

City of Hope National Medical Center, Duarte, CA. Martha Twaddle, MD FACP FAAHPM HMDC, Northwestern Feinberg School of Medicine, Lake Forest, IL.

#### Objectives

- Explain the importance of the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care, 4th Edition.
- Describe the process of developing the 4th edition of the Guidelines.
- Differentiate the 4th edition from the previous edition of the Guidelines.

Palliative care has expanded into new settings and is being offered by diverse types of organizations, such as health systems, office practices, cancer centers, dialysis units, home health agencies, hospices, long-term care providers and more. Driven by this tremendous innovation within the field, the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care were revised and the 4<sup>th</sup> edition was published fall 2018.

The goal of the 4th edition of the Guidelines is to improve access to quality palliative care regardless of setting, diagnosis, prognosis, or age by encouraging organizations and clinicians across the care continuum to integrate palliative care principles and best practices into their routine assessment and care of their patients. The Guidelines formalize and delineate evidence-based processes and practices for the provision of safe and reliable high-quality palliative care for adults and children with serious illness, and their families, in all care settings. Those seeking to develop or expand palliative care can integrate the Guidelines into all aspects of their organization to ensure the highest quality care is provided to all patients and their families. This session will review how the 4<sup>th</sup> edition of the Guidelines was developed, what changes were made from the 3<sup>rd</sup> edition, and what the implications are to deliver quality palliative care across settings. In addition, the key findings from the systematic review of the Guidelines that was completed by the RAND Evidence-based Practice Center will be discussed.

### ***Drilling It Down: Designing Workshops to Practice Generalist Palliative Care Skills (TH361)***



Stephen Berns, MD, University of Vermont Medical Center, Burlington, VT. Caroline Hurd, MD, University of Washington, Seattle, WA. Lindsay Dow, MD MS, Icahn School of Medicine at Mount Sinai, New York, NY. Nicole Loving, MSN BSN APRN NP, Icahn School of Medicine at Mount Sinai, New York, NY. Laura Morrison, MD FAAHPM, Yale School of Medicine, New Haven, CT.

#### Objectives

- List the advantages and challenges to teaching with drills and the evidence for use in health professions education.

- Appreciate and apply drill based practice to teaching palliative care skills.
- Describe the educational and behavioral theories of drill design; this includes the components and structure of a successful drill.

Instructors of athletes, dancers, and musicians have been perfecting the art of practice for years, developing efficient ways to improve skills. Research has shown that the most effective forms of practice always include learner concentration on a specific task, feedback from teachers, and learner introspection. One example is a drill. The goal of drill based practice is to transfer key skills from working memory to long term memory, moving them from being consciously controlled to automatic. Drills differ from other forms of practice because they concentrate on isolated skills and control for other variables, often distorting reality. Many examples of drills exist in sports, music, and primary education but are less commonly found in health professions education. Instead, medical education frequently uses simulation, OSCE, role-play, and case-based sessions to teach skills. These methods are often both resource and time intensive. Drills can be an efficient and effective alternative in which learners can obtain and practice the most fundamental skills flexibly in different settings. Given the time constraints and workforce shortage in palliative medicine, drill based teaching and practice can provide an interactive method for learners that can be done in a short amount of time and can be utilized for interprofessional learning settings. Some examples of drills that have been designed are converting opioids, recognizing and responding to emotion, and introducing palliative care to patients. This concurrent session will start with the audience participating in a palliative care skill drill. After participating in the drill, we will guide the audience through the components of the drill, highlighting educational theory for health care professions. A brief presentation of the steps of creating a drill will follow this exercise and we will share our experiences in designing drills. Audience members will then practicing writing a drill in groups.

### ***Opportunities and Implications of Payment Reform for Serious Illness Care (TH362)***



Julia Driessen, PhD, University of Pittsburgh, Pittsburgh, PA. Turner West, MPH, Bluegrass Care Navigators, Lexington, KY. Phillip Rodgers, MD FAAHPM, University of Michigan, Ann Arbor, MI.

#### Objectives

- Describe recent payment reform efforts that affect hospice and palliative care delivery.
- Identify the opportunities and challenges of recent payment reforms for hospice and palliative care delivery.