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ANALYSIS OF PALLIATIVE CARE THEMES AMONG NURSING TEXTBOOKS

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ABSTRACT

This study updates an article by Ferrell, B., Virani, R., Grant, M., & Juarez, G. that was published in 2000. Ferrell and colleagues reviewed 50 textbooks frequently used in nursing undergraduate programs (approximately 1,750 chapters and 45,683 pages) to determine how much information about palliative care was included. Palliative care is a medical service provided for patients who have a chronic illness; it focuses on quality of life and curative treatments for eligible patients. Since the study by Ferrell, palliative care has been receiving more attention in recent years, especially in the care of the elder population. However, 15 years later it is not clear how much formal education nurses receive on palliative care. I hypothesize that with the growing amount of articles and news attraction that the EOL topic is receiving, in recent years, there will be an increase in the percentage of EOL related chapters and pages within nursing textbooks, since 2000. Nurses interact with patients on an hourly and daily basis, they need to have adequate knowledge how to speak with patients about palliative care and its surrounding topics to provide quality and patient focused care. Using Ferrell and colleagues 2000 research as a guide, this study reviews the top 50 best-selling nursing textbooks of 2016 from ten categories: assessment and diagnosis, home and community health, critical and intensive care, emergency, gerontology, fundamentals and skill, long-term care, nursing home care, oncology and patient education; that relate to end-of-life and palliative care. Preliminary findings suggest that the amount of content related to palliative care in nursing textbooks has slightly changed since 2000. These findings suggest there remains a need in nursing education to expand its training on palliative care topics.

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Chapter 1

What is Palliative Care

People are living longer and the proportion of those living beyond 60 years of age has increased and will continue to increase further until 2050. Likewise, there are already 600 million people who are 60 years or older, and unfortunately they are often accommodated with multiple chronic diseases (2). Palliative care is recognized as a global public health concern. 56 million people die in the world each year, and 60% of people with a life-threatening illness could benefit from this type of care. Those patients, with multiple chronic diseases, are typically found in nursing homes of developed countries and 40% of those living with palliative care services are more likely going to die in a nursing home setting by 2040 (11). Palliative care patients enter nursing homes because the prognosis is beyond six months for hospice care admission; however, they cannot take care of themselves and remain safe at home.

The practice of palliative care emerged from the modern hospice movement and its foundational philosophy of treating the whole person. A challenge that comes up when talking about end of life care (EOL) is that many people think of it as hospice care, which is when a patient has no more than six months to live due to the prognosis of their illness. Palliative care is quite different. Even though palliative care focuses on providing comfort care for its patients, it also provides curative treatment. Curative treatment is continuing treatment services such as chemotherapy for patients to help cure them of their illness concurrently with providing comfort measures like pain relievers.

In other words, palliative care has a more holistic approach that recognizes that the needs of dying patients are complex and go beyond traditional treatment and care. Palliative care is interdisciplinary care that focuses on improving the quality of life for patients with a life-threatening terminal illness and for their families. It emphasizes treating patients through individualized care focusing on early identification and providing treatment for pain, physical, psychosocial, spiritual comfort (12). According to the World Health Organization (WHO), palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- enhances the quality of life, and may also positively influence the course of illness;

Approximately one in five Americans have more than one chronic illness and receive coverage by the U.S national health insurance program. This amount accounts for two-thirds of the entire programs spending. Crucially, this cohort is also the most likely to benefit from palliative care. The Institute of Medicine's 2014 report "Dying in America" states that, "Health system managers, payers, and policy makers, likewise, have a responsibility to ensure that end-of-life care is compassionate, affordable, sustainable, and of the best quality possible," and, to this end, it

recommends “a palliative approach” (7). In order to implement palliative care, medical staff needs to have the knowledge and skills to perform such implementations. These skills include communication with patients and family member, psychosocial, spiritual and bereavement support, and coordination of various medical and social services.

These skills and knowledge basis can be acquired not only through experience but also through the education curriculum offered in medical schools to ensure the quality of performance in that field. Education through undergraduate and postgraduate curriculum, continuing education for practicing professionals, play an integral part in facilitating and ensuring quality in the delivery of palliative care. It is important to mention that among the practicing professionals, nurses hold a critical position in ensuring such quality of delivery.

Nurses in the healthcare field have a variety of roles to play and hold different positions in regards to palliative care. Nurses range from administrators, managers, registered, clinical, and specialized nurses. The basis of their work requirement is to meet the challenging and changing needs of patients, families, nurses, physicians, and institutions. They are basically the team of people who directly interact with the patients and provide the most attention of the daily needs. The education required in nursing ranges from two to four years within the program. The programs usually provide nurses with clinical setting practices that enable them to acquire first-hand experience of attending to the patients’ needs by utilizing the knowledge and skills of caring for their patients. For example, a specialized nurse, who is part of the palliative care segment, is trained on three common structures: ambition and dedication, everyday encounters, and satisfaction/dissatisfaction (65). These three categories relate to the responsibility, cooperation, experience/knowledge, feelings, and time they provide to the dying patients and the patients’ family by offering high quality care. Communication is highly noted as a required skill to help

improve the satisfaction with the outcome (65). The conditions which these patients are in, whether in nursing home or hospital, are typically sad and in weary places; thus, it is very important to instill the feeling that everyone dies, but we “the facility and staff” will work together as best as possible to help the patient reach the end peacefully and successfully together. Nurses play a huge part in making palliative care such a successful service in the healthcare field. They need to be properly educated to approach and communicate to their patients with the highest care they could receive with the palliative care approach.

This analysis provides a content analysis of recent nursing textbooks in an attempt to identify an investigation to assess how much content nursing students have about palliative care through their medical college education. This analysis will provide evidence how much information students are exposed to and what topics are more concentrated within the textbooks.

Palliative Care Policy and Regulations

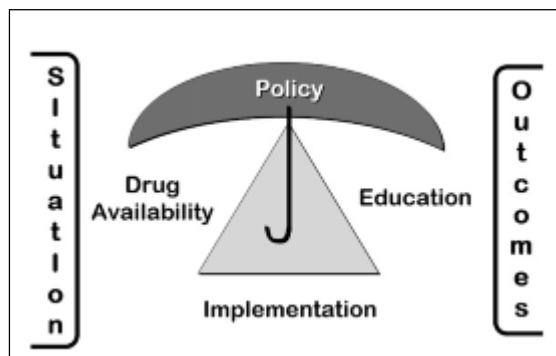
In an attempt to ensure quality delivery of health care services to patients in need of the specific care, several palliative care laws and regulations have been emplaced for clear and proper execution.

The new Centers for Medicare and Medicaid Services (CMS) regulatory policy, established in 2012, requires residents to be provided with quality care (3). The regulation states,

Each resident must receive proper care and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial

well-being, in accordance with the comprehensive assessment and plan of care (42 CFR 483.25).

Figure 1: WHO Public Health Model



Current model of palliative care organization (7).

The foundation of the US policy on palliative care enlists four organizational steps for implementation which include, (a) appropriate policies, (b) adequate drug availability, (c) education of policy makers, health care workers, and the public, and (d) implementation of palliative care services throughout the society (10). Implementation would not be possible without the above components.

The palliative care organization model sets policies on drug availability, implementation, and education as the foundation under which implementation happens. When such policies are in place, drug availability needs to be addressed through drug regulators or pharmaceuticals to ensure drugs are specifically available for palliative care services. Education then comes into play through collaboration of various important players in the field such as experts, researchers, clinical professionals, policy makers to bring awareness to palliative care pushing for policies on curriculum development, changes in educational systems and requirements, and inclusion of palliative care as an essential part of the nursing school program and literature. This could be

mirrored through reevaluating textbook content and including palliative care as a major vital category in the curriculum.

Palliative Care Initiatives

In addition to policies, several initiatives brought focus on palliative care. GetPalliativeCare (GPC) is one awareness campaign that focuses on patient education. This initiative provides patients with information how to obtain palliative care. It lists easy to follow Q/A sections discussing benefits of receiving palliative care and getting more information on palliative care services. Patients are able to take quizzes online, which allows them to see if they are eligible to receive this care. This is a promotional program that helps spread initial awareness about palliative care.

Another initiative called The Conversation Project promotes and helps families to engage in conversations about end-of-life. These conversations can serve as a record for patient's preferences regarding how they would like their care administered at the end of their life. Nowadays, not only physician and nurses are informed about the distinction between hospice care and palliative care, but also patients and their families. Such awareness campaigns play an important role in promoting palliative care by helping families engage in conversation about end of life.

With all the initiatives emplaced, there is still a lack of awareness and a current gap in the palliative care literature that may inform palliative care policies. It is necessary to learn more about how physicians, patients and their families view palliative care as part of the services offered. These perspectives could help us understand how to implement an intervention to raise the

knowledge and change the attitude towards palliative care. Increasing the knowledge of palliative care and what the patients perceive its benefit to be will help in the long-run in their treatment plan.

Chapter 2

Methods

Terminology Selection and Breakdown

Table 1 Theoretical Framework Analysis

<p>1-QOL</p> <p>-EOL</p> <ul style="list-style-type: none"> • Physical well-being • Social well-being • Spiritual well-being <p>-Pain</p> <ul style="list-style-type: none"> • Definition • Assessment of physical pain • Assessment of scales of pain <p>-issues of policy</p> <ul style="list-style-type: none"> • Assessment of symptom • Anxiety • Weakness 	<p>3-Policy and Ethics</p> <p>-communication with dying patient</p> <ul style="list-style-type: none"> • Withdraw of food/fluid • Recognizing cultural influences • Providing support systems <p>-bereavement</p> <ul style="list-style-type: none"> • Stages of grief • Assessment of grief • Intervention of grief <p>-death</p> <ul style="list-style-type: none"> • Patient preference • Confidentiality • Responding to family request
<p>2-Palliative care</p> <p>-definition</p> <ul style="list-style-type: none"> • Hospice/palliative care • Importance of PC for nurse • Nurses comfort with recognition of PC <p>-chronic illness</p> <ul style="list-style-type: none"> • Stages of assessment • Prevention of illness • Education of illness 	

Investigated EOL terminology in nursing textbooks (2)

This study is informed by Farrell's framework for analyzing EOL content in nursing textbooks and WHO palliative care organization model. Farrell's framework is developed based on the 1997 Institute of Medicine report on EOL care of the colleges of nursing conference (63). It divides the curriculum into three main categories, which are Quality of Life (QOL), Palliative Care, and Policy and Ethics. These over-arching terms coincide with EOL care. These terms are separated further into several sections. QOL is broken down into QOL, Pain, and Other symptom management. Palliative Care is broken down into the definition and chronic illness. Policy and ethics separate into communication with dying patients, bereavement, and advanced directives. To be able to cover more information within the textbooks (that relates to the overall topic of end of life), it is necessary to divide the three main sections further into categories that are more detailed. Such division helps gather the information from the textbooks in an all-encompassing manner about EOL.

The second framework that supports this analysis is based on figure 1. The overarching umbrella of the United State palliative care model utilizes the concept that outcomes cannot be driven without appropriate policies. Yet in order to propose and establish a policy in palliative care, drug regulation and education are essential categories to review and build off of, to fully create a useable policy. By engaging the three components of the model, an implementation could be made to help make a change in the palliative care model. My research focuses on the education tenet of this model, in particular exploring the various curricula being established and presented in the nursing textbooks as a result of palliative care policies.

In investigating the textbooks, three overarching sections were chosen that directly speak to the concept of palliative care: quality of life/ service, palliative care, and policy and ethics. The quality of service they receive ultimately relates to the result of their well-being and the

amount of pain management they receive. The second section is palliative care; this is important because this is the topic of the analysis and it is vital to pinpoint how the definition is portrayed and how the textbooks are differentiating palliative care vs. hospice care. Policy and ethics category is relevant to analyze and understand how many pages are devoted to educating medical personnel on palliative care regulations and guidelines.

Textbook Selection and Review

This study investigates through content analysis table of contents and index of best-selling nursing textbooks. The textbooks selected were based on the list of the Farrell and colleagues article. The Ferrell study consisted of investigators that researched the top 50 textbooks that were the most frequently used in nursing school settings. They researched how to identify potential textbooks, which required analyzing book reviews published in nursing journals and online sources. They also reviewed the list of books recognized in their quality, provided by the National Council of State Boards of Nursing (NCSBN) on the topic of EOL. Then, they contacted the authors of the books and successfully gathered eight publishers to help finalize the option of 715 textbooks into a list of 50 and to have professional help in analyzing the data inside of the textbooks. Using the 50 textbooks chosen in the article, this study used resources to best find the newer updated edition of the books in order to ensure the types of textbooks analyzed were from a list of books that students used for their current course work. The books were tracked through amazon.com since the website includes a comprehensive list of the best-selling, most purchased textbooks. The website is also a reliable and credible source (2). An article that was written by Alan Henry in 2014 states that amazon.com is a site many people migrate to because of its fast shipping, huge selection, great prices, and that it has the biggest name (8). Also, amazon made it to “The top 10 best sites

to rent or buy college textbooks cheaply” list (10). Being a website that many people migrate to also includes the nursing students who need the newest edition of their textbooks for the different courses. The books were selected based on the systematic criteria. The textbooks 1. needed to be listed under the best-selling category, 2. had reviews that state it has been used for nursing coursework, and 3. is to be in the overarching category of EOL care. The publishing years of the textbooks ranged between 2008 -2016. In addition to using a majority of the same books from the 2000 study, just in an updated version, books were scanned by most reviews to see whom the audience of the textbooks are. If there were comments from nursing professors the book was considered for analysis.

The table of contents and the index of the 50 textbooks were reviewed, which in total compromised of 38,219 pages. The content reviewed in the textbooks was looking at the titles of the chapters to find if they contained any words or titles representing EOL. This was to help identify if this book contained information on the overall topic of this study, which is palliative care. The scanning of the index helped to find pages that also contained sections on specific terms relating to the topic of EOL. The three main sections (QOL, Palliative Care, Policy, and ethics) and the more detailed categories of each section were scanned in each textbook first and then followed up with a second scan to fully review the book with more details and ensure that no sections were missed. All the terms were recorded in a table to provide a visual of all the data and help with analyzing how many of the terms fit into the different categories and how much of the textbook pages contained the searched terms. A more simplified version of the list of terms searched within the textbooks is presented in table 1 and the analysis of the terms found in the textbook is recorded in table 2.

Chapter 3

Findings and Analysis of Textbooks

Descriptive results

This study reviews the top 50 best-selling nursing textbooks of 2016 from ten categories: assessment and diagnosis, home and community health, critical and intensive care, emergency, gerontology, fundamentals and skill, long-term care, nursing home care, oncology and patient education; that relate to end-of-life and palliative care. Five books were chosen to represent each category to provide a symmetrical analysis of how the books differ from each category. 38,219 pages were reviewed looking through the table of contents and index. Referring to table 2, which provides a summary of all the books. It shows that out of the 38,219 pages, only 5,450 contained content on EOL topics. That is about 14% of all the pages. Since 2000, that amount has increased by 12%. Students are having more access to EOL information than in previous years. 1,445 chapters were reviewed and 140 were found to discuss EOL. This number also has risen since the 2000 study from 1.4% to about 10%. The Gerontology and Nursing home care categories were observed to have the higher percentage of chapters and pages to EOL than the other reviewed categories. Oncology and Patient education had the least amount of EOL content.

Table 2 Analysis Summary of all 50 Nursing Textbooks

Textbook Category	Amt. of books	Percent of Textbooks	All Pages	EOL content	All Chapters	EOL Chapters
Assessment and diagnosis	5	10%	5,107	779	63	5
Home and community health	5	10%	3,960	668	160	23
Critical and Intensive Care	5	10%	3,752	490	159	19
Emergency	5	10%	4,012	524	199	14
Gerontology	5	10%	2,563	768	137	32
Fundamentals and skill	5	10%	6,768	626	251	13
Long-Term care	5	10%	2,425	215	113	7
Nursing home care	5	10%	3,726	595	174	22
Oncology	5	10%	2,514	392	98	3
Patient education	5	10%	3,392	402	91	2
Total Amount	50	1	38,219	5,450 (14%)	1,445	140 (10%)

Table 3 Analysis of Top Three EOL Categories

Category	Total pages	EOL pages (%)
End of Life	2,101	5.50%
Palliative Care	1,253	3.28%
Policy and Ethics	2,105	5.51%
Total Amount	5,459	14.28%

Table 3 helps provide a visual showing how many pages were found regarding the specific three categories that were reviewed as main topics within the textbooks. The intent of this table was to compare which topic had more content within the textbooks. End-of-life, palliative care, and policy should be addressed to the patient in an equal manner for the patient to understand fully how to access end of life care services, however with the review of the 50 textbooks, results show that policy and ethics and EOL take up about 11% of the content. They are almost equal in the amount of information provided for the students to learn while receiving their education. Yet looking at the palliative care category it is still in its growing stage. Only about 3.28% of all the textbooks contain any information of what palliative care

services are and what type of patients qualify to receive this service. That equals to only 1,253 pages, about 25 pages per textbook.

End-of-Life (EOL)

EOL was found within 5.5% of all the textbooks. That number has increased from .5% in 2000. EOL was determined by looking at for quality of life terms, which included physical, social, spiritual well-being terms. It was challenging to find specific paragraphs on QOL relating to physical, social, spiritual well-being, however, there were many sections that talked about the quality of life in general and gave just brief and not detailed overviews of this section. QOL was found in 1.4% of the pages. EOL also considered any sections that talked about pain, including the definition and assessment of physical pain and scales of pain. As well as, other symptom management category. Assessment of symptoms, anxiety and weakness determined other symptom management. The total pages that were found to contain information on pain and other symptoms were 1,559. In total EOL had 2,210 pages that students had access to read within their textbooks.

Palliative Care (PC)

PC is growing in the spread of content within nursing textbooks. In 2000, the total amount of pages found with PC content was 57. In 2016, the amount of pages containing information specifically on PC has grown to 218. This category looked at pages that had the PC and hospice care definition, recognition of PC treatment, and comfort care acknowledgment. There seemed to be a lot of resistance in having separate chapters on palliative care. Of the 1445 chapters that were reviewed only 5 of the chapters were palliative care specific. There is a growing need to make it a more prevalent and detailed topic to talk about in textbooks.

Chronic disease was a large section of the palliative care component; it added 1,035 pages about 3.7% to the category of PC. Anyone who has a life-threatening chronic illness is eligible to receive PC. Chronic illness was the second most populated topic found among those pages of the textbooks. Chronic illness focused on terms such as stages of assessment, prevention of illness, and education of illness. Preventative health was discussed quite frequently within the chapters and same with the education of illness. These two topics were typically found within nursing guidelines on how to approach a patient and discuss the illness they have and how to prevent it from progressing and how to treat it to make it as close to cured as possible. There was a challenge, however, to find topics on stages of assessment. The guidelines lacked in providing specific steps of where to start or what is considered timely staging to start assessing the patient and the illness. This section needs to have a greater focus to be placed on it and have more detail of how and when to start approaching patients with specific questions to apply timely care and proper care to decrease the negative effects in the long run.

Table 4 Analysis of Terms Found in Index of Nursing Textbooks (Framework outline)

Category	Topic Pages	Topic/total pages %
EOL		
<i>Quality of Life</i> Well-being (physical/ social/spiritual)	542	1.4%
<i>Pain</i> Assessment of physical/scales of pain	861	2.3%
<i>Other Symptom</i> Assessment of symptoms/Anxiety	698	1.8%
Total	2,101	
Palliative Care (PC)		
<i>Definition</i> Hospice/palliative care recognition & comfort	218	.6%
<i>Chronic Illness</i> Assessment/prevention/ education	1035	3.7%
Total	1,253	
Policy and Ethics		
<i>Communication</i> Withdraw/support/ culture	1468	3.8%
<i>Bereavement</i> Grief	365	1%
<i>Advanced Directives</i> Patient preference/ Confidentiality/family	272	.7%
Total Pages	2,105	
Grand Total Pages	5,459	15.3%

Policy and Ethics

The topic of policy and ethics was the largest of the three main sections. It collectively had four more pages of content than EOL care. Policy and ethics were broken down into three categories communication, bereavement, and advance directives. Almost every book contained a section on communication hence why that was the single term with the largest amount of pages dedicated to it, 1468 pages (3.8%) were found containing content on communication.

Communication was searched by looking for withdraw of food/fluid conversations, recognizing cultural influences, and providing support systems. Two other components of policy and ethics are bereavement and advance directives. It is important to speak with patients and acknowledge the family when their loved one cannot speak their wishes because they are in a coma. It is also crucial to be aware how to speak with families when their loved one passed away with a chronic illness. Students need to be aware of these topics and about 5.5% of the textbooks contain information on this subject.

Chapter 4 Discussion

The results of this study provide valid implications of how EOL content is needed to improve the communication of nurses with patients. Nurses are the leader positions for healthcare staff who interact with patients regularly attending to their needs. Especially, if they are part of palliative care specialty it is even more important to be educated in these concepts to feel more comfortable and informed to speak on such important topics with patients. As the study shows that only 5,450 of the 38, 219 pages contain content on the end of life topic. That is only 14% of all the textbooks that were analyzed. Even though that percentage has grown from 2% in 2000, that amount does not attest to the availability of information that needs to be given to the nurses.

The short-term implication of the finding is to provide proof of how scarce nursing textbooks are in regards to EOL content in 2016. This study provides eye-opening results to current nurses, nursing students, publishers, and professors to see how the knowledge that is taught in the classroom, is not relating equally to the reality of healthcare, in the importance of the need of providing palliative care services. It will help provide an incentive to have more chapters written specifically containing text about EOL, as well as if a textbook cannot fit more chapters, at least, the paragraphs would include more in-depth discussion of this content.

According to the American Association of Nursing Schools, there has been an increase of 10.1% of students enrolling in nursing school programs since the previous year (66). The future direction of this research needs to focus on the provided education these students are receiving. Another direction could be looking at a qualitative study to understand the perspective of how the students are using their textbook information to help them in their career. If there is a growing amount of students, who are enrolling in nursing programs, there needs to be a growing amount of detailed information on EOL topics within textbooks. Research could include looking into the actual curriculum that is solely focused on EOL topics and analyzing those textbooks, since the students in that area will definitely need to understand the EOL topic. In addition, research could be focused on the required textbooks for senior students and be analyzed how much information general textbooks have in the classes that all students are required to take. A change could then be aimed at the curriculum required books and changing the list that the programs currently use to other more credible textbooks.

Limitations

This study has been completed and presents reliable data gathered from the textbooks analyzed. One limitation that could be noted is the list of textbooks selected. Two of the books in the oncology category had only two pages related to palliative care, which is due to the nature of the book. The book is geared to addressing the different cancers and how to approach them; it does not cover the physical part of speaking with the patient about the result. Selecting books that specifically were educational in the application of medicine were not of great aid when looking for a discussion about advanced directives and communicating with patients and family. Another limitation that could have skewed the data was by scanning the textbooks on online sources. If a physical copy was obtained there could have been less room for error in collecting a number of pages where the specific terms were found. However, this study did not limit it to the categories it reviewed. This study contained a variation of ten categories which

helped cover the widespread realm of nursing topics that nursing students learn in their programs. The study provided results to enlighten the audience, for the future need of EOL content in nursing textbooks. It is important to add more EOL content due to the current scarce amount of EOL topics that because it will help aid in a more successful knowledge growth one EOL issues and how to overcome the growing amount of patients in the elderly age who are in need of palliative care conversations and services.

Chapter 5 Conclusion

In conclusion, this study has found a large increase of EOL care content within nursing textbooks since 2000. However, there is still a large deficiency in making a better effort of providing a symmetrical amount of topics within the EOL, PC, and Policy and Ethics categories to ensure that students are reviewing the optimum amount of information on this growing issue. PC content, although increased since 2000, still contains the least amount of information. It will take more textbook content reviews and literature reviews pertaining to EOL to be able to provide solid information of why it is important to provide as much as possible content to students on EOL on PC. Our elderly population (baby boomers specifically) is growing and students need more access to information on how to care for them. The 15.3% of EOL content that is provided along a span of 50 textbooks proves that there is not enough and there needs to be better curriculum or author reviews to help provide the needed information within the nursing textbooks.

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Academic Vita

Lilliya Gortman

EDUCATION	The Pennsylvania State University	
	<i>Bachelors in Health Policy and Administration</i>	
	<i>Minor in Business Liberal Arts</i>	Graduation: August, 2016
	Lancaster County Career & Technology Center	
	<i>Medical Administrative Assistant Program</i>	Graduation: May 2013
LANGUAGES	Fluent Russian	Basic Spanish
HONORS & AWARDS	<ul style="list-style-type: none"> • Student Leadership Scholarship • Schreyer Honors College Scholarship for excellence • Boscov's Scholarship for Schreyer Honors Recognition • Valedictorian of Lancaster Career and Technology Center 	January 2016 July 2014 July 2014 June 2013
RELEVANT EXPERIENCE	Mount Nittany Physicians Group	January 2016 - <i>present</i>
	<i>State College, PA (Internship)</i>	
	<ul style="list-style-type: none"> • Trained with assisting elderly patients in End-of-Life care • Educated in polices regarding End-of-Life care 	
	Heartland Hospice	May 2015 - August 2015
	<i>Reading, PA (Volunteer)</i>	
	<ul style="list-style-type: none"> • Trained with assisting elderly patients in End-of-Life care • Educated in polices regarding End-of-Life care 	
	Lancaster General Health Patient Access Intern	April - May 2013
	<i>Lancaster, PA (Internship)</i>	
	<ul style="list-style-type: none"> • Educated patients about HIPAA and other required paperwork • Promoted quality, accuracy, and completeness of regulatory forms 	
	Diamond Stone Trucking	January 2010 - <i>present</i>
	<i>Lititz, Pa (Administrator)</i>	
	<ul style="list-style-type: none"> • Prepared taxes for IRS records • Organized mileage records and maintained files for each state traveled state 	
OTHER WORK EXPERIENCE	Bethany Slavic Russian Language Instructor	Summer 2012 - 2015
	<i>Ephrata, PA (Volunteer)</i>	
LEADERSHIP INVOLVEMENT	Southwest Director , Student Government Association	May 2015 - <i>present</i>
	Student Mentor , First Year Seminar Peer Mentor	2014 - 2015
	Public Relations , Student Government Association	August 2013 - May 2015
	Community Service Chair , Honors Club	August 2014 - May 2015
	Marketing speaker , Entrepreneurship Club	2015
	Review Committee , Walker Award for Penn State Berks	2015
	Vice President , Health Occupational Students of America	2012 - 2013
EXTRA-CURRICULAR	Completed research in Netherlands on Palliative Care in nursing homes	2016
	Completed a Study Abroad trip to South Africa and Norway	2015
	Completed four Missionary trips to Ukraine and Russia	2014