



An Interdisciplinary Approach to Advance Care Planning

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BACKGROUND

- Growing national emphasis on advance directives (AD) and end-of-life care with no increase in training for students
- 2003: US national report - gaps in student and resident comfort in providing care to the dying as well as faculty and resident discomfort in teaching those topics
- 2016: National poll of >700 physicians - similar findings, lack of formal training and uncertainty of how to communicate with patients about advance care planning identified as key barriers

OBJECTIVES

- Provide students with education regarding advance care planning
- Build students' skills in discussing ADs with clinic patients
- Develop students' understanding of interdisciplinary team work
- Study the curriculum's effect on developing advance care planning communication skills

METHODS

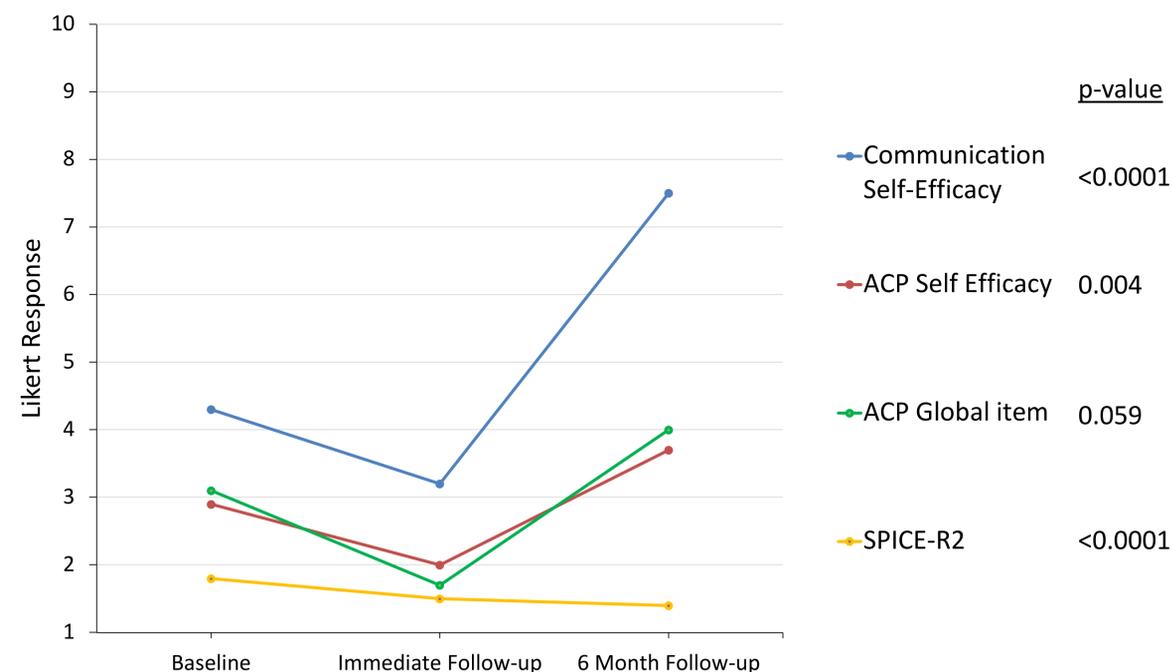
- Students from the schools of medicine, nursing, and social work recruited (n=46)
- Development and implementation of AD curriculum and evaluation instruments using IPEC Core Competencies
 - An Overview of Advance Care Planning in Baltimore
 - Death and Dying in the Hospital: Participatory Medicine and the Challenges of Providing Effective End of Life Care
 - Communication at End of Life
- Students attend interdisciplinary clinic sessions with Internal Medicine resident, social worker, and patient

RESULTS

Table 1. Student Baseline Characteristics N=46

Age, mean (SD)	27.9 (7.1)
Sex (Female), n (%)	40 (86.9)
Race, n (%)	
White	25 (54.3)
Black	8 (17.3)
Asian	7 (15.2)
Other	6 (13.0)
Ethnicity (Hispanic/Latino), n (%)	4 (08.7)
Degree Program, n (%)	
Medicine	19 (41.3)
Nursing	16 (34.7)
Social Work	11 (23.9)
Academic Degree, n (%)	
Doctorate	21 (45.6)
Masters	20 (43.4)
Bachelors	5 (10.8)
Has completed a self AD, n (%)	8 (17.0)
Ability to break bad news, n (%)	
Very good - Good	14 (27.4)
Fair	26 (50.9)
Poor - Very Poor	11 (21.5)
Experience Facilitating AD, n (%)	
Never	35 (68.6)
Once or Twice	11 (21.5)
3 to 10; >10 times	5 (09.8)

Mean Scores for Outcome Measures
(Baseline, Immediate Follow-up, and 6 Month Follow-up)



CONCLUSIONS & FUTURE DIRECTIONS

- Statistically significant improvement in all outcomes, strengthened by the clinical session
- Immediate post-test results are lower than baseline and 6 month follow-up; the immediate post-test took place right after role play activities, which were notably challenging for participants
- Continuation of curriculum in next academic year with 2018-19 IPE SEED Grant support
- Further emphasis on modeling, role play, and IPE student team practice
- Given limitation of patient no-show rate (29%), we will move to the use of standardized patients

