

year period. Chi-squared analysis was used to compare pre and post-curriculum results.

Results. Response rate was 37% pre-curriculum (n=46/123) and 41% post-curriculum (n=51/123). Based on the pre and post-curriculum surveys, 61% self-reported baseline competence in providing symptom management for patients with chronic disease or life limiting illness, improving to 88% post-curriculum (p=0.002). On initial survey, a minority reported competence in providing patients with palliative resources (26%) which improved to 48% post-curriculum (p=0.027). Reported knowledge in the role of palliative care consultants increased from 78% to 90% post-curriculum (p=0.105) and knowledge in the educational training palliative care consultants receive increased from 35% to 57% (p=0.029).

Conclusions and Implications. This study discovered that at baseline, many internal medicine residents report lack of competence in providing palliative care for patients. Following the one year curriculum, improvement in resident knowledge and skill was observed, however residents still report weaknesses in these areas. Based on these results, this curriculum has the potential to improve resident knowledge and skill in caring for patients with palliative needs.

You've Got This! Developing Primary Palliative Care Education Within a Safety-Net Health System (QI734)



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Objectives

1. Identify needs and opportunities to implement primary palliative care education with a focus on vulnerable and underserved patient populations served in safety-net settings.
2. Describe the impact of an interdisciplinary primary palliative care education session for providers caring for seriously ill, vulnerable and underserved patients in safety-net setting.

Background. California recently passed a state bill mandating access to palliative care services for Medi-Cal patients with serious illness. With a limited number of palliative care specialists serving these often vulnerable and underserved patients with complex psychosocial needs, it is crucial to educate non-palliative care trained front-line providers in primary palliative care.

Aim Statement. To increase access to palliative care through the development and implementation of a no-cost primary palliative care curriculum for vulnerable and underserved patients in the San Francisco safety-net system.

Methods. Curriculum development was based on a comprehensive needs assessment, including: interviews with content experts, organizational leaders and key stakeholders; an environmental scan; a literature review; and an online survey. We created a novel half-day training program with content focused on defining palliative care and serious illness, differentiating palliative care from hospice care, and serious illness communication skill training specific to vulnerable patient care. Curricular impact was gauged through pre and post-surveys which assessed for confidence in participants' understanding and ability to provide palliative care (Likert scale from 1-10).

Results. Four half-day education sessions were conducted with a total of 40 participants from the San Francisco Department of Health, including non-clinical case managers, social workers, nurses, nurse practitioners and physicians. Participants reported significantly higher confidence in their ability to describe palliative care to a patient (pre-5.09 to post-8.33), differentiate palliative care vs. hospice care (4.92 to 8.73), define serious illness (6.08 to 8.60), define illness trajectories (4.98 to 7.90), elicit patient's illness understanding, prognostic awareness and goals (5.32 to 8.23) and describe advance care planning (6.03 to 8.23).

Conclusions and Implications. A half-day course introducing basic palliative care concepts and communication skills to non-palliative care trained interdisciplinary providers can improve confidence in providing palliative care to patients in a safety-net setting.

Coaching Palliative Care Conversations: Evaluating the Impact on Resident Preparedness and Goals of Care Conversations (QI735)



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Objectives

1. Describe a novel coaching intervention to improve palliative care skills of resident physicians.