

**Recommendations of the
New York State Palliative Care Education and Training Council**

**Need, Approaches and Resources to
Provide Palliative Care Education and Training in
State Certified Schools of Nursing and Social Work, and in
Practice Settings at the Health Care Provider Facility or Agency Level**

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New York State Palliative Care Education and Training Council

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Executive Summary:

Access to palliative care is increasingly recognized as an integral component of the continuum of care offered in the United States. The consensus report from the Institute of Medicine, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*, identified lack of health professional readiness to provide palliative care as a key finding and one of multiple obstacles to patients accessing palliative care. According to the National Quality Forum, palliative care refers to interdisciplinary patient and family-centered care that optimizes quality of life by anticipating, preventing, and alleviating suffering across the continuum of a patient's illness. The term "palliative care" has been used to refer to comprehensive care and symptom management at the end of life, often available to patients enrolled in hospice program. The term has evolved to encompass end-of-life care as well as comprehensive care that may be provided contemporaneous with disease-specific, life-prolonging treatment in any health care setting and across the lifespan. Because of these variations in usage, there continues to be confusion about which meaning is intended when "palliative care" is used. Unless otherwise specified, the New York State Palliative Care Education and Training Council (PCETC, the Council) intends this later, broad, meaning for palliative care in this report. Palliative care here is inclusive of, but not limited to, end of life care. Palliative care here is inclusive of but, not limited to, care received by patients enrolled in hospice care or being treated by a palliative care program.

The Council was established pursuant to Public Health Law §2807-n to develop guidance and advise the Commissioner of Health on best practices in pain (and symptom) management and (palliative and) end-of-life care. The Council was created to improve the training of physicians and physician assistants by developing standards and regulations to determine eligibility for designation of Palliative Care Certified medical schools and residency training programs, to develop criteria for awarding funds to medical schools and medical residency programs for palliative care curriculum development and implementation, and to establish criteria for designating palliative care centers of excellence and practitioner resource centers. The Council previously provided the legislature with a report regarding physician education. In August 2014, Governor Andrew Cuomo signed into law Chapter 318 which required the PCETC to examine and make recommendations regarding palliative care education for nurses and social workers in education and practice settings in New York State (NYS) and to issue a report to the Commissioners of Health and Education and the chairs of the State Assembly and Senate Health Committees. Physician education is not revisited in the current report, except within the context of interprofessional education.

This report details the methods used to gather the requisite information and presents the assessment and recommendations of the Council. The focus of this assessment and these recommendations is on the knowledge and skills needed for provision of essential palliative care services by nurses at all levels of practice and social workers practicing in the full range of health care and community settings, across the continuum of care and throughout the lifespan. It is neither the focus nor the intent of this report to address the educational needs of specialists in palliative care, focusing on identified patients with complex palliative care needs.

The generalist health care workforce has contact with the largest numbers of New Yorkers in the broad range of health care settings, under conditions and circumstances that require a conceptual understanding of palliative care and possession of a core body of skills related to the provision of palliative care. The generalist, rather than specialist, practitioners are critical to recognizing the needs and introducing or initiating services for most palliative care patients. Workforce issues result in many patients receiving all their palliative care needs from generalist health care providers.

The demographics of our aging population, the epidemiology of many serious, life-limiting illnesses, and the improvements in treatments of these diseases have significantly increased the absolute number and proportion of patients who have palliative care needs. Some illnesses which were previously untreatable, are now diseases that patients live with for years or even more extended periods of time. Children with medical complexity are a unique population who may survive to adulthood. Their life course frequently includes both life-threatening and life-limiting illnesses. This has markedly increased the likelihood that everyone working in the health care system will encounter patients with palliative care needs at multiple times over the course of their career. As such, the Council shares the view of many professional societies that there is a discipline-specific core fund of knowledge related to palliative care that every health care professional should possess. Currently, many, but not all, critical elements of palliative care are touched upon in the education and training of nurses and social workers in schools of nursing and social work, and in continuing education. These elements are not often presented as part of a conceptual framework of palliative care. Non-specialist health care professionals often feel unprepared to meet the palliative care needs of their patients. It has been noted in national surveys that nurses and social workers may not have the understanding of palliative care to utilize the skills and knowledge they possess to provide for the palliative care needs of their patients and clients. Because critical elements, such as symptom assessment, are already present in the curriculum, the Council believes there exists an opportunity to further hone the existing curriculum to create a palliative care framework for inclusion in the education of nurses and social workers.

The Council recognizes that palliative care specialists have an important role in closing the existing knowledge, education, and training gaps for generalists to meet unmet essential palliative care needs currently, or as they are projected to grow in the future. Interprofessional educational strategies, supported by public policy and regulation at the state level, are one of many means to achieve these outcomes. Efforts to increase the number of palliative care specialists alone will not result in adequate palliative care access for all New Yorkers. Detailed recommendations to achieve the goal of closing the knowledge, education, and training gaps for nurses and social workers are found in the body of this report.

Background:

Access to palliative care is increasingly recognized as an integral component of the continuum of care offered in the United States. The consensus report from the Institute of Medicine, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*¹, identified lack of health professional readiness to provide palliative care as a key finding and one of multiple obstacles to patient access to palliative care. According to the National Quality Forum, “The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies. Palliative care is both a philosophy of care and an organized, highly structured system for care delivery. Palliative care expands traditional disease-model medical treatments to include the goals of enhancing quality of life for patient and family, optimizing function, helping with decision making, and providing opportunities for personal growth. As such, it is delivered concurrently with life-prolonging care, disease-modifying treatments, or it can be the main focus of care”.

Palliative care refers to interdisciplinary patient and family-centered care that anticipates, prevents, and alleviates suffering across the continuum of a patient’s illness. The term “palliative care” has been used to refer to comprehensive symptom management and supportive care at the end of life, often available to patients enrolled in hospice program. It was sometimes used as a euphemism or alternative term to avoid a degree of stigma that was associated with hospice and in turn with death and dying. “Palliative care” has evolved to encompass end-of-life care as well as comprehensive care that may be provided contemporaneous with disease-specific life-prolonging, curative, or disease-modifying treatment at any point in the trajectory of serious illness, in any health care setting and across the lifespan. “Palliative care” is often used in conjunction with hospice (the professional organizations are known as the American Academy of Hospice and Palliative Medicine, the Hospice and Palliative Nurses Association, and the Social Work Hospice and Palliative Care Network) or end-of-life care (“palliative and end-of-life care”), though the contemporary meaning of “palliative care” would make the dual terms unnecessary. Because of these variations in usage, there continues to be confusion about which meaning is intended when “palliative care” is used. Unless otherwise specified, the term “palliative care” in this report means comprehensive symptom management and psychosocial support for patients and families affected by serious, potentially life-limiting illnesses. This meaning is inclusive of, but not limited to, end of life care and includes care received by patients in a formal hospice program, a palliative care program, or provided by their primary care providers.

The PCETC was established pursuant to Public Health Law §2807-n to develop guidance and advise the Commissioner of Health on best practices in pain (and symptom) management and (palliative and) end-of-life care. The Council was created to improve the training of physicians and physician assistants by developing standards and regulations to determine eligibility for

¹ <https://www.nap.edu/catalog/18748/dying-in-america-improving-quality-and-honoring-individual-preferences-near>

designation of Palliative Care Certified medical schools and residency training programs, to develop criteria for awarding funds to medical schools and medical residency programs for palliative care curriculum development and implementation, and to establish criteria for designating palliative care centers of excellence and practitioner resource centers. The Council issued reports regarding physician education and training in 2010.

In August 2014, Governor Andrew Cuomo signed into law Chapter 318 which modified the membership and issued an additional charge to the Council. The law provided for the addition of two new members of the PCETC to represent the fields of home care and social work. The core membership of a palliative care team includes physicians, nurses, social workers, and chaplains. Recognizing the interdisciplinary nature of the provision of palliative care, it was believed to be important to address the education and training of nurses and social workers. The law also charged the PCETC to examine and make recommendations regarding the need for palliative care education for nurses and social workers in certified schools of nursing and certified schools of social work in NYS and to issue a report to the Commissioners of Health and Education and the chairs of the State Assembly and Senate Health Committees. This report is the satisfaction of that responsibility. It does not revisit the issue of physician education, except as related to interprofessional education.

The focus of this assessment and these recommendations is on knowledge and skills needed for nurses at all levels of practice and social workers practicing in the full range of health care and community settings, across the continuum of care and throughout the lifespan. It is neither the focus nor the intent of this report to address the educational needs of social workers and nurses who function as specialists in palliative care, who focus their practice on identified patients with complex palliative care needs. The generalist health care workforce has contact with the largest numbers of New Yorkers in the broad range of health care settings, under conditions and circumstances that require a conceptual understanding of palliative care and possession of a core body of skills related to the provision of palliative care. The generalist, rather than specialist, practitioners are critical to recognizing the needs and introducing or initiating services for most patients in need of palliative care. Specialist workforce shortages result in many patients receiving all their palliative care needs from generalist health care providers.^{2,3}

The demographics of our aging population, the epidemiology of many serious life-limiting illnesses, and the improvements in treatments of these diseases have significantly increased the absolute number and proportion of patients who have palliative care needs. Some illnesses, such as renal failure, congestive heart failure, and metastatic breast cancer, which were previously untreatable, are now diseases that patients live with for years or even more extended periods of time. Children with medical complexity are a unique population who may survive to adulthood. Their life course frequently includes both life threatening and life limiting

² <http://harvardmagazine.com/2015/03/from-specialty-to-shortage>

³ Lupu and the AAHPM Workforce Task Force. JPSM 2010. Vol 40 (6) 899-911
doi::10.1016/j.jpainsymman.2010.07.004

illnesses. This has markedly increased the likelihood that every clinician working in the health care system will encounter patients with palliative care needs at multiple times over the course of their career. As such, the Council shares the view of many professional societies that there is a discipline-specific core fund of knowledge related to palliative care that every health care professional should possess. Currently, many, but not all, critical elements of palliative care are touched upon in the education and training of nurses and social workers in schools of nursing and social work, and in continuing education. These elements often are not conceptualized as part of a framework of palliative care. Non-specialist health care professionals often feel unprepared to meet the palliative care needs of their patients. It has been noted in national surveys that nurses and social workers lacking this conceptual lens may not utilize the skills and knowledge they do possess to provide for the palliative care needs of their patients and clients. Because critical elements, such as symptom assessment, are already present in the curriculum, the Council believes there exists an opportunity to further hone the existing curriculum to create a palliative care framework for inclusion in the education of nurses and social workers.

Process of Development of this Report:

The full Council met regularly to address this charge. Between full Council meetings, the Nursing and Social Work Subcommittee met via conference call to focus on the two specific professions. Experts in nursing and social work education at the State and national levels provided information, as did Council members who are appointed based on their knowledge and expertise in palliative care. Education and training in the practice setting included: hospitals, skilled nursing facilities, home care agencies (certified home health agencies [CHHA], and licensed home care services agencies [LHCSA]), hospices, and two types of assisted living facilities (enhanced and special needs). Council members from the Greater New York Hospital Association (GNYHA), Hospital Association of New York State (HANYS), and the Home Care Association of New York State (HCA), the state organizations representing most of these practice settings, facilitated obtaining information from representative health care organizations regarding palliative care education and training offered in their settings. This process was robust in providing an opportunity for stakeholders throughout the continuum of care and in the geographically varied areas of NYS to inform this report. The extant literature on nursing and social work education regarding palliative care, and the current and anticipated needs of these professionals, was also reviewed and used to inform this report. Information gathered was presented to the full Council for the purposes of discussion and to craft and promulgate recommendations. The Chair and Co-chair of the Council drafted a report based on this content. The draft report was presented to the full Council membership and their feedback was incorporated, resulting in this report which was approved by a vote of the Council at an in-person meeting on May 25, 2017.

Assessment of Palliative Care Content Currently in Higher Education:

Nursing

The PCETC received information regarding the curricula of schools of nursing from the NYS Education Department, Division of Professional Education and the New York State Council of Deans, Schools of Nursing. In summary, there are a total of 167 schools of nursing in NYS inclusive of Associate, Baccalaureate (Bachelor of Science in Nursing [BSN]), Master's/Advanced Certificate, and Doctoral programs. The curriculum of each program is approved by the NYS Education Department. Entry into nursing practice as a Registered Professional Nurse (RN) after completing Associate or Baccalaureate degrees also requires passing an examination (National Council Licensure Exam [NCLEX]) developed by the National Council of State Boards of Nursing (NCSBN). Advance practice nurses are RNs who subsequently complete a Master's degree and/or Advanced Certificate program and work in a variety of capacities such as Clinical Nurse Specialists (CNS), Nurse Practitioners (NPs), Certified Nurse Midwives (CNM), or Certified Registered Nurse Anesthetists (CRNAs). Advance practice nurses must successfully complete and pass a national certification examination. The content of these national examinations also influences curricula in schools of nursing.

Irrespective of the pathway to enter the nursing profession, or the setting in which they practice, every nurse will encounter patients with serious illness and the need for pain and symptom management. Nurses currently in practice may enter the workforce with a BSN degree, a diploma from a hospital program, or an Associate's degree (Associate of Applied Science in Nursing [AAS] or Associate's Degree in Nursing [ADN]). Diploma programs are no longer a means for entering nursing. Associate's Degree programs and BSN degrees remain the educational preparation pathways to becoming an RN. In the BSN program for the new nurse, important foundational topics, which are essential building blocks for palliative care practice, are included in the curriculum, but they are dispersed among a variety of courses (see Table 1).

Table 1: Dispersion of Palliative Care-Related Content in Current Nursing Education

Foundational Palliative Care Competency	Exemplar Course
Aging Process	Nursing Care Across the Lifespan
Communication Skills	Mental Health
Self-reflection and Self-care for Providers	Mental Health
Religious and Spiritual Influences on Care	General Medical/Surgical Nursing
Symptom Assessment	General Medical/Surgical Nursing, Health Assessment
Symptom Management	Pharmacology
Ethical Practice	Nursing Leadership
Family-centered Care	Maternal-Child Birth
Interdisciplinary Practice	Nursing Management

This dispersion throughout the curriculum often results in palliative care-critical content being presented in a limited fashion. The outcome is that students do not have the requisite mastery of the knowledge to enable them to generalize the skill to be utilized in the palliative care setting across the continuum of care. This includes outpatient primary care, emergency medicine, inpatient acute care, and post-acute care rehabilitation and nursing facilities. For example, family-centered care may be taught in a maternal-child health course, but the student successfully completing this course may not understand how to approach the parent with an ill child in the palliative care context, let alone an adult child with a life-limiting illness. Nor would the student necessarily complete the course with the skills or knowledge needed to successfully support an adult child with an ill parent. The student would not routinely take away an understanding of complex family dynamics that impact a family meeting at which goals of care and care plan development are negotiated, a routine palliative care task. Similar issues can be seen related to the other foundational areas. While increasing numbers of Associate’s Degree-educated nurses pursue a BSN, this is not a universal trend, nor is working towards a BSN a requirement for licensure in NYS⁴. In the RN-to-BSN programs for these individuals, content focuses on expanding nursing knowledge in health promotion, community nursing, research and evidence-based nursing, and leadership. Additional clinical experiences in community and occupational health nursing are available. While some programs offer the option to complete portions of the community health nursing clinical hours in hospice and palliative care programs, no RN-to-BSN programs have required hospice or palliative care clinical experiences.

Few schools in either the entry-level BSN or RN-to-BSN programs offer a specific course in palliative care that covers all the domains as outlined in the National Palliative Care Quality Guidelines or the recommendations of the End-of-Life Nursing Education Consortium (ELNEC)⁵.

Table 2: Comparison of National Quality Forum (NQF) and ELNEC Educational Content

Eight Domains of Quality Palliative Care (NQF)	End of Life Nursing Education Consortium (ELNEC)
Structure and Process of Care	Nursing Care at the End of Life
Physical Aspects of Care	Pain Management
Psychological and Psychiatric Aspects of Care	Symptom Relief
Social Aspects of Care	Loss, Grief, and Bereavement
Spiritual, Religious, and Existential Aspects of Care	
Cultural Aspects of Care	Cultural Considerations of End of Life Care
Care of the Patient at the End of Life	Preparation for and Care at the Time of Death
Ethical and Legal Aspects of Care	Ethical/Legal Issues

It was the consensus of the members of the Council, based on their experiences with new graduates, that these nurses entering practice do not believe they are prepared to meet the essential palliative care needs of patients and families. This deficit contrasts with their belief that they are adequately prepared in other content areas. This is consistent with a conclusion

⁴ Legislation was recently approved in New York State (Chapter 502 of the Laws of 2017), contingent upon passage of an agreed upon chapter amendment, that will require registered professional nurses to attain a baccalaureate degree in nursing ten years after initial licensure.

⁵ <http://www.aacn.nche.edu/elnecc/about/elnecc-core>

of the expert panel of the American Association of Colleges of Nursing (AACN) in their updated palliative care curriculum recommendations, Competencies And Recommendations for Educating Undergraduate Nursing Students (CARES) from January 2016: To prepare future nurses to deliver quality palliative care, more education is needed in undergraduate nursing programs to address palliative care needs across the continuum of care. A review of 10 leading undergraduate nursing textbooks published between 2013-2015 identified an increase in palliative care and end-of-life care content to 19%, (from 2% in a review of 50 textbooks in 1998), but much of the content was inaccurate and outdated. A 2015 survey of 71 nursing faculty from across the country revealed that students are not well prepared to deliver palliative care. The average score of faculty perception of student preparedness was 5.4 (on a 0-10 scale with 10 being the most prepared).⁶

Social Work

The Executive Secretary, State Board for Social Work, Office of the Professions, NYS Education Department presented information to the Council. There are 22 schools that award a clinical Master of Social Work (MSW) degree leading to licensure as a Licensed Clinical Social Worker (LCSW). There are 13 schools that award an MSW degree leading to licensure as a Licensed Master Social Worker (LMSW).

Social workers are educated to respond to biological, psychological, and social needs of clients in general and in the presence of crisis, loss, and trauma. Direct-service social workers generally help address everyday problems from finding work or applying for government aid, whereas clinical social workers generally help address emotional, social, and mental health problems. Because their services are rather wide-ranging, they may be employed in a variety of settings, including government agencies, non-profits, schools, and hospitals. Social workers in NYS must have completed an MSW to be licensed. Bachelor's degree (Bachelor's Degree in Social Work [BSW]) holders, who are ineligible for licensure in NYS, may work for government agencies as caseworkers or community service providers in administrative capacities, in education, or in health care. In health care settings, they may work as social work assistants, helping licensed social workers to arrange for direct services for patients, such as home care, meal delivery, transportation, or other practical assistance. Social workers with a Master's degree can obtain licensure and work providing direct services as LMSWs. After a period of two years of supervised practice, they may obtain a credential that allows for independent practice as clinical social workers providing therapy (LCSW). The Center for Health Workforce Studies reported that approximately 13% of social workers practice in hospitals and health care settings in direct-service capacities.

The Council focused their recommendations on the MSW educational programs, as it is the level of educational preparation that permits entry to licensed practice in NYS. However, some of the Council's recommendations apply to BSW programs, as these workers may be best

⁶ Ferrell et al. CARES: AACN's new competencies and recommendations for educating undergraduate nursing students to improve palliative care. J. Prof. Nurs. 32:327-333, 2016.

positioned to recognize palliative care needs and can facilitate referrals to direct service providers. For example, a school social worker identifying that a student struggling in school has a seriously ill parent can make a referral for support services. Similarly, a social worker providing a benefit and services assessment may uncover that financial issues are related to a seriously ill family member needing assistance to be safe at home while the adults are working.

Social work degree curricula include basic coursework for developing the general skills that are needed for the assessment, evaluation, and diagnosis process utilized in palliative care. However, analogous to education for nurses, this content is taught in the absence of a philosophy or lens of palliative care. There are courses that include content on death, dying, and bereavement, which are important components of palliative care for social workers. Most of the MSW programs have a formal course offering in palliative care.

Experts in social work education were consulted with to help inform this report and shared some important perspectives with Council members. First, while social workers have the generalized skills needed, if they lack an understanding of the palliative care framework, they may not deploy these skills effectively to provide palliative care. By the time of licensure, the social workers’ role-specific competencies currently include the ability to facilitate discussions regarding understanding of health conditions, engage in sensitive conversations, mediate disagreements, employ tools for basic assessment, and discuss goals of care with clients and family. Appropriately utilized, these skills, in addition to knowledge about community resources, services, and benefit programs, which may provide needed services, would allow social workers to provide primary palliative care. Secondly, they noted that social work curricula are highly content laden, to meet the demands of the credentialing organizations and prepare students for licensure. The typical MSW curricula require 60 credits to be earned, and elective courses, where students could choose palliative care, are often limited to less than 15% of the total credits. Clinical experiences, referred to as practica or field work, are often limited to one or two sites during the coursework for a Master’s degree. This results in a greater need for social work education in the practice settings, as social workers may find themselves in practice settings they did not experience during their formal education.

Table 3: Dispersion of Palliative Care-related Content in Current Social Work Curriculum

Eight Domains of Quality Palliative Care (NQF)	Exemplar Courses	
	BSW Curriculum	MSW Curriculum
Structure and Process of Care	Social Work Practice Field Work	Method courses (e.g., case work or group work)
Physical Aspects of Care	Not addressed in social work curriculum	Not addressed in social work curriculum
Psychological and Psychiatric Aspects of Care	Human Behavior and Social Environment	Human Behavior and Social Environment
Social Aspects of Care	Death, Dying, and Bereavement	Death, Dying, and Bereavement; Human Behavior and Social Environment course (based on Life Span development)

Eight Domains of Quality Palliative Care (NQF)	Exemplar Courses	
	BSW Curriculum	MSW Curriculum
Cultural Aspects of Care	Diversity issues are infused in all courses as mandated by CSWE 2015 EPAS*	Diversity issues are infused in all courses as mandated by CSWE 2015 EPAS*
Care of the Patient at the End of Life	Death, Dying, and Bereavement	Death, Dying, and Bereavement. There is a unit in the Human Behavior course on Death, Dying, and Meaning at the End of Life
Ethical and Legal Aspects of Care	Social Work Ethics	Social Work Ethics

*Council on Social Work Education (CSWE), Educational Policy and Accreditation Standards (EPAS), 2015.

Goals for Palliative Care Education in Schools of Nursing and Social Work

Generalist Nursing:

The term “generalist nursing” refers to nursing professionals at any level of practice who do not have specialized education, training, or credentials in palliative care. Curriculum content in schools of nursing is driven by the agencies responsible for accrediting the various schools of nursing including two year, four year, and graduate nursing programs. The primary agencies with these responsibilities are the Commission on Collegiate Nursing Education (CCNE), which is part of the AACN, and the National League for Nursing (NLN). These curricula essentials include content that teaches skills and knowledge that can be applied to palliative care but currently are not framed as being part of a palliative care paradigm. Rather, content is presented to students as nursing actions and interventions in response to client/patient need. Similarly, concepts are embedded in graduate nursing education for the Advanced Practice Nurse (Nurse Practitioner [NP] and Clinical Nurse Specialist [CNS]), most of whom practice as generalists with respect to palliative care.

In the absence of a unifying and explicit concept of palliative care, the content as identified across the curriculum does not provide a foundational philosophy and approach to care that is driven by the patient centered goals and outcomes of palliative care. Students complete their education and enter practice with all the pieces to the puzzle in hand but without the ability to assemble them to provide essential palliative care services to their patients. Students would benefit from the opportunity to develop a foundation for practice that includes a focused and specific philosophy of palliative care. While this would be beneficial for nursing education across all levels, and for nurses with varying scopes of practice, it would especially benefit NP students who are likely to care for patients across the lifespan as independent practitioners, serving as the primary health care provider and, therefore, seem more likely to be generalist palliative care providers than other nursing professionals.

The AACN offered an endorsement in support of targeted and specific education in palliative care for all BSN students in January 2016. The document, Palliative CARES – Competencies And Recommendations for Educating Undergraduate Nursing, was crafted in recognition of the

greater number of individuals living with serious illness and the demand for new nurse graduates to gain skills in palliative care.⁷ These competencies and recommendations are in alignment with the ELNEC and NQF Clinical Practice Guidelines for Quality Palliative Care previously referenced.

The importance and value of early advance care planning in the primary care setting has been demonstrated, and efforts to broaden the scope of practice to include more involvement and responsibility for advance care planning are currently under consideration by the legislature. NPs are already obligated under the Palliative Care Information Act (Public Health Law [PHL] 2997-c) to offer terminally-ill patients information and counseling regarding palliative care and end-of-life options appropriate to the patient, including prognosis, range of treatment options appropriate to the patient, the risks and benefits of these options, and the patient's legal rights to comprehensive pain and symptom management at the end of life.

Nurses and social workers may already provide the education and counseling to patients and/or surrogate decision-makers, which is part of advance care planning leading to completion of Medical Orders for Life-Sustaining Treatment (MOLST) or Do-not-resuscitate (DNR) orders. At present, advance practice RNs cannot sign these orders, nor can they make confirmatory determinations about the clinical criteria for MOLST order sets or DNR orders being met. They can make confirmatory determinations about absence of decision-making capacity, so that a surrogate decision-maker is empowered to make decisions on the patient's behalf, though many hospitals and health care organizations' policies limit this clinical function to physicians. Legislation has been proposed (NYS Senate Bill, S6314)⁸ to expand the scope of practice for NPs such that they will be able to complete MOLST and DNR orders, as well as to assess whether clinical standards are met for decisions to withdraw or withhold life-sustaining treatments. The Council members believe it is critical to ensure their educational preparation for these expanded roles ensures New Yorkers can rely on high quality advance care planning and palliative care delivery provided by advance practice RNs.

Specialist Palliative Care Nursing:

Although this report focuses on education and training for the generalist nurse, it should be noted that national certification is available for nurses that specialize in palliative care through the Hospice and Palliative Nurses Association (HPNA) and the Hospice & Palliative Credentialing Center (HPCC). Specialization is available for advanced practice RNs (APRNs), RNs working in pediatrics, Licensed Practical Nurses, Licensed Vocational Nurses, and Nursing Assistants. Certification for each of these levels requires specific work experience and knowledge beyond attainment of the degree. With the implementation of the Consensus Model for Advanced Practice Nursing regulation, since 2008 there are no longer any active graduate programs (Master of Science in Nursing [MSN], Clinical Nurse Specialist [CNS], APRN or post-Master's

⁷ Ferrell et al. CARES: AACN's new competencies and recommendations for educating undergraduate nursing students to improve palliative care. *J. Prof. Nurs.* 32:327-333, 2016.

⁸ This legislation was signed into law (see Chapter 430 of the Laws of 2017).

degree certificate programs) specializing in palliative care. The absence of specialty programs accentuates the need for palliative care content to be embedded in all nursing school curricula.

Generalist Social Work:

As with nursing, we use the term “generalist social work” to refer to social workers at any level of educational preparation or professional practice who do not have specialized education or credentials in palliative care. Curriculum content in social work programs is driven by the agencies responsible for accrediting the various schools of social work, including BSW and MSW programs. These curricular essentials include content that teaches skills and knowledge that can be applied to palliative care but currently are not framed as being part of a palliative care paradigm. In 2004, “Standards for Palliative and End of Life Care⁹” for social work practice were formally adopted by the National Association of Social Workers (NASW). This work came out of the Soros Foundation Project on Death in America, and is aimed at the generalist social worker, in a broad range of practice settings and across the lifespan. The Council on Social Work Education (CSWE) in conjunction with the National Center for Gerontological Social Work Education (Gero-Ed Center) Master’s Advanced Curriculum (MAC) Project included a resource review focused on health social work. This was developed as a resource for social work faculty to provide quality, evidence-based resources on health social work for the aging population. The chapter on Palliative Care with Older Adults includes a section on the role of social work in palliative care¹⁰. Much of the palliative care chapter was last updated in 2009; the section on public policy issues related to aging and palliative care was updated in 2015. Palliative care across the lifespan is not addressed and the Council notes that many populations, in addition to older adults, can need palliative care.

Legislative efforts to assure New Yorkers are informed of their palliative care options support the need for enhanced education in palliative care for social workers. As noted previously, the Palliative Care Information Act, (PHL 2997-c) is legislation passed in 2011 aimed at ensuring that New Yorkers are offered essential information about their condition and treatment options at the end of life. Under this law, the obligation to provide the stipulated information applies to licensed independent practitioners (physicians and NPs). These practitioners may arrange for the requisite information and counseling to be provided by “another professionally qualified individual.” A professionally qualified individual is a health care professional who is qualified by their training and experience to provide information and counseling to terminally-ill patients concerning the information specified in the law and specified above. A social worker alone would not typically have sufficient medical training to satisfy the requirements of the law, but could be instrumental in the attending practitioner’s discharge of their responsibilities by assisting the patient in identifying and articulating their goals for care, values concerning the end of life, and in selecting among treatment options based on these goals and values.

⁹ <http://www.socialworkers.org/practice/bereavement/standards/standards0504New.pdf>

¹⁰ https://www.cswe.org/getattachment/Centers-Initiatives/CSWE-Gero-Ed-Center/Initiatives/Past-Programs/MAC-Project/Resource-Reviews/Health/PC-Sec2-Role-Social-Work_FINAL_ko120309.pdf.aspx

The social worker is integral to the work of palliative care. The social worker has a role in facilitating communication among the patient, family members, and members of the health care team. The attending practitioner and social worker must act in a coordinated manner and communicate concerning the patient's condition and treatment options in order that the outcomes of social worker-provided counseling are reflected in the patient's goals for care and treatment preferences, and ultimately translated into appropriate medical orders and plan of care. Social workers may be involved in assessment of decision-making capacity under the DNR and MOLST statutes. As was noted earlier in the discussion of APRNs, many organizations' policies limit capacity determination for these purposes to physicians. Social workers may be part of the advance care planning process that precedes completion of MOLST orders (MOLST Form, DOH- 5003). It is essential that social workers involved in these areas of practice have the essential skills to provide high quality care. No standardized means of demonstrating competency or skills in these areas are currently routinely employed. Rather, participation in these activities requires self-assessment and self-selection by the individual social workers, or assessment and selection by their clinical supervisors. These assessments are likely to be done in an ad hoc rather than standardized fashion. Competencies are currently under development by national experts in social work education. While many social workers may be adequately skilled and prepared for tasks related to death, dying, and bereavement, counseling for patients and families during a terminal illness and after a death, a more comprehensive approach to their palliative care education is needed to assure they are fully prepared to meet the diverse needs of this growing population.

Specialist Palliative Care Social Work:

In 2008, NASW, in partnership with the National Hospice and Palliative Care Organization (NHPCO), developed two credentials for social workers in hospice and palliative care, an advanced credential for Master's degree-prepared social workers and one for Bachelor's degree-prepared social workers. These national certifications require licensure and supervised experience in hospice or palliative care, as well as continuing education in the area. In NYS, a Master's degree is required for licensure, as has been previously noted.

Assessment of Education and Training for Palliative Care in Practice Settings

Council members recognize that all RNs and social workers practicing in acute, post-acute, and community based settings will work with individuals who would benefit from palliative care services. In NYS, where many of these organizations fall under the Palliative Care Access Act, PHL 2997-d, nurses and social workers have essential roles to assure compliance with the requirement that the organization "facilitate access to appropriate palliative care consultation and services..."

The PCETC Nursing Subcommittee noted that education and training in the practice settings is often interdisciplinary. The Subcommittee developed a survey to inform the Council regarding education and training provided in the practice settings to nurses and social workers.

Associations for each of the practice settings helped administer the surveys. These associations were GNYHA, HANYS, and HCA. The involvement and support of these associations resulted in a robust process that afforded an opportunity for all stakeholders to provide information to inform this report.

The survey consisted of questions designed to collect information on education and training programs and opportunities for clinicians in practice in these various settings. Several patterns emerged from the survey responses received. Practice settings where there was a relationship with specialist palliative care services (hospice or non-hospice palliative care) often used specialist staff to provide occasional continuing education or in-service training opportunities to staff throughout the organization. Additional training and education opportunities usually occurred through organizational support of outside educational opportunities, such as attendance at courses and conferences or registration for webinars that could be viewed on site by groups of staff or off site by staff during non-working hours. There were additional areas during which some palliative care-related content was provided: during the orientation or “on-boarding” process for new employees; annual performance reviews (i.e., competencies); annual mandatory reviews of key organizational policies; and reviews related to compliance with State laws, such as the Palliative Care Information Act, Palliative Care Access Act, Family Health Care Decisions Act, and the federal Patient Self-Determination Act.

Goals for Palliative Care Education and Training in the Practice Setting

Health care organizations should include information on palliative care relevant to the provision of care in their practice setting to all professional staff. This should be done as part of orientation or “on-boarding” for all new staff, who need to be familiarized with organizational policy for compliance with the Palliative Care Information Act, Palliative Care Access Act, Family Health Care Decisions Act, federal Patient Self-Determination Act, and organizational pain management policies. This is information that may be utilized infrequently in some settings and on an almost daily basis in settings like long-term care facilities. Regular review of this material, updated to account for changes in organizational implementation, or public policy and new legislation or regulation should also be standard practice. This can be done in a manner that is in alignment with other annual mandatory staff development competency reviews or renewal of privileges. Alternatively, staff may be provided with opportunities to attend continuing professional education courses via webinars or other remote learning opportunities at their place of employment, or provided with reimbursement to attend such training and educational courses in person. The health care organization employer, as well as the health care professional employee, should retain and be able to provide evidence of successful completion. A sample (though not exhaustive) list of such educational resources is provided as part of this report below. Especially regarding high stakes areas of practice, such as decisions to withhold or withdraw life-sustaining therapy, the ability of organizations to demonstrate frequent assessment of health care providers’ competency and skill should be part of the standard of education and training to ensure high quality palliative care for all New Yorkers.

Table 4: Palliative Care Education in the Practice Settings

Educational Activity	Target Learner and Practice Setting	Content
<p>Orientation focusing on health care of inpatient adults and/or chronically ill adults</p>	<p>All clinical staff in acute care hospitals, acute and subacute rehabilitation units, long term care facilities, and ambulatory settings with chronically ill adults</p>	<ol style="list-style-type: none"> 1. Principles of palliative care 2. Communication regarding serious illness 3. Interdisciplinary care
<p>Continuing education focusing on health care of inpatient and/or chronically ill adults</p>	<p>All clinical staff in acute care hospitals, long term acute care hospitals, acute and subacute rehabilitation units, and long term care facilities</p>	<p>Topics above will be covered more in-depth since this group is more likely to encounter patients with palliative care needs</p> <ol style="list-style-type: none"> 1. Principles of palliative care 2. Serious illness communication <ol style="list-style-type: none"> a. Delivering bad news b. Clarifying goals of care 3. Interdisciplinary care
<p>Continuing education for community-based home care and ambulatory care</p>	<p>Clinical staff working with chronically ill adults in the community, including assisted living facilities</p>	<p>Topics above will be covered more in-depth and with emphasis on home care aspects of palliative care</p> <ol style="list-style-type: none"> 1. Principles of palliative care 2. Serious illness communication skills 3. Interdisciplinary care 4. Special issues/challenges in home care
<p>Continuing Education for Advanced Clinical Staff with Master's degree level education in any health care setting</p>	<p>Adult/Geri or family NPs, and medical social workers spending the majority of their time working with seriously/chronically ill adults in any setting</p>	<p>Topics above will be covered in even more depth since this group has a greater role in caring for seriously, chronically ill adults</p> <ol style="list-style-type: none"> 1. Principles of palliative care 2. Pain and symptom assessment and management 3. Serious illness communication skills 4. Interdisciplinary care 5. End-of-life care 6. Burn-out recognition and prevention
<p>Hospice clinical staff and hospital based palliative care staff: annual required mandatory education</p>	<p>RN, NP, and social worker working for hospice programs or hospital or community-based palliative care programs</p>	<p>This group has expertise in hospice and palliative care. The focus of learning should be on new developments in the field and infrequently used skills.</p> <ol style="list-style-type: none"> 1. Essentials of pediatric palliative care

Educational Activity	Target Learner and Practice Setting	Content
		2. Serious illness communication skills 3. Interdisciplinary care 4. Burn-out recognition and prevention 5. Clinical and regulatory updates Recommended additional Training: 1. AAHPM continuing education courses 2. HPNA continuing education courses 3. SWHPN continuing education courses 4. Annual Assembly AAHPM/HPNA 5. Social Work Hospice and Palliative Care Network (SWHPN) Annual Conference 6. Center to Advance Palliative Care (CAPC) courses (for staff of member health care organizations) 7. Hospice & Palliative Care Association of New York State (HPCANYS) Interdisciplinary Pediatric Palliative Care
Unique settings orientation and continuing education for settings with frequent palliative care needs, though not the primary focus of the unit	RNs, NPs and social workers working in Intensive Care Units (ICUs) (Medical Intensive Care Unit [MICU], Surgical Intensive Care Unit [SICU], Cardiac Intensive Care Unit [CICU]) and Emergency Departments, including trauma, neuro, and burn units	Palliative care is a routine part of the work of RNs and social workers in these challenging fields, so it is essential for them to have exposure to aspects of palliative care unique to their fields 1. Pain and other symptom management 2. Serious illness communication skills 3. Interdisciplinary care with participation in interdisciplinary care team meetings 4. End-of-life care 5. Burn-out 6. Ethics

Resources for Education Currently Available in the Practice Settings for Nurses and Social Workers

There are a variety of resources for educating and training nurses and social workers in palliative care. This list includes those often cited in our survey as being used by practice settings within NYS to provide education and training to their nurse and social work staff members. It is not intended as an exhaustive list of providers of continuing education and training.

Education for Multiple Health Care Professions:

- Center for the Advancement of Palliative Care (CAPC)
www.capc.org
- HANYS
https://www.hanys.org/quality/clinical_operational_oversight/palliative_care/training_education/
- Hospice and Palliative Care Association of New York State (HPCANYS)
www.hpcanys.org
- MJHS Institute for Innovation in Palliative Care
<https://www.mjhspalliativeinstitute.org/e-learning/>

Education for Nurses:

- COMFORT Communication Course for Nurses (City of Hope)
<http://communicatecomfort.com/>
- ELNEC
<http://www.aacn.nche.edu/el nec/about/fact-sheet>
<https://www.reliaslearning.com/ELNEC>
- HPNA
<http://hpna.advancingexpertcare.org/>

Education for Social Workers:

- Social Work Hospice & Palliative Care Network (SWHPN)
<http://www.swhpn.org>

Pediatric Palliative Care

The Council recognized that there are several populations with unique needs vis-à-vis palliative care and considered carefully how to address them within this report. These include patients with unique characteristics, vulnerabilities, or for whom regulations create unique circumstances. Examples include children, patients with intellectual or developmental disabilities, patients with serious mental illness, patients who are homeless/un-domiciled, and

patients who are incarcerated or involved in the justice system. While it is beyond the scope of this report to address how each of these special populations might be appropriately addressed in the education of nurses and social workers, the Council members agreed that some assessment and recommendations specific to pediatric palliative care were important to include in this report.

Pediatric palliative care can begin as early as the antenatal period, when a pregnant woman may choose to carry to delivery, rather than terminate, a pregnancy where the fetus has a condition associated with intrauterine demise or death soon after delivery. It may be provided to a child with chronic life-limiting condition throughout the course of their illness from the time of diagnosis, or may be like the model of an adult hospice patient in the case of an adolescent with an incurable malignancy. The developmental and legal issues, as well as the need to take parents and siblings into account in addition to the patient, result in pediatric palliative care always having some unique implications. From a regulatory aspect, the Concurrent Care for Children provisions in the Affordable Care Act (ACA) allow for palliative care to be provided to chronically ill children receiving any type of concurrent treatment, disease-modifying or truly curative-intent, which may be unfamiliar to those educated only in adult palliative care.

The Council recommends that all nursing and social work students, during their formal education, learn the principles of pediatric palliative care, the areas of difference between pediatric and adult palliative care, principles of communication with children and families, and principles of interdisciplinary care. More detailed and focused education would be offered to pediatric focused nurses and social workers during orientation to positions where they will work with children and families in hospital or community health settings. Master’s degree level social work and advance practice nurses who will be focusing on pediatric health care settings would have more detailed required content regarding pediatric palliative care. Those professionals working with the highest risk populations (e.g., those working in neonatal or pediatric intensive care units or with children who have home and community Medicaid waiver services for chronic illness) should have the most detailed training. Finally, adult hospice and palliative care nurses and social workers should have some pediatric palliative care training, as they may often provide services to pediatric patients if no specialized pediatric palliative care or hospice program is accessible. Table 5 details this graduated curriculum for integrating pediatric palliative care content into the education of nurses and social workers in the practice settings.

Table 5: Pediatric Palliative Care Education by Practice Settings

Target Learner	Practice Setting	Content
Orientation inpatient pediatric health care or any setting with a focus on the care of seriously ill/medically complex children	Children’s hospitals, pediatric units, clinics, or other settings with seriously ill/medically complex children	<ol style="list-style-type: none"> 1. Principles of pediatric palliative care 2. Differences from adult palliative care 3. Communication with children and families

Target Learner	Practice Setting	Content
<p>Continuing education inpatient pediatric care or any setting with a focus on the care of seriously ill/medically complex children</p>	<p>Children’s hospitals, pediatric units, or other settings with seriously ill/medically complex children</p>	<p>4. Interdisciplinary care</p> <p>Topics above will be covered more in-depth since this group has committed to a career in pediatric care</p> <ol style="list-style-type: none"> 1. Principles of pediatric palliative care 2. Differences from adult palliative care 3. Communication with children and families 4. Interdisciplinary care
<p>Continuing education for community-based home care and ambulatory pediatrics</p>	<p>Work with seriously ill/medically complex children in the community, including those served under the Medicaid waiver programs, such as Care at Home I and II</p>	<p>Topics above will be covered more in-depth and with emphasis on home care aspects of palliative care</p> <ol style="list-style-type: none"> 1. Principles of pediatric palliative care 2. Differences from adult palliative care 3. Communication with children and families 4. Interdisciplinary care 5. Special issues/challenges in home care
<p>Nurses with Master’s degrees spending much of their time working with seriously ill/medically complex children</p>	<p>Pediatric NPs, pediatric social workers</p>	<p>Topics above will be covered in even more depth since this group has committed to a career caring for seriously, chronically ill children</p> <ol style="list-style-type: none"> 1. Principles of pediatric palliative care 2. Pain and other symptom management 3. Communication with children and families 4. Interdisciplinary care 5. End-of-life care 6. Burn-out <p>Recommended additional training:</p> <ol style="list-style-type: none"> 1. HPCANYS interdisciplinary Pediatric Palliative Care training 2. Resolve Through Sharing 3. Rotation (2-4 week) with a specialized pediatric palliative care team 4. Simulation lab or communication skills course specifically for pediatric patients and parents/families

Target Learner	Practice Setting	Content
Adult hospice workers: annual or prior to enrolling a pediatric patient	RN, NP and social worker: for the adult hospice workers who may on occasion care for a seriously ill/medically complex child	
Unique settings RNs, NPs and social workers working in NICUs, perinatal care, or children with developmental disabilities	Perinatal, NICU RNs and social workers	Palliative care is a routine part of the work of RNs and social workers in these challenging fields, so it is essential for them to have exposure to aspects of palliative care unique to their fields (perinatal, neonatal, and developmental disabilities) <ol style="list-style-type: none"> 1. Pain and other symptom management 2. Communication with children and families 3. Interdisciplinary care with participation in interdisciplinary care team meetings 4 End-of-life care 5. Burn-out 6. Ethics

Recommendations

The PCETC recognizes that efforts to enhance and improve the clinical readiness and practice knowledge of RNs, advance practice nurse, and social workers (BSW and MSW educated) in the field of palliative care will necessitate action and change across and within multiple venues and entities. The recommendations below reflect the consensus of Council members in response to the context and realities of health care delivery in NYS, the population based needs for palliative care among the citizens of NYS, and the current state of nursing and social work education.

The Council recommends that the NYS Education Department:

- Require that every educational institution granting degrees in nursing and degrees in social work have in place an articulation agreement with a health care organization that provides hospice and/or palliative care to ensure that students will have opportunities for exposure to this field and to develop skills to provide primary (generalist) palliative care.
- Require that every education institution granting degrees in social work at any level of educational preparation provide a means for clinical hours to be spent at a hospice and/or palliative care program to ensure that students will have opportunities for exposure to this field and to develop skills to provide primary (generalist) palliative care.

- Require curriculum modifications to parallel changes in public health law expansions of scope of practice for nurses.
- Support State Boards of Nursing counterparts in other states to encourage inclusion of palliative care content on the NCLEX examination. Work with the Association of Social Work Boards (ASWB) and its affiliate members from other states to include palliative care content in the ASWB licensure exam for social workers. This will serve as an incentive for schools of social work to increase palliative care content in their curricula.

The Council recommends that the Commissioner of Health:

- Support palliative care education and training for physicians using the standards developed by the Council, and palliative care education and training for nurses and social workers, as recommended in the body of this report.
- Support the creation of standards for schools of nursing and social work to incorporate a conceptual framework for palliative care into the required content at the undergraduate and graduate level.

The Council recommends that the NYS Assembly and Senate:

- Support the development of educational models that can meet the needs of nurses and social workers at all levels of practice while including essential palliative care content.

The Council recommends that Health Care Provider Organizations:

- Provide nurses employed in generalist settings who provide care for seriously ill/medically complex individuals with regular continuing education based on the components of the elements of the core ELNEC curriculum, the NQF domains, or comparable national guidelines.
- Provide social workers employed across all settings who provide care for seriously ill/medically complex individuals with regular continuing education based on the 2004 “Standards for Palliative and End of Life Care.”
- Incentivize participation in continuing education with palliative care content in concert with the recently developed requirement for continuing education as condition of continued licensure for social workers in NYS.

- Support attainment of national certification in palliative care for nurses working in specialty appropriate settings such as inpatient palliative care settings or hospice programs.
- Support attainment of national certification in palliative care for MSWs working in specialty appropriate settings such as inpatient palliative care or hospice programs.

The Council recommends that Schools and Programs of Nursing:

- Determine the most appropriate place within the curricula across all levels, to include education regarding the palliative care philosophy, framework, skills, and competencies which are introduced and woven throughout the curriculum to facilitate the utilization of core knowledge and skills to provide palliative care.
- Demonstrate to the NYS Education Department that they regularly review and evaluate their curricula to ensure inclusion of content for nursing education at every level aligned with national palliative care guidelines, such as ELNEC or the Clinical Practice Guidelines for Quality Palliative Care.
- Incorporate the competencies contained within the AACN CARES document in evaluation of students.
- For advanced practice nurses' (NP and CNS) education, support the inclusion of content that identifies hospice and/or palliative care as part of the continuum of care, throughout the lifespan and across areas of specialty.
- Demonstrate curriculum modifications to parallel changes in public health law expansions of scope of practice for nurses.

The Council recommends that Schools of Social Work:

- Determine the most appropriate place within the curricula across all levels, to include education regarding the palliative care philosophy, framework, skills, and competencies which are introduced and woven throughout the curriculum to facilitate the utilization of core knowledge and skills to provide palliative care.

- Demonstrate to the NYS Education Department that they regularly review and evaluate their curricula to ensure inclusion of content for social work education aligned with national palliative care guidelines, such as the Clinical Practice Guidelines for Quality Palliative Care, CSWE, NASW, and SWHPN.
- Incorporate competencies for social workers when such national recommendations become available.
- Support the inclusion of content that identifies palliative care as part of the continuum of care, throughout the lifespan and across areas of specialty.
- Include education and training on determination of decision making capacity for social workers, consistent with public health law.
- Demonstrate curriculum modifications to parallel changes in public health law or public policy related to palliative care and end-of-life care.

Resources

1. New York State Laws Related to Palliative Care
 - a. Family Health Care Decisions Act
<https://www.nysenate.gov/legislation/laws/PBH/A29-CC>
 - b. Palliative Care Information Act
<https://www.nysenate.gov/legislation/laws/PBH/2997-C>
 - c. Palliative Care Access Act
<https://www.nysenate.gov/legislation/laws/PBH/2997-D>
 - d. Additional information from New York State Department of Health
http://www.health.ny.gov/professionals/patients/patient_rights/palliative_care/
2. Federal Legislation Related to Palliative Care
 - a. Patient Self-Determination Act
<https://www.congress.gov/bill/101st-congress>
3. Nursing Competencies in Palliative Care AACN Statement
<http://www.aacn.nche.edu/elnc/New-Palliative-Care-Competencies.pdf>
4. Institute of Medicine (IOM) Report: Dying in America (2014), Improving Quality and Honoring Individual Preferences Near the End of Life
<https://www.nap.edu/read/18748/chapter/1>
5. NASW, Standards for Palliative and End of Life Care

<https://www.socialworkers.org/practice/bereavement/standards/standards0504New.pdf>

6. CSWE EPAS (2015)
https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx
7. Centers for Medicare and Medicaid Services (CMS), Advance Care Planning (rule for payment)
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>
8. List of certifications in palliative care with links to certifying bodies
<http://advancingexpertcare.org/chpn/>
<http://advancingexpertcare.org/achpn/#>
<http://advancingexpertcare.org/chppn/>
<http://advancingexpertcare.org/chpln/>
<http://advancingexpertcare.org/chpna/>
<https://www.socialworkers.org/credentials/credentials/achp.asp>
<http://www.naswdc.org/credentials/applications/achp-sw.pdf>
9. Links to resources: ELNEC, National Quality Guidelines, position statements, and articles
<http://www.aacn.nche.edu/el nec>
https://www.qualityforum.org/Projects/Palliative_Care_and_End-of-Life_Care.aspx
<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Ethics-Position-Statements/EndofLife-PositionStatement.pdf>
<http://hpna.advancingexpertcare.org/wp-content/uploads/2015/08/Value-of-the-Professional-Nurse-in-Palliative-Care.pdf>
<http://hpna.advancingexpertcare.org/wp-content/uploads/2015/02/Position-Statement-on-Palliative-Nursing-Leadership.pdf>
<https://www.ons.org/advocacy-policy/positions/practice/palliative-care>