

CORE ELEMENTS OF POLST EDUCATION

for

STATE POLST PROGRAMS

Proper implementation of a POLST Program over the long term requires education- and a plan for continual education- about the POLST Program. Education assures consistency and quality use of POLST within a state. A plan for continual education includes periodic review and helps ensure any revisions, updates or clarifications that may need to be communicated can be done so easily. It is the responsibility of the state POLST Program coalition to develop education materials and to train leaders to educate on the POLST Program. These core elements are not listed in priority order and can be adapted for state or regional program needs.

- I. Identify Stakeholders To Train (Who can then serve as trainers)
 - a. Health Care Professionals: physicians; NPs and PAs; CNAs; Social Workers;
 - b. EMS System: EMS personnel; Call Centers; emergency department personnel
 - c. Faith Based Leaders, Spiritual Care Providers, Chaplains
 - d. Health System: Ombudsmen; Institutional administration, ancillary staff, health plans, patient advocacy organizations
 - e. Health care facilities: long term care; nursing homes; emergency care facilities
 - f. Other Professionals: attorneys, judges, financial planners, legislators, state leaders

- II. Determine Messaging- consistency of message is critical; training will vary with audience and available training modalities.
 - a. Core Curriculum (adapted for needs based on clinical and/or administrative role)
 - i. The POLST Process- effective communication skills and shared, informed medical decision making between health care professionals and patients/families, capacity determination, ethical framework, legal requirements, conflict resolution
 - ii. Define POLST population
 - iii. Differences between POLST and Advance Directives
 - iv. POLST form; review & renewal of POLST
 - v. Who can facilitate discussion
 - vi. Practical issues: care planning, system implementation, effective communication skills when POLST is triggered, FAQs
 - b. Unique Populations and POLST
 - i. Pediatric populations
 - ii. Populations for whom English is a second language or those with lower literacy levels
 - iii. Persons with disabilities
 - iv. Persons lacking capacity and without any surrogate decision makers

- III. Determine Training Modalities (available or to be created). Consider using what has already been created by other POLST Programs (available on www.polst.org). Share materials that your POLST Program creates as well.
 - a. In Person Presentations
 - i. Community Opportunities (e.g., community advocacy groups, faith communities, retirement communities, assisted living facilities, health fairs)
 - ii. Health Care Facilities- hospitals, long term care facilities, home care and hospice
 - 1. Consider events aimed at administration, residents, and/or resident family members
 - iii. Professional Conferences, Workshops, Continuing Education Sessions
 - b. One-on-One Training
 - c. Online- webinars, eNewsletters, emails, social media, website, just in time training
 - d. Printed- brochures, flyers, pamphlets
 - e. Videos/DVDs

- IV. Educational Resources
 - a. Need to match needs of stakeholders/community trying to educate
 - i. Literacy level
 - ii. Education level
 - iii. Messaging
 - b. Consider translations into languages used within community
 - c. Ensure easy accessibility of materials (e.g., on website)
 - d. Have plan for updating resources as needed (consider future funding sources for each educational material created)
 - e. Use and share materials with other POLST Programs via www.polst.org
 - i. Please share your materials with other POLST Programs by sending them to polst@ohsu.edu

- V. Training of Educators
 - a. Match with Stakeholder needs
 - b. Train the Trainer opportunities (binders, DVDs, flash drives, website, etc)

- VI. Look for Opportunities to Integrate POLST in Current Systems
 - a. Care Transition Interventions
 - b. Points of Care Transitions
 - c. Palliative Care
 - d. Advance Care Planning
 - e. Electronic Medical Record Systems
 - f. Policy Guidance/Sample Policies



VII. POLST Organizational Home

- a. Primary responsibility for quality of programs, educational resources, standardization of the form and revision of resources when needed
- b. Designated staff or volunteers to maintain, update educational programs
- c. Promote availability of standardized educational resources in collaboration with partners (professional associations, faith communities, community advocacy groups, etc.) through usual communication vehicles (educational sessions, professional meetings, newsletters, social media, etc.)
- d. Have process for dissemination of standardized educational resources
- e. Maintain relationships with state agencies and organizations to spread awareness and gain support

VIII. Measure Effectiveness of Education

- a. Determine Evaluation Process/Key Success Indicators
 - i. Overall course evaluation
 - ii. Speaker(s) evaluation
 - iii. Attendees – test knowledge, attitudes, skills
 1. Pre-test (if appropriate)/post-test
 2. Practice change
 3. Chart audits
- b. Utilize feedback to update curriculum
- c. Evaluate extent of use
 - i. Number of individuals trained
 - ii. Number of facilities trained
- d. Assess quality and effectiveness of the process
 - i. Person/family/medical decision maker satisfaction
 - ii. Are POLST orders incompatible with medical practice (e.g. a request for CPR and comfort measures only)?
 - iii. Are POLST orders followed and compatible with patient wishes? If not, why not? Assess opportunity for quality improvement.