

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)



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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)



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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,

I've added more sensory experiences (pills, formulations, taste tests, costs) to improve engagement and add more empathy-driven teaching pearls for providers. This didactic consistently gets very high praise/feedback including noted change in clinical practice behaviors.

Impact. Example of adult-based learning and multi-sensory teaching technique to engage learners and teach primary palliative care across the field.

Critique/Next Steps. This innovation's strengths include a fun, multi-sensory way to teach a primary palliative skill that can be applied to other teaching curricula as well as experiential learning that helps provide clinicians with patient-guided, empathic prescribing practices that take into account effectiveness, cost, and pill burden. This teaching method is low cost and easily replicable as well as conducive to all clinician learners across the learning spectrum. Next steps include formally evaluating learner knowledge and comfort via pre- and post-tests; data collection pending.

The Use of E-Learning, Narrative, and Personal Reflection in a Medical School Ethics and Palliative Care Course (FR482E)



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Objectives

- Describe the opportunities and challenges inherent in teaching Palliative Care over e-learning platforms.
- Utilize narrative to engage learners as well as engender empathy and emotional awareness.
- Identify methods for encouraging personal reflection and meaning building in medicine.

Background/Context. The growth of E-Learning and Adult Learning Theory have presented new

challenges and opportunities for medical education. This course combines the accessibility and adaptability of online tools with the interactive and collaborative nature of in-person participation. It leverages the studied benefits of narrative, group discussion, reflection and asynchronous learning to introduce learners to Palliative Care and Medical Ethics.

Audience. The target audience is anyone involved in medical education seeking new ways to effectively use online learning in Hospice and Palliative Care. The targets of the course are learners at any level of medical training. It could also be utilized by other disciplines by adapting the narratives.

Approach. The course is online and discussion based. Each week students are presented with a line of the Hippocratic Oath, a short unit discussing the relevant ethical and palliative principles, a section of the course narrative representing both patient and provider perspectives, suggested readings, and a discussion question. Students then post both an original response as well as participate in message-board based discussion with classmates and instructors. After several units, participants post a personal reflection as a self-addressed letter stating what they intend to take away from their collaboration.

Results/Outcomes. The course is in its third year, and each year approximately 125 students take part. Outcomes are measured both by observation of students' participation as well as post-course surveys. Comments have been positive with suggestions including introduction of some in-person video modules with discussion.

Impact. This innovation integrates e-learning, narrative and discussion to improve palliative and ethical competence, increase self-awareness and empathy, and grow interest in Hospice and Palliative Care.

Critique/Next Steps. Comments have identified the course's narrative, discussion, and reflection as effective tools for engaging with palliative principles. In the future, in-person video modules and group reflection will be added.