

Decreasing Barriers and Increasing Confidence: Ambulatory Advance Care Planning Internal Medicine Resident Curriculum (QI737)



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Objectives

1. Employ REMAP as a framework for teaching ambulatory ACP to learners.
2. Illustrate innovative teaching methods including use of drills and 'homework' to reinforce learning.
3. Identify barriers and opportunities to ambulatory ACP completion by residents and physicians in general.

Background. Patients are eager to participate in advance care planning (ACP) discussions, but there are numerous physician barriers to outpatient discussions. Education in overcoming these barriers are rare in residency programs.

Aim Statement. Reduce perceived barriers to ACP and increase resident willingness and confidence to have ACP conversations in the clinic.

Methods. Second and third year internal medicine residents participated in two 3-hour sessions during an ambulatory care rotation. The first session presented information about ACP; a conversation framework using the acronym REMAP (Raise the issue, respond to Emotion, Map patient values, Affirm the patient, and propose a Plan); drills practicing using REMAP, and documentation in the electronic medical record. Residents were asked to discuss ACP with a clinic patient in between sessions, and write down how the conversation went. During the second session, residents practiced ambulatory ACP skills using a simulated patient, and debriefed the homework. A pre-survey was completed by participants before the curriculum, and a post-survey was completed immediately after, ranking confidence and barriers on a 5-point Likert scale.

Results. 54 residents completed the pre-survey, and 50 completed the post-survey. Pre-post intervention medians were compared using Wilcoxon-Mann-Whitney U tests due to non-normal data. After completion of the curriculum, residents felt more confident bringing up ACP ($p < 0.001$), discussing choosing a surrogate decision-maker ($p < 0.001$), were more willing to bring up ACP ($p = 0.007$), and felt it was more important to bring up ACP ($p = 0.002$). Notably they no longer felt time was a barrier to discussing ACP ($p < 0.001$), and no longer felt uncomfortable initiating the discussion ($p = 0.049$).

Conclusions and Implications. An ambulatory ACP curriculum that includes a structured conversation framework and opportunities to practice with simulated patients is effective in improving resident confidence and willingness to complete ACP and help patients identify a surrogate decision maker. Future research will evaluate whether education leads to improvement in completion of AD.

Redundancy or Value-Added? Ethics Consults in Hospitalized Patients with Palliative Medicine Involvement (QI738)



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Objectives

1. Describe services typically provided by clinical ethics services and the ways in which these overlap with reasons for palliative medicine consults.
2. Discuss ways in which incorporation of ethical principles in palliative medicine notes and recommendations may provide additional reassurance to primary teams.

Background. Many academic medical centers have both palliative medicine (PM) and clinical ethics teams; there is overlap in the services provided by these teams.

Aim Statement. We sought to better understand what services are provided by clinical ethics consultations not currently offered by PM.

Methods. We performed a retrospective chart review on all patients seen by both PM and clinical ethics during a single admission over a two-year period. Assessment and recommendations from clinical ethics notes were abstracted verbatim. Two members of the study team used MAXQDA software to independently code themes present in the clinical ethic notes; they met to discuss and reach consensus on codes.

Results. We identified 84 patients seen by both palliative medicine and clinical ethics during a single admission over a two-year period. The three most common issues addressed by the ethics consult were goals of care, medical surrogacy, and providing support. Specific issues relating to goals of care included: patients refusing medical treatment or wanting to return home, code status discrepancies, and concerns around withdrawing or continuing life-sustaining treatment. Surrogacy issues addressed included: assistance with identifying an appropriate surrogate, concerns about the surrogate, decision making when no surrogate is available, and guardianship. There was specific language regarding legal or ethical recommendations in 32/84 patients (38%). We observed frequent explicit use of ethical principles in ethics notes, such as