

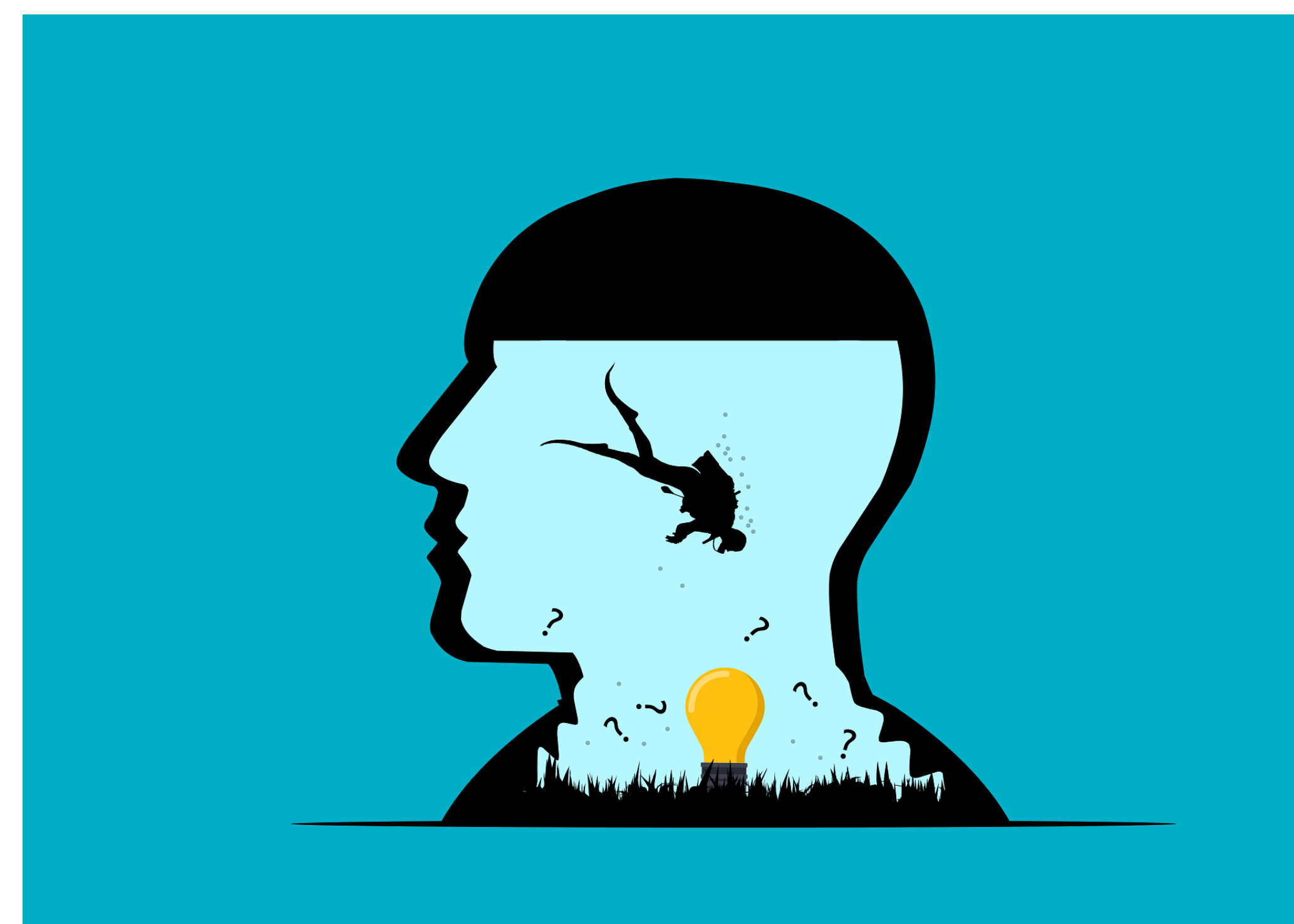
# Educational Intervention Focused on Developing Self-Awareness and Bias Identification Skills in an Interdisciplinary Pediatric Palliative Care Team



**Kristen Adelman, BSN, RN, CHPPN**

## Statement of the Problem

Lack of self-awareness increases judgement of or disengagement from people who do not share one's personal values and beliefs. Unidentified biases discourage sharing of rapport-building information that guides goal-concordant decision-making.



## Background/Literature Review

- Self-awareness is integral to support resilience (Koh et al., 2019).
- Bias awareness impacts quality of care (Callaghan & Fanning, 2018)
- Museum-Based Education and supervision foster self-awareness and bias identification (Zarrabi et al., 2020; Beavis et al., 2021).
- Desire exists to develop these skills (Zarrabi et al., 2020).

## Objectives

1. Develop and implement an educational intervention to build self-awareness and bias identification skills.
2. Establish the importance of self-awareness and bias identification.
3. Assess for self-assessed improvement in and engagement with concepts.

## Methods

**Project Type:** Educational intervention

**Participants:** 11 IDT members (Physicians, nurses, social workers, spiritual care counselors, and MSW interns)

**Setting:** A community-based pediatric hospice, palliative, and bereavement program (Transitions Kids, Raleigh, NC)

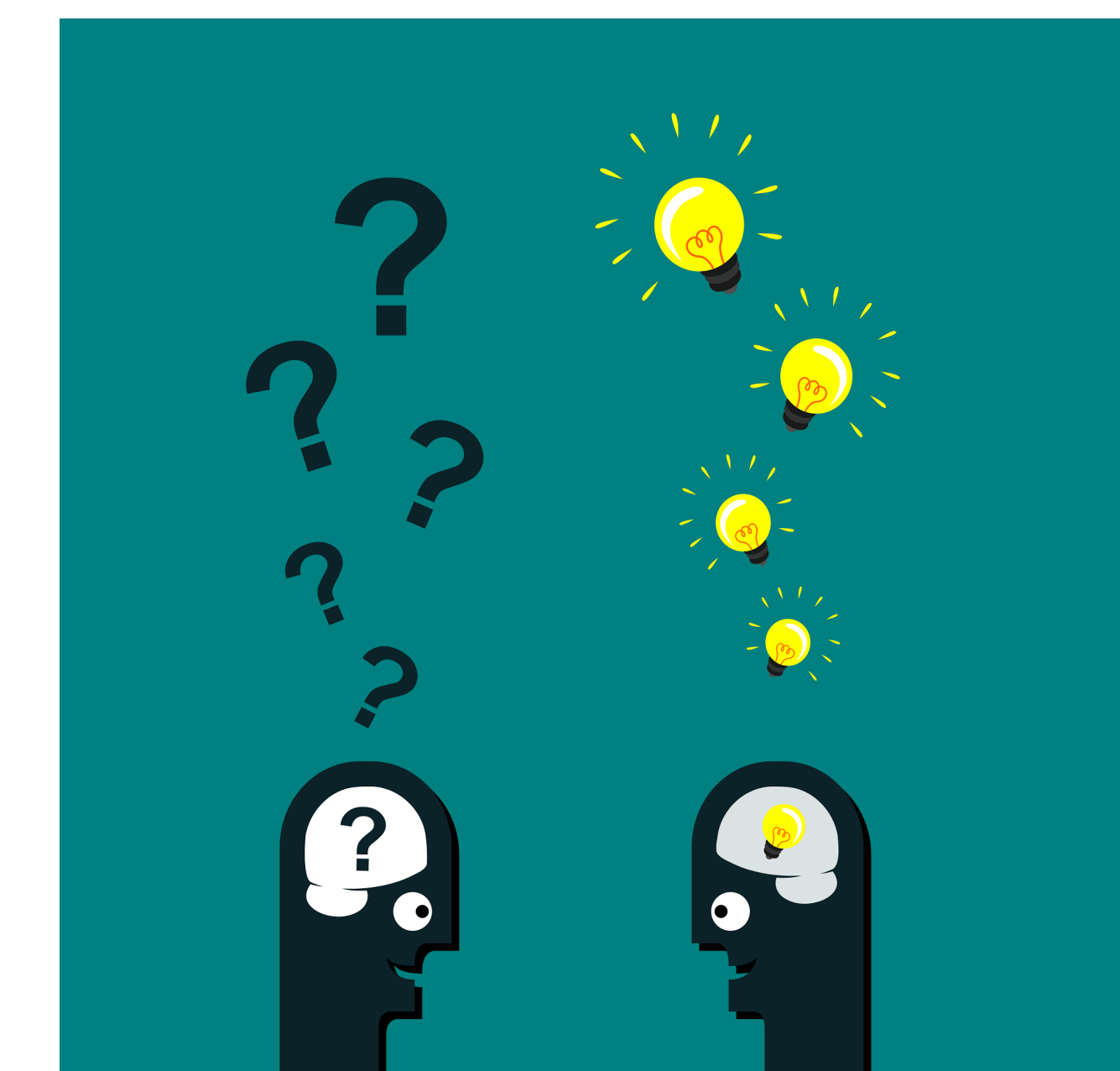
**Intervention:** Three 90-minute experiential sessions (Pain & Suffering, Death & Dying, and Family Communication & Decision-making) and one 60-minute lookback session

**Evaluation:** 10-item pre and 11-item post survey to determine how sessions affected PC clinicians' perception of the importance of self-awareness and bias identification and their willingness to engage in ongoing development.



## Conclusions

1. Education deepens the understanding of self-awareness and bias identification's importance.
2. Experiential practice increases willingness to develop these skills with ongoing practice.
3. Educational intervention provides a model to develop these skills.



## Limitations

Sample size, single setting.

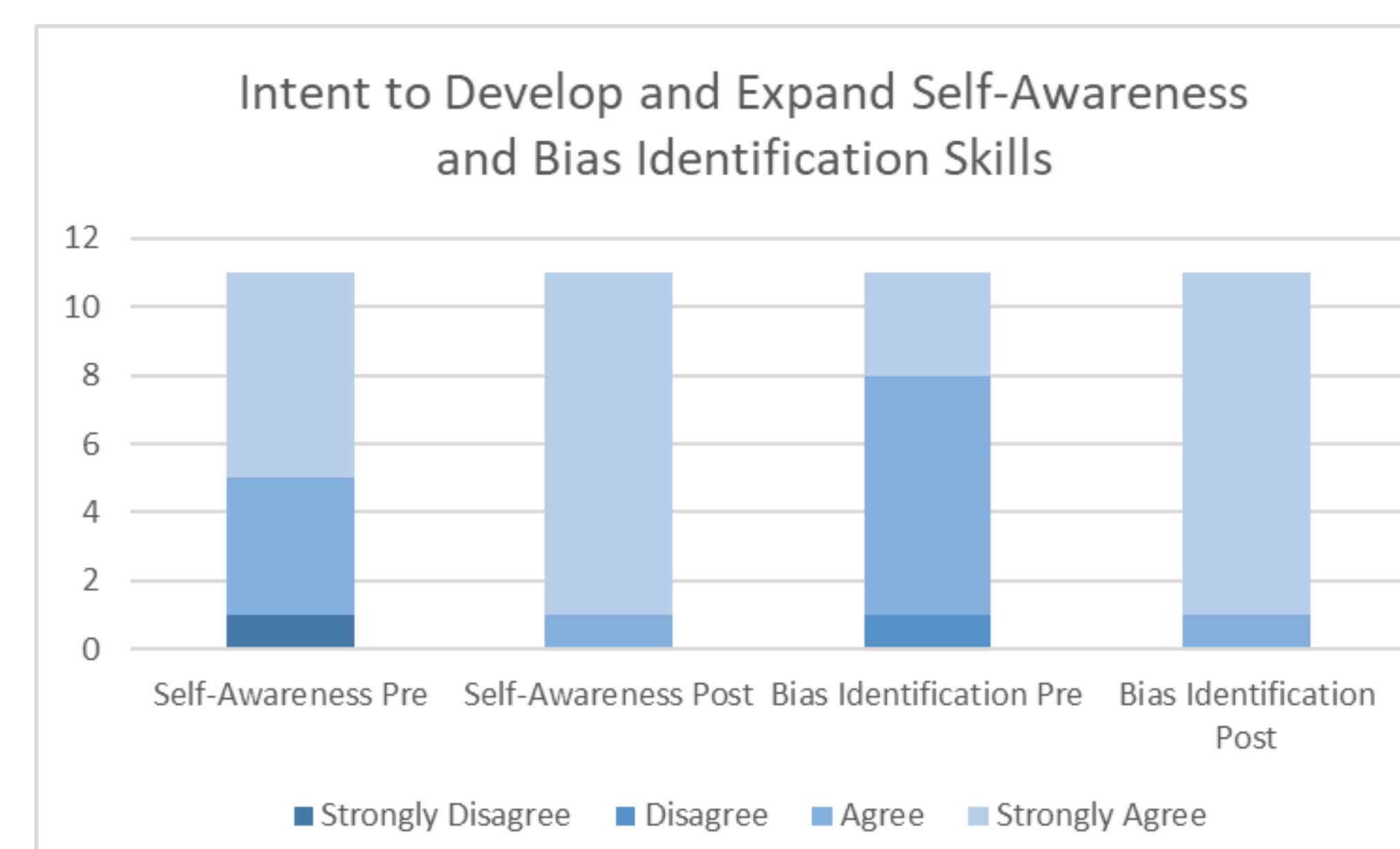
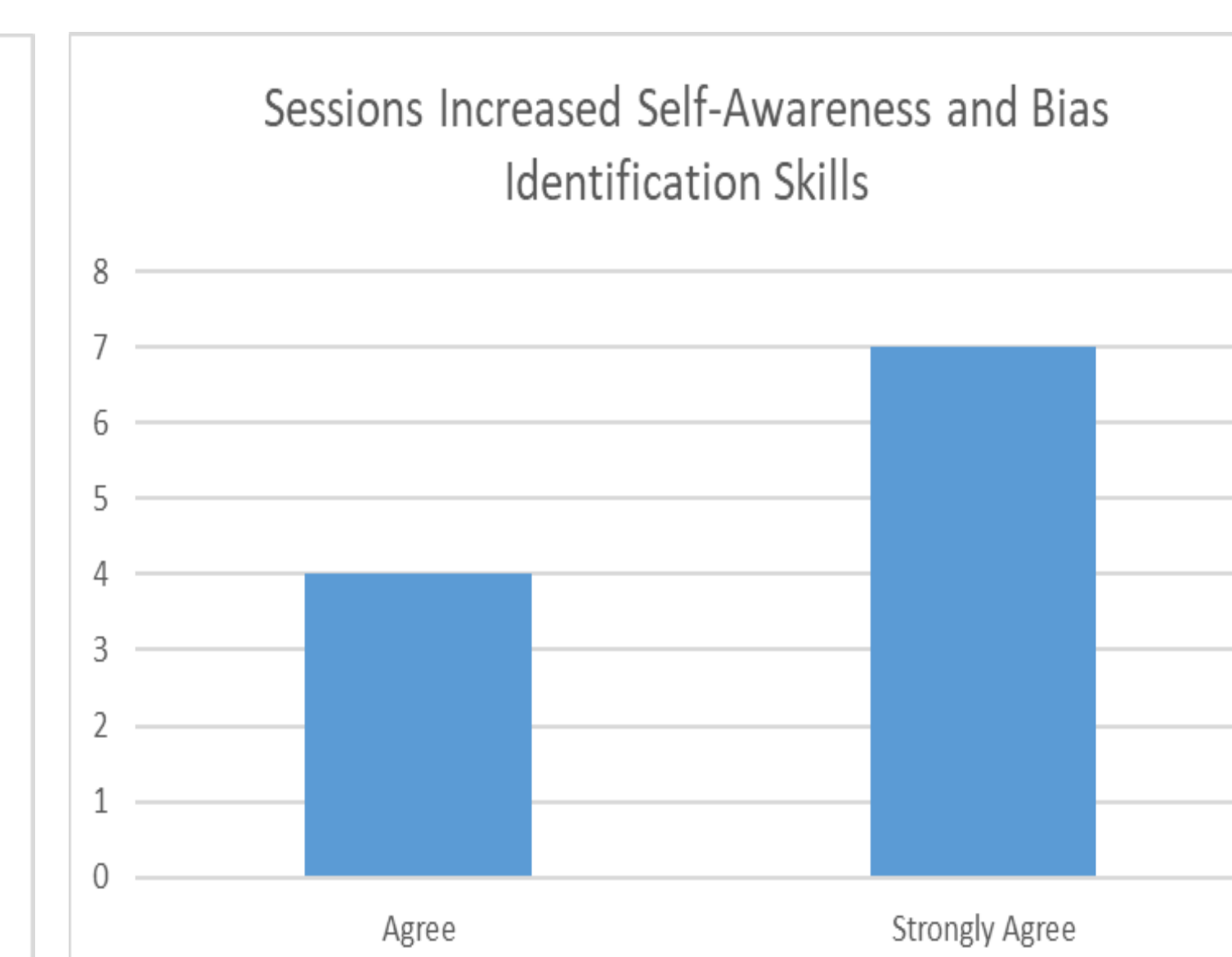
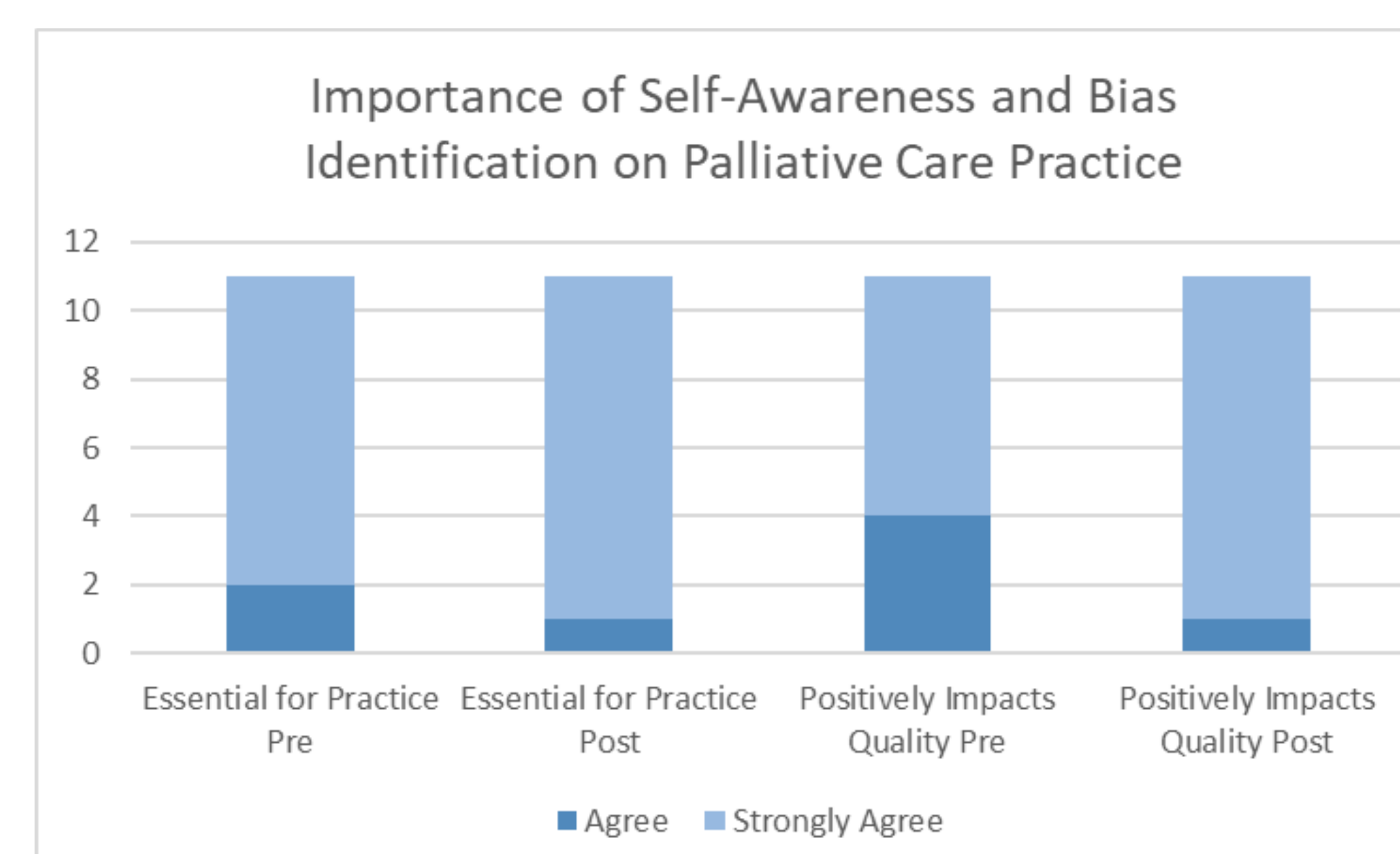
## Acknowledgements/References

**Mentors:** Kelly Arora, PhD and Regina M. Fink, PhD, APRN  
**Educational Intervention Co-Facilitator:** Jesse Sorrell, MDiv

### References

- Beavis, J., Davis, L., & McKenzie, S. (2021). Clinical supervision for support workers in paediatric palliative care: A literature review. *Clinical Child Psychology and Psychiatry*, 26(1), 191–206. <https://doi.org/10.1177/1359104520961431>
- Callaghan, K. A., & Fanning, J. B. (2018). Managing bias in palliative care: Professional hazards in goals of care discussions at the end of life. *American Journal of Hospice and Palliative Medicine*, 35(2), 355–363. <https://doi.org/10.1177/1049909117707486>
- Koh, M. Y. H., Hum, A. Y. M., Khoo, H. S., Ho, A. H. Y., Chong, P. H., Ong, W. Y., Ong, J., Neo, P. S. H., & Yong, W. C. (2020). Burnout and resilience after a decade in palliative care: What survivors have to teach us. A qualitative study of palliative care clinicians with more than 10 years of experience. *Journal of Pain and Symptom Management*, 59(1), 105–115. <https://doi.org/10.1016/j.jpainsymman.2019.08.008>
- Zarrabi, A. J., Morrison, L. J., Reville, B. A., Hauser, J. M., DeSandre, P., Joselow, M., deLima Thomas, J., & Wood, G. (2020). Museum-Based Education: A novel educational approach for hospice and palliative medicine training programs. *Journal of Palliative Medicine*, 23(11), 1510–1514. <https://doi.org/10.1089/jpm.2019.0476>

## Findings



“Thanks to this series, I was invited to reflect personally on a collective experience. I hope to continue to use supervision as a space to expand self-awareness. I now feel I have the capacity to more intentionally explore on a personal level and add reflexive practice to my pre and post patient interactions.”

