

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: Medical University of South Carolina

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.): To offer an innovative program for the APRN seeking the knowledge and skills in palliative care to complement their acute and/or primary care clinical practice and prepares them for advanced nursing certification in lifespan palliative care from the Hospice & Palliative Credentialing Center (see Background for more information).

Current Name of Program (include degree designation and all concentrations, options, and tracks):

Doctorate in Nursing Program (DNP) with the following concentrations:(1) Adult-Gerontology, (2) Family, (3) Pediatric, (4) Psychiatric Mental Health; (5) Executive Leadership & Innovations For all of these concentrations, two entry points are available—one for post-BSN and another for post-MSN.

Proposed Name of Program (include degree designation and all concentrations, options, and tracks): A sixth concentration: Lifespan Palliative Care, though available only to the post-MSN/APRN learner.

Program Designation:

- Associate's Degree Master's Degree
 Bachelor's Degree: 4 Year Specialist
 Bachelor's Degree: 5 Year Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)
 Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.)

Does the program currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

Proposed Date of Implementation: August 17, 2020

CIP Code: 51.3818

Current delivery site(s) and modes:
85750 (MUSC, Distance Ed)

Proposed delivery site(s) and modes: no change

Program Contact Information (name, title, telephone number, and email address):

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Agenda Item 3m

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Institutional Approvals and Dates of Approval:

1. College of Nursing Faculty Assembly: November 18, 2019
2. Education Advisory Council: December 3, 2019
3. Provost's Council: January 9, 2020

Background Information

(Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.)

The MUSC College of Nursing (CON) provides and refines programs of nursing education that support the University mission to “preserve and optimize human life in South Carolina in South Carolina.” MUSC’s vision is to “lead health innovation for the lives we touch.”

Centrality to Institutional Mission: Per the American Association of Colleges of Nursing, the CON offers a post-MSN to DNP track for advanced practice registered nurses (APRNs) to earn a practice-focused doctorate preparing experts in specialized advanced nursing practice growing their knowledge in population health for their APRN practice. The DNP-APRN program builds upon the Master’s plan of education and provides added skills to improve health care outcomes by identifying needed change that addresses inequities and health disparities, searching for best evidence, and testing this evidence to improve community health and quality of life. Adding a specialized post-MSN-DNP track in palliative care supports this desired outcome and adds a specialization in population health along with development of expertise in palliative care that is part of their current practice.

All concentrations/tracks of the DNP are currently available to students entering the degree program as either post-BSN or post-MSN students. The proposed track will be available only to post-MSN DNP students, either as their chosen advanced practice area of expertise or to augment a different area of expertise. We also expect that some practicing APRN’s or post-DNP graduates would be interested in acquiring the competencies provided in this track for which they may receive a second certification. The Hospice and Palliative Nurses Association (HPNA) is the national professional organization that represents the specialty of palliative nursing, which includes hospice and palliative nurses. HPNA provides a certification for the advanced certified hospice and palliative nurse (ACHPN) for licensed APRNs practicing in acute or primary care as clinical nurse specialists or nurse practitioners. To be eligible the candidate must hold an APRN license, a graduate degree from an accredited nursing program with at least 500 clinical hours in hospice and palliative advanced care nursing practice in the most recent 12 months or 1000 hours in the most recent 24 months (HPCC, 2019).

The didactic coursework in the post-MSN or post-DNP to DNP Lifespan Palliative Care Track will provide the knowledge and skills APRNs require to be successful and follows the required competencies (DNP, 2006; NONPF, 2013). The clinical experiences will allow the students to refine the role-specialized skills, behaviors and attitudes. The proposed DNP in Lifespan Palliative Care meets the current recommendations of the American Association of Colleges of Nursing (2006) and the National Organization of Nurse Practitioner Faculties (2013).

MUSC’s current strategic plan, Imagine MUSC 2020, includes a goal to Commit to Patients and Families First and another goal to Foster Innovative Education and Learning. The DNP program and its tracks, including the proposed Palliative Care track aligns with these goals by training the next generation of advanced nurse practitioners to respond to the anticipated escalation of need for healthcare providers trained in delivering palliative care. MUSC’s next strategic plan, currently in development, will focus on several goals, including integrating our research and clinical strengths to transform health care; helping shape healthcare policy; and optimizing students’ educational value—all of which are supported by having a Palliative Care track in our DNP program that produces the next generation of nurse practitioners who are well prepared to care for patients in need of palliative care in the 21st century.

Target Audience: Current APRN’s (with an MSN or DNP) with a certification in primary or acute care as nurse practitioners, clinical nurse specialists, or nurse midwives who wish to earn a certification in lifespan palliative care.

Assessment of Need

(Provide an assessment of the need for the program modification for the institution, the state, the region, and beyond, if applicable.)

MUSC CON will develop a post-MSN/post-DNP to DNP palliative care track that will be the first in the United States. There are no current palliative care programs in advanced practice nursing in South Carolina or nearby states. The National Hospice and Palliative Care Organization (NHPCO) defines palliative care as “patient and family-centered care that optimizes quality of life...and occurs throughout the *continuum of illness* involves addressing physical,

intellectual, emotional, social, and spiritual needs...to facilitate patient...choice” (NHPCO, 2018). APRNs trained in palliative care could fill an important gap in access to evidence-based, high quality care. APRNs provide holistic, person-centered care, advocate and seek patient goals for care (AACN, 2018a; AANP, 2019) and this correlates perfectly with palliative care (Fennimore, et al., 2018). NPs are licensed to diagnose and treat health conditions with an added emphasis on disease prevention and health management using a comprehensive approach (AANP, 2019).

Research has demonstrated that implementing palliative care early leads to a reduction in costly and preventable hospitalizations, readmission, and emergency department visits (Meier, 2011). It is important to note that hospice care is part of the **palliative care continuum**. Hospice care specifically addresses the end of life needs whereas palliative care stresses quality of life for the patient and family living with a serious and life-limiting disease from time of diagnosis throughout the trajectory (Meier, 2011). With the aging population living longer and the number of serious illnesses on the rise, the demand for health care services including lifespan palliative care, is expected to rise to an unprecedented high in South Carolina (see below). These changing demographics creates an important need for trained healthcare providers, such as APRNs trained specifically in palliative care with a post-graduate certificates or post-MSN DNP degree, who have the specialized knowledge and skills in providing palliative care, for both adults and children. Unfortunately, it is also well-recognized that **there is not a sufficient cohort of trained palliative care healthcare providers to meet those diagnosed with life-limiting illnesses or conditions**. The World Health Organization identifies a number of pediatric and adult diseases which benefit from palliative care:

Pediatric - cancer, cardiovascular diseases, cirrhosis of the liver, congenital anomalies, blood and immune disorders, HIV/AIDS, meningitis, kidney diseases, neurological diseases, and neonatal conditions.

Adult - Alzheimer’s and other dementias, cancer, cardiovascular diseases, cirrhosis of the liver, chronic obstructive pulmonary diseases, diabetes, HIV/AIDS, kidney failure, multiple sclerosis, Parkinson’s disease, rheumatoid arthritis, and drug-resistant tuberculosis.

Managing stressful symptoms of serious and life-limiting illness is one of the most challenging aspects of palliative care (Wheeler, 2016). Optimally, palliative care principles should be offered to patients and families at time of diagnosis, or early in the disease trajectory. According to the World Health Organization (WHO) and the Worldwide Palliative Care Alliance (2014), only 1 in 10 people globally who could benefit from palliative care are currently receiving it. Estimates are that more than 20 million patients each year meet criteria for palliative care, and 1.2 million of these are children (WHO, 2014). In addition, research has shown that early access to palliative care significantly **improves the quality of life** for those with chronic and advanced illnesses and **reduces health care costs** (Patel & Masi, 2015).

Palliative care provides specialized healthcare that improves quality of life for patients and families living with life-altering and life-limiting illnesses. Care delivered is patient and family centered, addresses pain, and other physical, psychosocial, and spiritual problems using a team approach. Healthcare experts predict that by 2030 there will be **1.4 million persons in South Carolina living with three or more chronic diseases** and are compounded by those that are life-altering or life-limiting, and as such, result in challenges in meeting palliative care needs. In addition, 21,100 lives in SC could be saved annually if there was palliative care (e.g. improved prevention, management, and treatment of chronic disease) (PFCD, 2019). For example, medically complex children typically have 3 or more chronic and life-limiting diseases (for example, cancer as first diagnosis commonly leads to cardiac, neurological, mobility/function, and/or other diagnoses) placing the child at risk for negative health and quality of life outcomes. Nurse practitioners educated in palliative care will be even more prepared to address and change these outcomes (George, 2016).

Transfer and Articulation

(Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.)

The post-MSN or post-DNP to DNP Lifespan Palliative Care track will not require any special articulation agreements for the modified proposed program.

Description of the Program

Projected Enrollment						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2020	10	10	--	10	--	10
2021	10	20	--	20	--	20
2022	15	25	--	25	--	25
2023	15	30	--	30	--	30

(Explain how the enrollment projections were calculated). A goal of an initial cohort of 10 students will ensure the program is financially stable as 9 students are required to break even on program costs. The Lifespan Palliative Care track (which as explained above is available only to post-MSN students) will include two semesters of didactic courses specific to Palliative Care and will be integrated within the DNP curriculum, which for post-MSN students is a five semester program. Thus, students who enter in the Fall (which is the only entry semester) for the 2020-2021 Academic Year will complete the degree by Spring 2021-2022 Academic Year. This expected graduation timeline is reflected in the projected enrollment table above.

Curriculum

(Attach a curriculum sheet identifying the courses required for the program.)

Curriculum Changes

Courses Eliminated from Program	Courses Added to Program	Core Courses Modified
N/A	NRDNP XXX Palliative Care Management I: Principles of Palliative Care (3 semester hours)	N/A
	NRDNP XXX Palliative Care Management II: Complex Care and Pharmacology (6 semester hours)	

Fall, Year 1		
NRDNP 860	Applied Epidemiology and Biostatistics in Health Care	(4,0,0)
NRDNP 854	Scientific Underpinnings for Practice	(3,0,0)
NRDNP 858	Evidence-Based Practice, Quality and Safety	(3,0,0)
Spring, Year 1		
NRDNP 846	Frameworks for Leadership & Interprofessional Collaboration	(3,0,0)
NRDNP XXX	Palliative Care Management I: Principles of palliative Care	(0,1,2)
NRDNP 862	Practice Inquiry and IRB	(3,0,0)
Summer Year 1		
NRDNP 830	Applied Health Care Economics and Finance	(3,0,0)
NRDNP XXX	Palliative Care Management II: Complex Care and Pharmacology	(0,2,3)
NRDNP 836	Informatics in Health Care Delivery	(3,0,0)
NRDNP 890	Residency (45 clinical Hours)	(0,0,1)

Fall year 2		
NRDNP 850	Organizational Theory and Health Care Systems	(3,0,0)
NRDNP 890	Residency	(0,0,1)
Spring year 2		
NRNDP 890	Residency	(3,0,0)
NRPD 708	Advanced Health Policy and Advocacy	(0,0,4)
	Graduation	

New Courses (List and provide course descriptions for new courses.)

NRDNP XXX Palliative Care Management I: Principles of Palliative Care (3 semester hours) – 45 hours clinical hours

In this introductory course, students will learn about models of care in hospice and palliative care, the patient/family-centric model of palliative care, the interdisciplinary team concept and regulatory aspects of these practice models. Focus is on the value of palliative care as a basic human right and the care of individuals with life-threatening, progressive illnesses, emphasizing respect for patients’ and families’ beliefs, values, and choices. Students explore psychosocial and spiritual dimensions of palliative care. The historical, sociocultural, economic, legal, and ethical trends in palliative care will be discussed. Factors affecting health care systems and societal attitudes are considered in evaluating the delivery of care during advanced illness and at the end of life. Students will acquire competencies in patient/family assessment, communication, decision-making, and interdisciplinary collaboration in palliative care.

Palliative Care Management II: Complex Care and Pharmacology (6 semester hours) – 135 clinical hours

This course uses the framework of nationally recognized standards and guidelines for palliative and end-of-life care. Using an evidence-based approach towards systematic assessment and management of common symptoms and co-morbidities accompanying progressive, life-limiting illnesses both pharmacological and non-pharmacological interventions will be evaluated. Students will apply principles of palliative management to develop and implement treatment plans to diverse patient populations across the lifespan in clinical settings including acute, primary, long-term, and community care.

Similar Programs in South Carolina offered by Public and Independent Institutions

(Identify the similar programs offered and describe the similarities and differences for each program.)

Program Name and Designation	Total Credit Hours	Institution	Similarities	Differences
No other similar programs.				

Faculty

(State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.)

To meet the demands of post-MSN or post-DNP to DNP Lifespan Palliative Care track, the CON will need 1 new FTE for and workload will be monitored to determine if additional effort is needed as the program grows. The current number of faculty and current FTE devoted to the DNP program are shown below. The faculty member to be hired will have experience and certification in palliative care and have a DNP or PhD degree. Experience in teaching will be critical.

Resources

(Identify new library, instructional equipment and facilities needed to support the modified program.) **Library**

Resources: All existing facilities available to the new DNP track, and no new library resources are needed.

Equipment: The proposed post-MSN to DNP Lifespan Palliative Care track is an online program, so no new space or facilities are needed.

Facilities: The College has established palliative care affiliations for clinical practicum experiences including the: Veteran's Administration Medical Center, MUSC Palliative Care Program, Charleston County School District, Charleston and Dorchester Mental Health Centers, One80 Place, Harvest Free Clinic, as well as other private practices. The CON Clinical Education Coordinator assists faculty and students with maintaining the affiliation agreements and necessary paperwork for student clinical placement.

Impact on Existing Programs

(Will the proposed program impact existing degree programs or services at the institution (e.g., course offerings or enrollment)? If yes, explain.)

Yes

No

Financial Support

Estimated Sources of Financing for the New Costs						
Category	1st	2nd	3rd	4th	5th	Total
Tuition Funding	\$264,198	\$538,964	\$689,929	\$841,107	\$857,929	\$3,192,127
Program-Specific Fees	\$47,175	\$96,238	\$122,703	\$150,188	\$153,192	\$569,496
Special State Appropriation						
Reallocation of Existing Funds						
Federal, Grant, or Other Funding						
Total	\$311,373	\$635,202	\$812,632	\$991,296	\$1,011,121	\$3,761,623
Estimated New Costs by Year						
Category	1st	2nd	3rd	4th	5th	Total
Program Administration and Faculty and Staff Salaries	\$224,317	\$228,804	\$275,654	\$281,167	\$286,790	\$1,296,732
Facilities, Equipment, Supplies, and Materials	\$12,000	\$8,800	\$9,680	\$10,648	\$11,713	\$52,841
Library Resources						
Other (specify) A&S and SIF	\$147,124	\$279,019	\$351,080	\$420,306	\$424,170	\$1,621,699
Total	\$383,441	\$516,623	\$636,414	\$712,121	\$722,673	\$2,971,272
Net Total (i.e., Sources of Financing Minus Estimated New Costs)	(\$72,068)	\$118,578	\$176,218	\$279,174	\$288,448	\$790,351

Budget Justification

(Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.)

Costs are 100% funded through the CON. Tuition listed above assumes the following: Annual enrollment beginning at 10 students, 70% in-state and 30% out of state. Tuition totals are based on the FY20 MUSC tuition for full time enrollment including fees with tuition. A 2% tuition increase is projected annually. For year 1 (which has an expected tuition total of \$248,340), the total expected from in-state students (N=7) is \$206,861; the total expected from out of state students (N=3) is \$104,513.

The post-MSN to DNP Lifespan Palliative Care track will admit up to 10 students per year for the first 2 years and 15 students per year thereafter. Community advanced practice nurses, current student nurses, and current MSN prepared APRNs have expressed interest and requested a palliative care program, and, as noted, there is a lack of access to palliative care in our state, nation, and worldwide, yet is it considered part of chronic care.

Program Administration: 0.025 FTE of the Director of the DNP program. 0.1 FTE Lead Faculty for the Lifespan Palliative Care program (DNP). Effort includes program oversight, review of program faculty, program outcomes, and program matriculation.

Faculty Salaries: Faculty member will be hired full-time to complement expertise already available in the current CON Palliative Care faculty of 1. This effort, including fringe benefits, totals approximately 1 FTE.

Supplies and Materials: Two computers will be purchased to support faculty and staff assigned to the program.

Facilities: The College is assessed Administration & Support taxes as well as a Strategic Investment Fund allocation based on drivers associated with the increased enrollment and tuition revenue. The cost of facilities used by the faculty assigned to the program is covered in these assessments as represented in the “Other” cost line item above.

Evaluation and Assessment

Program Objectives: The end-of-program competencies are the same for all of the APRN tracks (adult-gerontology, family, pediatric and psychiatric mental-health) per accreditation requirements. Upon completion of the post-MSN to DNP Lifespan Palliative Care track, graduates will:

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment	Courses in which Assessment occurs
Demonstrate competence in an advanced nursing practice role with a specialized area of knowledge derived from a strong scientific foundation.	Commit to the creation of a culturally sensitive, supportive, and caring environment that enhances the strength and dignity of the patient and family while considering their physical, psychological, social, spiritual needs and desires. Demonstrate expansion of own professional role as both a leader and team member providing care to individuals with chronic and advanced illnesses and their families	Problem-based learning cases, quizzes and exams, clinical, reflection, DNP Project and process	NRDNP 854, NRDNP 846, NRDNP XXX1, NRDNP XXX 2, NRDNP 890

	<p>Demonstrate expertise in advanced nursing practice roles based on mastery of a specialized area of knowledge relative to palliative care that is derived from a strong scientific foundation.</p>		
<p>Apply analytical methods, best evidence, systems thinking, and practice management acumen to improve quality and safety in health care at both the individual patient and systems level.</p>	<p>Appraise the patient's and family's needs and desires with multiple system variables, such as efficacy, cost, and safety when creating therapeutic interventions and regimens.</p> <p>Apply principles of business, finance, and economics to plan, monitor, and evaluate practice-level and system-wide practice initiatives for improved quality of care, disparities, and health outcomes.</p> <p>Apply epidemiological methods to monitor and investigate the distribution and determinants of disease.</p> <p>Utilize data to examine variability and disparities in population trends, practice patterns and systems of care.</p> <p>Evaluate the effectiveness of clinical and population-based prevention interventions that affect health outcomes using clinical information system and epidemiologic data sources.</p> <p>Synthesize public health and clinical evidence using a concise, systematic, data-driven approach to derive implications for advanced nursing practice, organizations, and systems of care.</p>	<p>Quizzes and exams, epidemiology and statistics exercises, evidence-based research, root cause analysis, quality and process improvement, DNP Project</p>	<p>NRDNP 850 NRDNP 854 NRDNP 860 NRDNP 858 NRDNP 862 NRDNP 890 NRDNP 836</p>

<p>Use information systems and technology to implement sustainable, innovative strategies that address health care complexities resulting in continuous quality improvement in patient care, health care organizations, and related agencies.</p>	<p>Evaluate local community and national palliative and hospice care resources for their relevance as an adjunct to care in the management of chronic and advanced pediatric illnesses.</p>	<p>Quality improvement, research, manipulation of data and evidence, DNP Project</p>	<p>NRDNP 836 NRDNP 862</p>
<p>Improve population health outcomes by promoting and organizing interprofessional collaboration and teamwork skills.</p>	<p>Synthesize diagnostic and treatment strategies from a variety of disciplines to improve care for patients with chronic and advanced illnesses.</p> <p>Differentiate the unique roles of the various members of the Interdisciplinary team involved in Palliative and Hospice care.</p> <p>Appraise the contribution of the advanced practice nurse as a member of an interprofessional team in the care for individuals with serious illness and at end of life.</p>	<p>Interprofessional competencies, TeamStepps, Interprofessional clinical experiences, reflection, clinical entries, case review</p>	<p>NRDNP 846 NRDNP 850 NRDNP 890</p>
<p>Interpret health care policy to determine needed actions regarding financing, regulation, access to, and delivery of care.</p>	<p>Explain the role of and the differences between hospice and palliative medicine in the care of patients with chronic and advanced illness and their families.</p> <p>Correlate the patient's and family's needs and desires with multiple system variables, such as efficacy, cost, and safety when creating therapeutic interventions and regimens.</p>	<p>Health policy assignments and scholarly paper, finance and budget assignments including DNP Project budget</p>	<p>NRPHD 708 NRDNP 890</p>
<p>Apply principles of health equity in the provision and management of care to eliminate health</p>	<p>Integrate professional, legal, moral, and ethical standards into practice and care of</p>	<p>Cultural competence assignments and groupwork, social determinants of health</p>	<p>NRDNP XXX 1, NRDNP XXX 2 NRDNP 846 NRDNP 890</p>

disparities for patients and promote diversity and cultural competence in the workplace.	patients on a palliative care trajectory	as part of problem-based case learning	
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Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

- Yes
 No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

- Yes, the addition of this track will be submitted to the Commission on Collegiate Nursing Education no later than 90 days of the program commencing as required (CCNE, 2019). The track will also be included in the comprehensive accreditation evaluation of MUSC's Nursing training programs at its next professional accreditation review, which will be fall 2025.
 No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

- Yes, certification as an advanced practice nurse in certified in hospice and palliative care through the Hospice Palliative Care Credentialing Center (HPCC, 2019).
 No

Explain how the program will prepare students for this licensure or certification. The DNP Program at MUSC CON will use the Commission on Collegiate Nursing Education accreditation requirements, other specialty organization recommendations, as well as the Advanced Certified Hospice and Palliative Care Competencies to guide the education and clinical plan of study and coursework.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

- Yes
 No

References

- American Association of Colleges of Nursing (AACN). (2019, January 23). Common advanced practice registered nurse doctoral-level competencies. Retrieved from: <http://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Common-APRN-Doctoral-Competencies.pdf> .
- American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from <http://www.aacn.nche.edu/dnp/>
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