

In the second part of the module, the focus of our Interactive Educational Exchange, students participate in a twenty-minute goals-of-care conversation in a standardized patient lab utilizing trained patient actors. The group facilitator observes the interaction remotely and then provides direct feedback. This portion of the module is based on original content created by our steering committee.

Results. Over 500 learners have participated and report increased comfort with palliative care communication and interprofessional teamwork.

Impact. Introduction to palliative care is an important opportunity for interprofessional learners. Many students have little previous knowledge of palliative care and end-of-life issues. This course allows students to explore these concepts in a safe environment while being positively exposed to the field.

Critique/Next Steps. We plan to evaluate whether interprofessional communication training influences learner comfort with difficult conversations in future clinical practice.

Simulation to Teach the Art of Difficult Conversations: A Curriculum Adaptable for All Learners (FR482B)



Cassandra Hirsh, DO, Akron Children's Hospital, Akron, OH.

Objectives

- Identify the key components necessary to create a successful conversation simulation curriculum.
- Create a difficult conversation simulation curriculum that is applicable to learners in your respective program.

Background/Context:. Simulation is an effective way to educate learners in practical medical skills. A program implemented within our pediatric residency and palliative care fellowship program allows each learner to have an opportunity to participate in two unique simulated conversations during their training. This allows our learners to try different techniques and have these conversations in a safe place.

Audience. The target audience is anyone responsible for teaching others to have difficult conversations.

Approach. Each learner is presented with a scenario and observed having a difficult conversation with a bereaved parent. Then a debriefing occurs to discuss the encounter and provide education about conversation techniques that may make the conversation easier. The learner repeats the simulation and another debriefing occurs.

Results/Outcomes. We have had this program in place for the past six years and there have been more than one-hundred simulated experiences. Using

both qualitative and quantitative outcome measures, we have seen specific improvements in learners.

Impact. This educational experience allows the learner to have a difficult conversation in a safe environment where the stakes are not as high. The perspective of a bereaved parent makes the situation more genuine. Incorporating simulated difficult conversation training into the curriculum of any learner (resident, fellow, nurse, nurse practitioner, chaplain, social worker) allows this skill to be taught to learners in a way that leaves room for error and learning without causing harm to a patient. This technique has also been adapted to perform in a group setting.

Critique/Next Steps. A challenge of this educational scenario is available time to provide one-on-one teaching in the learners' busy schedule.

To Poop or Not to Poop: A Multi-Sensory Learning Experience in Constipation Management (FR482D)



Ashley Nichols, MD, UAB Hospital, Children's of Alabama, Birmingham, AL.

Objectives

- Define constipation and list the underlying causes that contribute.
- Formulate best constipation treatment based on mechanism of action, drug formulation, taste, cost, and contraindications.

Background/Context:. Constipation is a prevalent symptom that plagues patients across the disease spectrum, contributing to morbidity and mortality. This innovative educational experience engages learners with multi-sensory experiences to help them remember how to appropriately prevent and manage constipation.

Audience. All palliative clinicians (physicians and nurses) as well as generalists to enhance primary palliative care skillset

Approach. A multisensory teaching curriculum for constipation, including a matching game to place constipation treatments into their therapeutic categories (to understand mechanism of action, pearls/pitfalls) as well as markers for formulation of meds (liquids, tabs vs rectal administration), pill samples to show size/shape/cost of commonly-prescribed medications, and taste-testing station for liquid formulations.

Results/Outcomes. I teach this curriculum on a monthly basis in our palliative didactic series, so all of our Internal Medicine residents as well as any medical students on elective get to participate (>50-60 learners annually); in addition, I teach this to both Palliative and Oncology fellows (4-8 learners annually). Over the 5 years I've taught this curriculum,