

Improving Emergency Medicine Resident Primary Palliative Care Skills

Background:

- Only 59% of EM residents receive palliative care (PC) skills training (1)
- More palliative care consultations linked with decreased patient pain, medical cost, and length of stay (LOS) (2)

Our Population:



Highland Hospital - largely indigent/vulnerable population - annual ED census of 90,000 patients.



Over 3 months, ~1,300 seriously ill patients cared for in the ED (ICD 10 Codes)



46 Emergency Medicine Residents

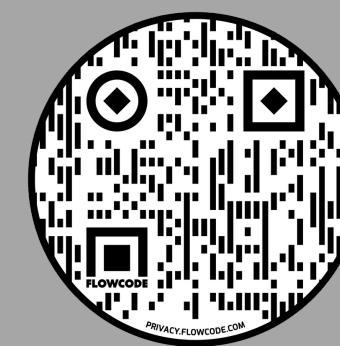
Integrating primary palliative care skills into residency teaching increases resident engagement with GOC discussions

In 12 weeks:

100% of respondents comfortable with eliciting GOC after EM palliative course

14 ED Residents desire more palliative care education

43 documented patient GOC discussions



Please follow QR Code link for works cited/resources

Process of GOC Documentation:

1. Residents recognize seriously ill patient
2. Conduct Primary Palliative Care Discussions
3. Document goals of care (GOC) discussions using dot-phrase ".GOC."
4. Residents with most ".GOC" documented per month awarded \$100 gift card.

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Objective:

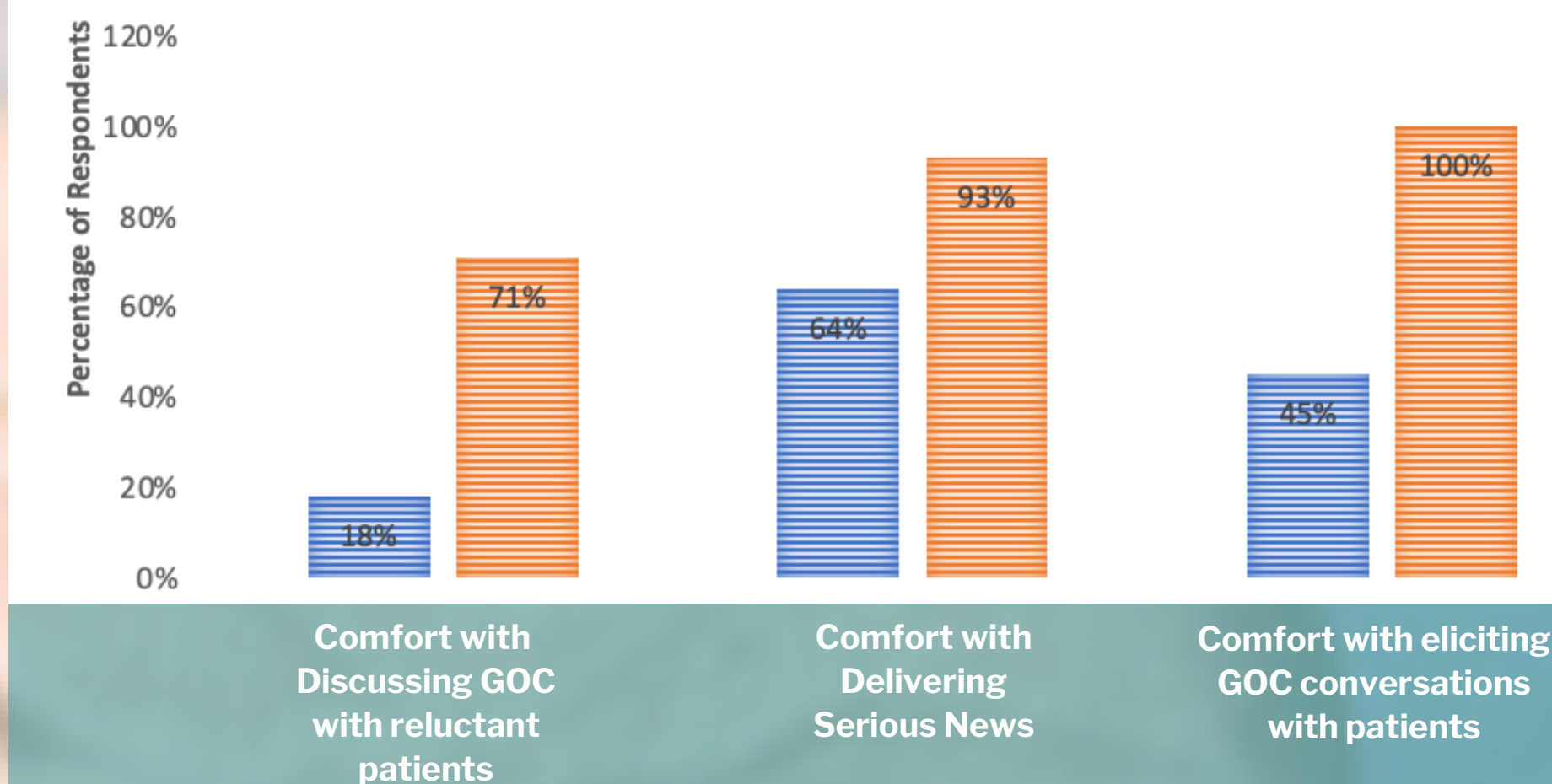
- To deliver primary palliative care skills to EM residents and increase more patient-provider GOC discussions

Curriculum

Over Six Months:

- Targeted intern lectures on communications training
- EM/PC grand rounds speaker
- Conference lectures on symptom management and code status reversal
- EPEC-EM modules for asynchronous learning
- VitalTalk EM Communication course for residents and faculty
- Badge Buddies with Communication Mnemonic

EFFECT OF THE EM PALLIATIVE VITAL TALKS COURSE



Conclusion:

- Primary palliative care is effective in the ED setting to support GOC discussions
- Palliative care skills training can be integrated into residency curriculum

