Serious Illness Communication Skills Training For Emergency Physicians and Advanced Practice Providers: A Multi-Method Assessment of the Reach And Effectiveness of the Intervention

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INTRODUCTION

• About half of dying patients visit the Emergency Department (ED) in the last month of life
• Emergency Medicine (EM) providers are well positioned to engage these patients in serious illness conversations
• EM Talk was designed to provide serious illness communication skills to EM providers as part of an overarching goal of improving quality of life of dying patients
• No study has evaluated the reach and the effectiveness of the EM Talk intervention

METHODS

Reach: Quantitative Analysis
• Design: Cross-Sectional
• Data Sources: ED administrative data, Centers for Medicare and Medicaid Services
• Measures:
  1. Percent of EM providers trained
  2. Estimate of seriously ill patients reached
  3. Ratio of seriously ill patients to trained EM providers

Effectiveness: Qualitative Analysis
• Design: Conceptual Content Analysis
• Data Source: Open-ended response to the question: “please reflect on your personal experience with this educational intervention”
• Theme was selected a priori to identify meaning units across domains of “Improved Knowledge”, “Improved Attitude”, and “Improved Practice”

PURPOSE

• This study aimed to assess, using the RE-AIM framework, the reach and effectiveness of the EM Talk intervention among EM providers across 33 EDs

RESULTS

Approximately 9 in 10 EM providers had serious illness communication skills training across the 33 EDs

It is estimated that 1 trained EM provider will engage 19 seriously ill patients in serious illness conversations every year

EM Providers expressed improvement in their communication skills, willingness to engage in serious illness conversations, and commitment to use the skills in practice

CONCLUSION

• The EM Talk training reached a substantial proportion of EM providers working in the 33 EDs
• EM Talk has the potential to improve EM providers’ knowledge, attitude, and practice of serious illness communication skills

FUNDING

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METHODS

EM Talk Intervention
• One-day, 4 hour training session
• Occurred across 33 EDs
• The target population were emergency physicians and advanced practice providers
• The session comprised of large group lectures and small group practice sessions
• Topics and simulations covered included delivering bad news, discussing goals of care, role playing, and reflective exercises

Reach of Intervention

<table>
<thead>
<tr>
<th>Values</th>
<th>Total number of EM providers across 33 EDs</th>
<th>Number of EM providers trained</th>
<th>Percent of EM providers trained (range across 33 EDs)</th>
<th>Average annual index visits of seriously ill patients</th>
<th>Potential number of seriously ill patients reached per year</th>
<th>Yearly seriously ill patients to EM provider ratio (range across 33 EDs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,029</td>
<td>879</td>
<td>85.4% (62.8-100.0)</td>
<td>10,045</td>
<td>16,389</td>
<td>18.6 (4.0-115.0)</td>
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</tbody>
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RESULTS

Improved Knowledge: Acquired serious illness communication skills
Improved useful general knowledge
Improved empathy skills

Improved Attitude: Attitude towards engaging in serious illness conversations
Attitude towards improving patient care
Attitude towards developing/fostering training in SIC conversations

Improved Practice: Willingness to engage in serious illness conversations
Committed to use skills in practice

CONCLUSION

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• EM Talk has the potential to improve EM providers’ knowledge, attitude, and practice of serious illness communication skills