

## View Abstract

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**CONTROL ID:** 3544584

**TITLE:** WHAT MATTERS MOST? A CURRICULUM TO ADVANCE MOTIVATION AND CONFIDENCE IN SERIOUS ILLNESS CONVERSATIONS

**ABSTRACT BODY:**

**Learning Objectives 1:** To design and implement a primary palliative care communication workshop and practicum using mentored skill-based feedback

**Learning Objectives 2:** To improve resident motivation and confidence in patient/proxy/caregiver-centered advanced care planning (ACP) and serious illness conversations

**Setting and participants:** Internal Medicine residents at our Central Brooklyn safety-net hospital participated in a primary palliative care workshop. Faculty directly observed resident clinical communication skills in the resident primary care practice.

**Description:** During the height of the COVID-19 pandemic, the threat of critical illness underscored the importance of timely, meaningful ACP conversations. Most residents have not received formal training or feedback on this skill.

Primary care faculty trained in palliative medicine administered a 2 hour workshop focused on: 1) barriers to communication around life-altering news 2) SPIKES framework (setting, perception, invitation, knowledge sharing, empathic listening, strategy/summary) for breaking bad news 3) serious illness conversation guide 4) role play using standardized clinical scenarios.

After the workshop, residents committed to practicing ACP communication skills with one primary care patient. Faculty observed this encounter and provided feedback on communication, reflective listening, and use of the SPIKES model using a structured feedback tool.

**Evaluation:** Residents completed a survey before and after the workshop/observed clinical encounter to compare motivation and confidence in engaging patients in ACP.

Before the intervention, the rate of residents stating they "agreed" or "strongly agreed" that they were confident in ACP discussions was 33% for outpatient settings and 66% for inpatient settings (n=30).

After the intervention, 90% (n=21) and 86% (n=21) residents "agreed" or "strongly agreed" that they were confident in having outpatient or inpatient ACP discussions respectively.

21 resident physicians (88%) completed the workshop, observed clinical encounter, pre- and post-intervention surveys. Responses were anonymous and not paired. A Wilcoxon signed rank test indicated that motivation to have ACP discussions, confidence in discussing ACP in inpatient settings, and confidence in discussing ACP in outpatient settings increased (p=0.000, 0.012 and 0.000 respectively) post-intervention.

**Discussion / reflection / lessons learned:** Residents report more experience and confidence in having ACP discussions with acutely ill patients. Direct observation revealed a one-size fits all approach focused on code status instead of patient values and preferences. Formal teaching of ACP communication skills and mentored skill-based feedback prepared residents to engage in meaningful patient ACP discussions in ambulatory and acute settings.

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