

Statement of the Problem

Spanish-speaking and Medicaid patients with serious illness may not understand palliative care (PC) and hospice. Inner City Health Care (ICHC) professionals may not be acquainted with PC or hospice which could result in failing to offer this added support to the seriously ill.

Background/Literature Review

- Despite growth of PC interventions in the last 30 years, additional studies and interventions are needed to address the needs of key groups such as older patients and ethnic minorities.
- There is a lack of knowledge and understanding of PC among providers, especially in elderly and Spanish speaking populations.
- Pattern of training gaps in management, mentorship, negotiation, program development, knowledge, and apprenticeship are reported in the literature.
- Educational interventions can improve attitudes, confidence, knowledge, and skills across multiple areas of PC practice resulting in enhanced provider confidence and knowledge.

Purpose

This project's purpose is to determine the effect of an educational intervention on ICHC professionals' knowledge, attitudes, and beliefs about PC and hospice.

Educating Health Care Professionals in an Inner City Health Center about Palliative Care and Hospice

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Project Design: A 60-minute educational presentation defined PC/hospice including the benefits and resources available for patients with life-limiting illness. Sample: Wheat Ridge and York Street Clinic Staff (1 RN, 1 DO, 7 APP, 2 BH, 3 Admin) Setting: Inner City Health Center on York Street. Offered in person and by zoom. **Timeline:** Summer 2023 Evaluation: A 10-item survey was developed measuring pre-/post knowledge, attitudes, and beliefs and was administered immediately post educational presentation.

		Looking Back, How Did You Feel Before the Educational Session			How Do You Feel After the Educational Session				
		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	STRONGLY DISAGREE	DISAGREE	AGREE	STRO AG
ł	1. I am satisfied with my knowledge of palliative care.	0	0	0	0	0	0	0	0
ľ	2. I am satisfied with my knowledge of hospice.	0	0	0	0	0	0	0	C
	 I understand the difference between palliative care and hospice. 	0	0	0	0	0	0	0	C
	 I am comfortable discussing palliative care or hospice with a patient and/or caregiver. 	0	0	0	0	0	0	0	C
	 I understand the qualifications for palliative care and hospice, and when to refer my patients for these services. 	0	0	0	0	0	0	0	0
	I am familiar with the palliative care/hospice services available to our uninsured and/or Medicaid patients.	0	0	0	0	0	0	0	0
	 I am satisfied with the palliative care/hospice services provided for ICHC Medicaid and uninsured patients. 	0	0	0	0	0	0	0	0
	 I have had positive experiences in my personal life (family member, friends, etc.) with either palliative care or hospice. 	0	0	0	0	0	0	0	0
	 I have had positive experiences in my professional life (provider/patient) with either palliative care or hospice. 	0	0	0	0	0	0	0	0
	10.1 am likely to refer (or help with a referral) to palliative care and/or hospice for ICHC uninsured and/or Medicaid patients with serious illness.	0	0	0	0	0	0	0	0
	Is there a particular topic related to palliative care or hospice for which you would like more information? If so, please include topics of interest.								

Findings

- completed the survey.
- Surveys showed (88%).

Methods

management, mentorship, program Gaps in development, negotiation and apprenticeship skills were not addressed in this educational intervention, but must also be addressed to ensure a lasting change in the utilization of PC and hospice services

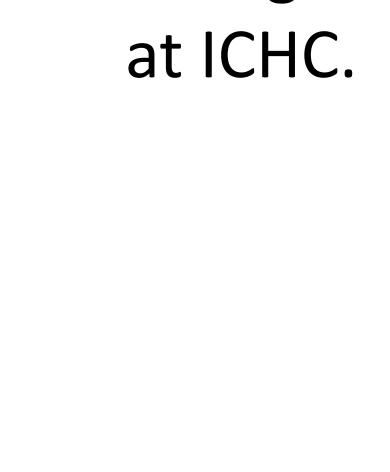
• 14 of 18 staff attended (78%), All participants

improved knowledge and understanding of PC and hospice (92%), increased comfort in discussing these services with patients (71%), and an improved willingness by medical staff to refer patients with serious illness to PC or hospice

Acknowledgements/References

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Implications

The educational intervention is an important first step in reducing the confusion between the services offered by PC and hospice and improving the likelihood of referring ICHC patients with serious illness to either PC or hospice.

Limitations





