



# Improving Familiarity with Palliative Care through Interdisciplinary Clinician Education



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## Statement of the Problem

- Interdisciplinary clinicians have variable familiarity with palliative care (PC)
- Past PC educational conferences at Denver Health Medical Center lacked interdisciplinary focus and sustainable curricular framework

## Background

- Clinicians commonly misunderstand PC role<sup>1</sup>
- Short, targeted educational interventions can increase clinicians':
  - Confidence delivering primary PC<sup>2,3</sup>
  - Recognition of patients appropriate for specialty PC<sup>1,4</sup>
  - Interdisciplinary collaboration<sup>1</sup>
- Interdisciplinary learning is valued in PC<sup>5</sup>

## Purpose/Aims

**Purpose:** To improve interdisciplinary clinicians' primary PC skills through a series of interdisciplinary educational sessions.

**Specific Aims:**

- To create primary PC curriculum of bi-monthly case-based noon conferences
- To improve clinicians' understanding of role of PC consultations
- To improve clinicians' skills in delivering primary PC
- To increase number of appropriate inpatient consults to PC service

## Methods

- **Setting:** Denver Health, a 525-bed urban academic safety-net hospital
- **Timeline:** May 2022 – February 2023
- **Population:** Interdisciplinary clinicians interested in PC
- **Implementation:** With small interdisciplinary team, designed and delivered bi-monthly educational sessions in person and via video conference. Example topics included: communication skills, symptom management, advance care planning.
- **Evaluation:** Measured session attendance by profession. Via post-session survey, attendees rated their pre- and post-session knowledge of and confidence with PC. Measured total monthly inpatient PC consultations.

## Results

- 5 sessions delivered June 2022 – Feb 2023
- Diverse attendees (Table 1)
- Attendee PC knowledge and confidence increased (Table 2)
- No change in number of inpatient consults monthly

Table 1: Session Attendance	
Mean Attendees	15 people
By profession:	
MD/DO	32%
NP/PA	12%
RN	11%
Chaplain	21%
Social Worker	17%
Other*	7%
By Team Affiliation:	
Core Palliative Team	48%
Non-Core Palliative Team	52%

\*Other: psychologist, pharmacist, dietician, volunteer services

Table 2: Attendee Survey Results	Understand PC team role	Confident identifying patients who benefit from PC	Confident applying primary PC skills	Overall quality of session was high	Learned something applicable to practice
	% strongly agree	% strongly agree	% strongly agree	% agree/strongly agree	% agree/strongly agree
Pre-session	35.7%	37%	44.4%		
Post-session	75%	64.3%	67.9%	100%	100%

## Conclusions/Implications

- A bi-monthly interdisciplinary education curriculum can effectively increase clinicians' knowledge, skills, and confidence in palliative care.
- Future directions include:
  - Efforts to increase and diversify attendance, especially among non-core palliative care team members
  - Preparing additional conference topics
  - Collaboration with broader interdisciplinary guest presenters
  - Further measurement of impact on inpatient PC consultations

## Limitations

- Single site QI and educational initiative
- Attendee knowledge/skill outcomes evaluated by self-assessment rather than objective measurement
- No change in inpatient PC consultations during short timeframe of intervention

## Acknowledgements/References

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