT approach has also been identified as vital to effective communication with the patient and family. When all the team members collaborate, the patient and family are cared for holistically. To do this, and understand the choices that patients and families make, many

conversations must take place with the family by all the members of the team. Through this process, patients and families are empowered to make informed decisions regarding care at the end of life and the changes that will occur as the patient declines. By doing this, the family and other caregivers are provided with an opportunity for personal growth as they witness the decline and dying process of their loved one (Sherman, Matzo, Pitorak, Ferrell, & Malloy, 2005).

Matzo et al. (2003) summarize the ELNEC module of communication in end of life care. They posit that understanding communication techniques and the impact on care is the base of competent end of life care. They report there are three key messages that must be enforced when discussing communication in this setting:

Communication is critical in all health care situations, but is of special significance at the end of life. Strong collaboration and communication between and among professional is a prerequisite to communication with patients and families. Palliative nursing care requires skill in verbal and nonverbal communication, listening, and presence (Matzo et al., 2003, p. 177).

While acknowledging the importance of communication at end of life, the authors also identified factors that can interfere with effective communication. These include issues related to family dynamics, finances, education, and physical concerns and limitations; and the stage of coping and grief of the patient and family members. The teaching strategies outlined by the authors are targeted to these communication barriers. Role playing, recommended for preparing for difficult conversations, is frequently used by the authors with successful results. In addition to this activity, the authors allowed time for learners to practice active listening. Finally, learners were also given the opportunity to role play having a “goals of care” conversation with a patient and family (Matzo et al., 2003).

Although hospice professionals become very comfortable with the dying process, the greater public does not have the same comfort level or familiarity with these topics. There is a need to provide ongoing opportunities for hospice workers to practice the skills of listening and providing verbal support so they are able to provide assistance and compassion during the dark times in the lives of their clients.

Contemplation

The final theme present in literature relates to the concept of contemplation. Self-reflection is identified as a crucial component of developing clinical reasoning skills, as well as an effective tool in self-care and empowerment as it relates to the provision of hospice care.

Wessel and Garon (2005) investigated the effect of implementing reflective writing into palliative home care orientation. These narratives were used as a means for nurses to reflect, process, and express the strong personal feelings that arise when caring for dying patients. Nurses in orientation, with varying levels of experience with end of life, were asked to write about a recent clinical situation where the nursing intervention made an impact, positive or negative, in the patient's care.

The use of reflective writing during and immediately after orientation was found to be helpful for multiple reasons. First, the new employees reported feeling affirmed in their roles as nurses. Using this writing exercise also allowed supervisors to identify learner needs, gaps in care, and system issues. Finally, writing these reflections promoted clinical reasoning and aided the nurse in transferring knowledge from one situation to another, enhancing patient care. The new nurses were able to receive feedback and support regarding their interventions (Wessel & Garon, 2005).

The interest in the use of narratives in the health care experience, by both patients and professionals, has increased dramatically over the past decade as evidenced by an increase in the literature exploring its use. De Jong and Clarke (2009) worked with palliative care professionals and asked them to write stories of good and bad deaths from their lived experiences. The authors found that the use of story, or narrative, provided these professionals the opportunity to create meaning and to heal.

The themes found present in both good and bad deaths that arose from these interviews provide information on topics that must be addressed in hospice education. Themes present in bad deaths included poor pain and symptom management and poor communication and conflict between members of the care team. Themes present in good deaths included full management of symptoms, good communication, perception of a life well lived, and a sense of control on the part of the patient and family (de Jong & Clarke, 2009). These findings suggest to the nurse educator that in addition to the clinical information necessary in orientation, such as pain and symptom management, interpersonal relationship skills are also highly important. Communication skills among the care team members as well as between the patient, caregiver, and care team must be developed. In addition, conflict management tools should be discussed to help the new employee work to create effective communication in all situations.

Although each person's dying process and death is unique, there are common needs at the end of life. In order to assist the patient in experiencing a "good death," the nurse and other members of the IDT must reflect on their own values, beliefs, and preferences related to death and dying. To do so, ELNEC includes activities to explore these concepts in their training courses.

The end of life curriculum developed by Reilly and Ring also emphasizes the importance of contemplation and self-reflection to confront the complexities of caring for patients at the end of life (2004). They begin their day with having interns pair up and interview each other. The questions are supplied, the first interview being “Facing Your Own Death” and the second being “Inventory of Death Experiences.” They authors found that this activity provided rich discussion and self-reflection among the interns, who may or may not have had experiences with end of life care (Reilly & Ring 2004).

Although health care professionals working in hospice are faced with issues related to death and dying every day, they still “report a lack of skills in psychosocial and spiritual care of dying people, high levels of moral distress, grief, burnout, ... and loss of meaning and professional gratification” (Rushton et al., 2009, p. 406). These findings suggest that hospice professionals require education and support beyond psychomotor and cognitive skills. To address this need, Rushton et al. developed a curriculum entitled “Being with Dying: Professional Training Program in Contemplative End-of-Life Care.” This program was designed to assist hospice professionals to develop a holistic approach to dying. Participants were interviewed after the completion of this program regarding how participation impacted their practice and personal views of dying. Some participants were even interviewed years after completing it. Four themes emerged from the interviews: the power of presence, balanced compassion, recognizing grief, and the importance of self-care. These themes coincided with the objectives of the program, showing the ongoing impact of the intervention (Rushton et al., 2009).

Summary of the Literature Review

After reviewing the literature, it was discovered that several authors came to similar conclusions in their recommendations for elements to be included in the design of hospice orientation programs.

Content

The content provided in hospice orientation must cover the areas necessary to provide excellent and holistic patient care. Exploring cultural considerations and effective communication techniques have been identified as being just as important as effective pain management and care of the patient at end of life. The information must be available to the learners in a variety of methods to appeal to different learning styles. Furthermore, this information should be accessible to learners as a reference throughout their careers in hospice.

Communication

Orientation to hospice must include experience with all the disciplines involved in the care of patients. Giving the new employee a full exposure to all disciplines will provide the new employee with a better understanding of what each discipline does and provides a well-rounded view of the hospice philosophy. This should be done near the beginning of orientation to assist the new employee to see the bigger picture of hospice care. This will also place an emphasis on the interdisciplinary approach necessary in hospice. Scripting of common conversations with patients, families, and coworkers should be developed and be available to new hospice employees to assist them in developing a framework of their own.

Contemplation

Reflection, either written or verbal, is beneficial to both the new employee and supervisor. Due to the challenging nature of working with patients at end of life, it is important

to instill a practice of self-reflection, or contemplation, in new employees on a consistent basis. By not addressing the emotional side of the work, the new employee will not develop the tools for self-care, which will lead to burnout.

The Role of the Preceptor

Preceptors for hospice orientation have their own specific learning needs. First, they must learn how to be preceptors. It is assumed that preceptors are already competent in hospice care, but they require further content related to learning styles and theories, what is expected of them in this role, and evaluation skills. Next, preceptors require knowledge in effectively communicating with new employees. This includes how to evaluate the progress of a new employee, give constructive feedback, and communicate with both new employees and management regarding progress through orientation. Finally, those who fill the role of preceptor must be able to reflect on the experience and determine if this role is something that they find fulfilling.

The scope of orientation programs for new employees and the roles of preceptors should be well defined as it fits within the culture of the institution. Preceptors and those responsible for the orientation of new employees must be adequately prepared for the role through education and orientation to the role and mentoring process. This is especially important for those who find themselves in this role for the first time. It is also vital for those acting as preceptors to understand the impact of power and anxiety on employees transitioning to a new role, create dialogue that is reflective, and challenge thinking by sharing perspectives.

Need for Further Research

After completing this literature review specific to hospice orientation, one explicit need became clear: further review of the literature of new employee orientations in general would be

an important next step in formulating a more comprehensive list of recommendations. At the same time, this review identifies gaps in the literature regarding hospice orientation for new employees. This suggests the need for further research in the areas of clinical orientation in non-hospital settings.

Recommendations for Practice

After reflecting upon the available literature, several recommendations can be made. Recommendations are provided below and are summarized in the Appendix.

Before starting the orientation process, the nurse educator must first assess the learners. The first step is to determine the learning styles of the learners as they enter the orientation program. By implementing a learning style inventory such as the Barsch Learning Inventory or Kolb's learning styles at the very beginning of orientation; the nurse educator can ensure that the content is delivered in a way that appeals to the learning style of the new employee.

Content

When developing content for new employee orientation, the nurse educator should use a variety of teaching methods, such as such as written material, slides, storytelling, case studies, and psychomotor skills. The development of reusable learning objects will also be helpful as the new employee can refer back to them at a later time.

Content provided during orientation must cover the learning required for the employee to provide competent care. A new employee curriculum can be designed using the topics described by ELNEC as a catalyst and guide to the nurse educator. These topics include nursing care at the end of life, pain management, symptom management, ethical and legal issues, cultural considerations, communication, grief/loss/bereavement, achieving quality care at the end of life,

and preparation and care for the time of death (Sherman et al., 2005). This curriculum will aid the new employee in setting a foundation for the care of a hospice patient.

Another area of content that was identified as necessary by both the literature and the new employees interviewed is scripting. New employees do not yet have a framework with which to develop their own scripts for difficult conversations. Some of the common conversations that may require the development of scripts include the general dying process, goals of care, and care conferences. As new employees become more familiar with these concepts, they can elaborate upon the provided scripts.

It is unlikely in the course of the orientation that the new employee will have the opportunity to see everything. To increase their experiences, the hospice nurse educator should plan for a clinical skills day, ideally in a simulation lab setting. The use of simulation has many benefits in that the new employee can practice psychomotor skills or patient care repeatedly without harm to a patient and receive immediate feedback regarding their abilities (Traynor, Gallagher, Martin, & Smyth, 2010).

In the simulation lab, the new employee can practice psychomotor skills such as accessing a port a cath, using a pleurex drain, drawing blood, and using a CADD pump. If there is access to a high fidelity simulation lab, the new employee can practice caring for the dying patient before experiencing it in the field. Debriefing after the simulated scenario has been shown to provide a forum for reflection, debate, and further learning (Traynor et al., 2010). A clinical skills day was also identified by the new employees as something that would have been beneficial to them as they went through orientation.

Communication

As part of the orientation process, new employees should spend time with each member of the IDT to gain a better understanding of their role in the care of the patient. When talking with patients, the new employee will be able to describe how each member contributes to the care of patients and their families. The new employee will also benefit from spending time with their co-workers from other disciplines by creating a sustainable relationship with them.

New employees should be required to participate in the weekly IDT meeting. At the beginning, the new employee can observe what happens in these meetings, the topics discussed, and how the group collaborates on the plan of care for the patient. Later, as the new employee gains more experience and develops a relationship with the patients discussed, he or she will be able to contribute observations and suggestions. Being in the meetings and contributing to them acts to both integrate the employee into the group and gives the group an idea about the inner workings of the employee.

Many hospice patients do not reside in a home, but rather a skilled nursing facility (SNF). During orientation, the new employee should have ample opportunities to work with patients in various SNFs to practice collaborating with these organizations. Studies have shown that the presence of hospice in a SNF results in the dissemination of hospice philosophy and practices to residents dying without hospice involvement (Miller, 2010). Therefore, efforts by the hospice employees to foster collaboration with the employees of the SNF are very important. It has been shown that quality collaboration and communication with hospice are necessary for successful hospice/SNF relationships.

While on orientation, the new employee should be part of as many care conferences as the census allows. The new employee can learn by observation and then by participation in how

to be a part of these conversations between patients and families and hospice. Everything that can be done within reason to prepare the new employee for what to expect when in communication with patients and families should be done so that they feel fully confident for when those situations arise.

Contemplation

Introducing narrative writing into the orientation process may not be well-received and may also add more to an already full orientation. The time it takes to write a reflection would have to be specifically built into orientation time. In addition, the benefits of such an exercise may not be obvious to everyone; however, the practice of reflection and contemplation has been shown to decrease the impact of burnout (Anewalt, 2009). Therefore, the hospice nurse educator must provide time and opportunities for reflection to increase employee retention. Organizations may consider providing each new employee with a blank journal with the suggestion that it be used for self reflection but not require this activity as a part of the formal orientation process.

To utilize narratives as part of the evaluation for new employee progress, one option is to require one reflection each week regarding a clinical experience that went well or one that could have been better. Within one week, the supervisor would provide feedback and support regarding the scenario. The employee is given the opportunity to reflect on a situation and develop critical thinking skills. The supervisor and preceptor are able to gain insight to how the person thinks, identify gaps in knowledge, and determine any learning needs. These writings can also be used as part of the assessment of readiness to be off orientation, allowing the identification of those prepared to be off orientation earlier than expected as well as those requiring more training.

Reflective writing has benefits beyond orientation. These include: debriefing loss and grief, providing visibility and recognition to individual employees and the program, reflecting the mission and values, illustrating areas for performance improvement, and providing examples that can be used for social reform and legislative policy changes (Wessel & Garon, 2005). As the process of reflection is more important than the act of writing it down, similar results can be obtained via scheduled meetings with the new employee.

The nurse educator in hospice can assist new employees become more comfortable with the concept of death. By helping new employees explore their own experiences, thoughts, and beliefs about death and dying, the employee can develop a personal philosophy of care at the end of life. “Dear Death” letters written to provide further reflection on thoughts and feelings of death. When this was done at ELNEC seminars, it was identified by participants as a powerful exercise in identifying fears of death in hospice workers as well as sources of strength in coping with end of life issues (Sherman et al., 2005).

The hospice nurse educator must be aware of the threat of burnout and assist the new employee in identifying methods to manage it. Those working in caring professions, such as nursing, can experience compassion fatigue. “Without self-awareness and intentional efforts to counteract the impact, caregiving and stress can be physically, emotionally, cognitively and at times spiritually cumulative. With compassion fatigue individuals feel stressed and overwhelmed...” (Anewalt, 2009, p. 595). The nurse educator is in a position to assist employees in developing coping strategies to combat compassion fatigue. It is important to address the self-care needs of those working in this field to decrease burnout and to also decrease accumulated grief with the goal being to increase resiliency and decrease turnover. By providing

an avenue for new employees to express these emotions, good self-care habits can begin in the early stages of their hospice careers.

Conclusion

The new employee deserves the same quality of education, support, and care as provided to patients. The hospice nurse educator is in a position to help create the culture of learning that is so important to an organization. To assist new employees in creating a solid foundation in hospice, the nurse educator must also address the art of the hospice role. Providing only content on hospice care is not sufficient in an orientation. Hospice orientations must also cover communication, not just between team members, but also between patients and their families as well as skilled nursing facilities. The nurse educator must assist the new employee in creating a contemplative practice to minimize burnout and compassion fatigue. By covering these areas, the nurse educator has provided the new employee with a solid start in his or her hospice career. These actions enhance employee retention resulting in a more cost effective orientation program.

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Appendix

Recommendations for Practice

Content	Communication	Contemplation
<p>-Administer a learning style inventory to determine how the new employee best learns.</p> <p>-Utilize the modules outlined by ELNEC to organize content:</p> <ul style="list-style-type: none"> • nursing care at the end of life pain management • symptom management ethical/legal issues • cultural considerations • communication • grief/loss/bereavement • achieving quality care at the end of life • preparation and care for the time of death <p>-Provide the opportunity for clinical skills practice time in a simulation lab.</p>	<p>-Schedule time for the new employee to spend with each discipline of the IDT.</p> <p>-Require the attendance of the new employee at all team and IDT meetings.</p> <p>-Expose the new employee to various SNFs to help develop the communication and collaboration skills necessary for a successful hospice/SNF relationship.</p> <p>-Provide the new employee with opportunities to participate in family care conferences.</p> <p>-Create scripts of common difficult conversations that the new employee may have with patients and their families.</p>	<p>-Use reflection to assist the new employee in coming to terms with new issues that may come to light through working in hospice to decrease the impact of burnout, either through written narratives or meetings with the educator.</p> <p>-Assist the new hospice employee in developing a personal philosophy of care at the end of life through “Dear Death” letters.</p> <p>-Provide the new employee with the opportunity to develop effective self-care habits.</p>