

# Training Recommendations for Clinicians Caring for Patients with Serious Illness

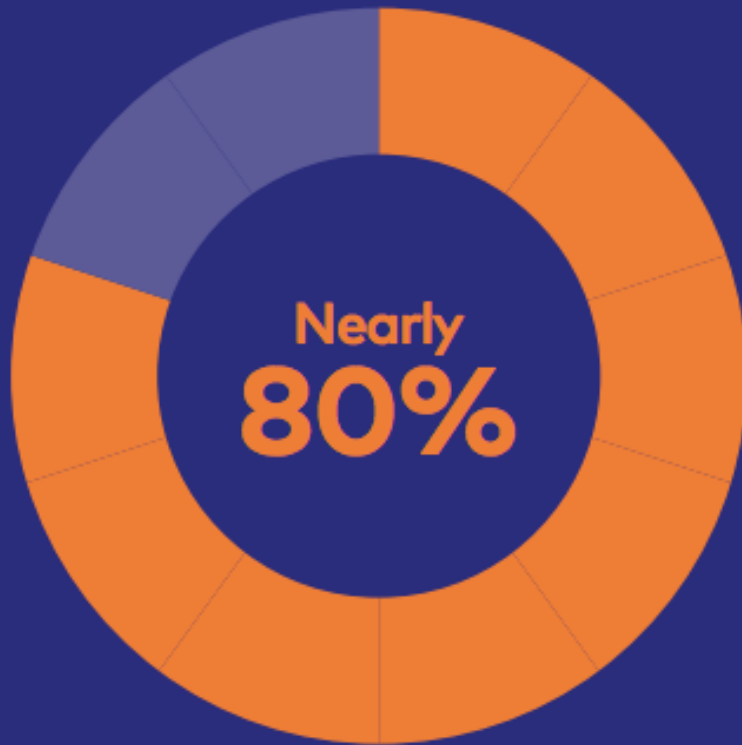
A Briefing from the Center to Advance Palliative Care  
January 2021

**What goes wrong when we don't address the needs and preferences of people with serious illness and their families?**

# What we know about gaps in the current system

- Missing or inadequate conversations about what matters to patients and families
- Uncontrolled symptoms leading to preventable ED visits and hospital stays
- Exhausted family caregivers
- Poorly coordinated care across clinical teams and through transitions, and...
- Serious illness → bankruptcy for families

# Preventable Crises



of crisis ED visits and hospitalizations (excluding those for pneumonia) are due to exacerbations of preexisting and chronic symptoms—such as shortness of breath in COPD, or chronic pain in cancer.

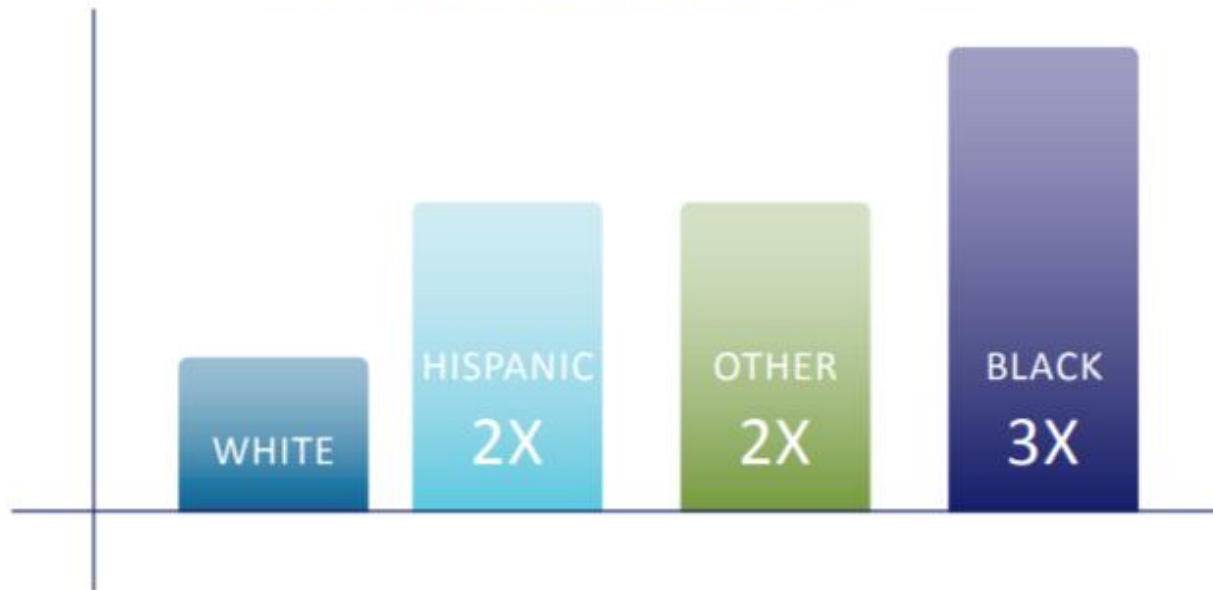
Weiss AJ, Wier LM, Stocks C, Blanchard J. Overview of emergency department visits in the United States, 2011: Statistical Brief #174. Healthcare Utilization and Cost Project (HCUP) Statistical Briefs. Rockville, MD: Agency for Healthcare Research and Quality; 2006 Feb–2014 Jun.

Senot C, Chandrasekaran A. What has the biggest impact on hospital readmission rates. Harvard Business Review. 2015 Sep 23. Retrieved from <https://hbr.org/2015/09/what-has-the-biggest-impact-on-hospital-readmission-rates>.

# Exacerbating Disparities

## RACIAL DISPARITIES IN PERSON-CENTERED CARE

*Likelihood of Reporting that Preferences  
Were Never Taken Into Account*



Center for Consumer Engagement in Health Innovation + LeadingAge LTSS Center @ Umass Boston, January 2021. <https://www.healthinnovation.org/resources/publications/tracking-progress-on-person-centered-care-for-older-adults-how-are-we-doing>

# Impact on Caregivers

Compared with non-caregiving peers, unpaid caregivers in the US experience:

- Higher levels of depression
- Higher levels of stress and anxiety
- Financial strain
- Worse physical health
  - Higher risk of heart disease
  - **Increased mortality**



# This is Everybody's Job

Most of the health care workforce cares for patients with serious illness.

We have an opportunity to relieve suffering – and improve quality of life – in every clinical interaction.

**Why doesn't this happen now?**

**Clinicians cannot do what they haven't been trained – or supported - to do.**

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# Gaps in Pre-Professional Education

Pain Ther (2018) 7:139–161  
<https://doi.org/10.1007/s40122-018-0103-z>



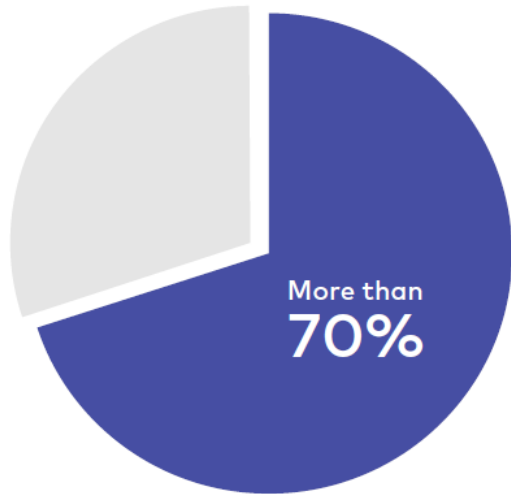
REVIEW

## Systematic Review of Pain Medicine Content, Teaching, and Assessment in Medical School Curricula Internationally

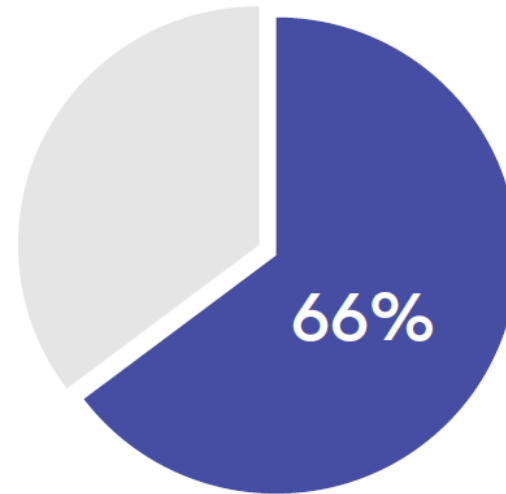
Elsbeth E. Shipton · Frank Bate · Raymond Garrick · Carole Steketee ·  
Edward A. Shipton · Eric J. Visser

Many US medical schools do not have mandatory pain management training...and those that do provide fewer training hours than is standard in other countries.

# Communication Training Gaps



of physicians report having no formal training in how to have compassionate and effective advance care planning conversations.



of ICU nurses report not having enough training to talk about prognosis, goals of care, or palliative care

Fulmer T, Koren MJ, Hernández S, Hult A. Physicians' views on advance care planning and end-of-life care conversations. *J Am Geriatr Soc.* 2018 Jul;66(6):1201–5.

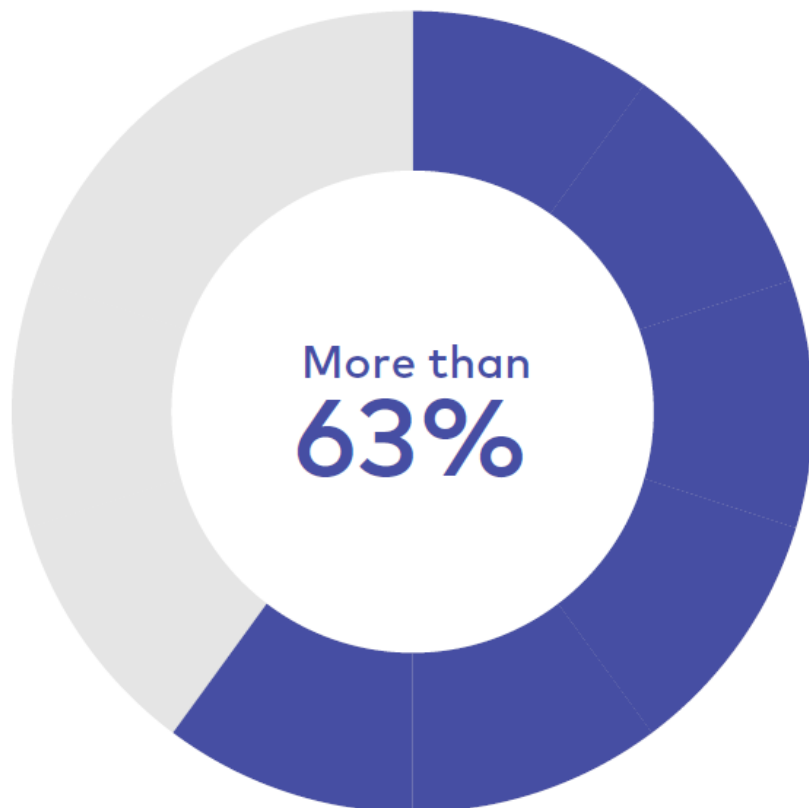
Anderson WG, Puntillo K, Boyle D, et al. ICU bedside nurses' involvement in palliative care communication: a multicenter survey. *J Pain Symptom Manage.* 2016 Mar;51(3):589–96.

# Exposure to palliative care practices and principles during pre-professional training

- Far more teaching hospitals with palliative care teams today than 10 years ago, BUT:
  - Many currently practicing clinicians did not get this exposure
  - Black medical residents are less likely to have exposure to palliative care training

# Reasons for Optimism

# Growing Awareness Among Health Care Leaders



of health care executives believed that their organizations should invest in the knowledge and skills needed to care for patients living with a serious illness.

Compton-Phillips A, Mohta NS. Care redesign survey: the power of palliative care. *NEJM Catal.* 2019 Jun 6.  
<https://catalyst.nejm.org/powerpalliative-end-of-life-care-program/>.

# Training Resources Are Available

Respecting Choices®  
PERSON-CENTERED CARE

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Palliative Care

capc



VITALtalk

SINCE 2000  
ELNEC  
END-OF-LIFE NURSING EDUCATION CONSORTIUM  
Advancing Palliative Care

EPEC®  
Education in Palliative  
and End-of-life Care

CSU The California State University

SHILEY INSTITUTE  
FOR PALLIATIVE CARE

ARIADNE LABS

HCCI  
HOME CENTERED CARE  
INSTITUTE

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# Measuring Impact and Reach

- **580k courses taken since 2015**
- 56% of CAPC learners report being comfortable assessing risk for substance use disorder before training vs. **90% 3 months post-training**
- Before training, 20% strongly agree they are comfortable eliciting information about what is most important to their patients in the context of a serious illness vs. **58% strongly agree they are comfortable 3 months post-training**
- **87% of learners report having made practice improvements as a result of education**

# Measuring Impact and Reach

- 5,158 clinicians enrolled in palliative care, communication, and self-care courses during the pandemic
- **93% strongly agreed or agreed** that “The course(s) I took equipped me with knowledge and skills I needed in caring for patients and families directly impacted by the coronavirus pandemic.”

**CSU** The California State University

**SHILEY INSTITUTE  
FOR PALLIATIVE CARE**

**capc** Center to  
Advance  
Palliative Care



# Measuring Impact and Reach

- More than **18 thousand** clinicians have received high-touch communication training (directly and via train-the-trainer)
- **68%** of trainings transition to virtual post-March

*“I was really impressed, and in fact a little blown away by the pointed helpfulness of the course, delivered in such an efficient way. I felt like my competence in my work skyrocketed after taking this class, and I enjoy it more.”*



# Measuring Impact and Reach

- Since 2000 nearly **40k trainers** have been trained by ELNEC
- **757 nursing education programs** use ELNEC teaching materials
- **1.26MM** nurses and other health professionals trained

# Measuring Impact and Reach

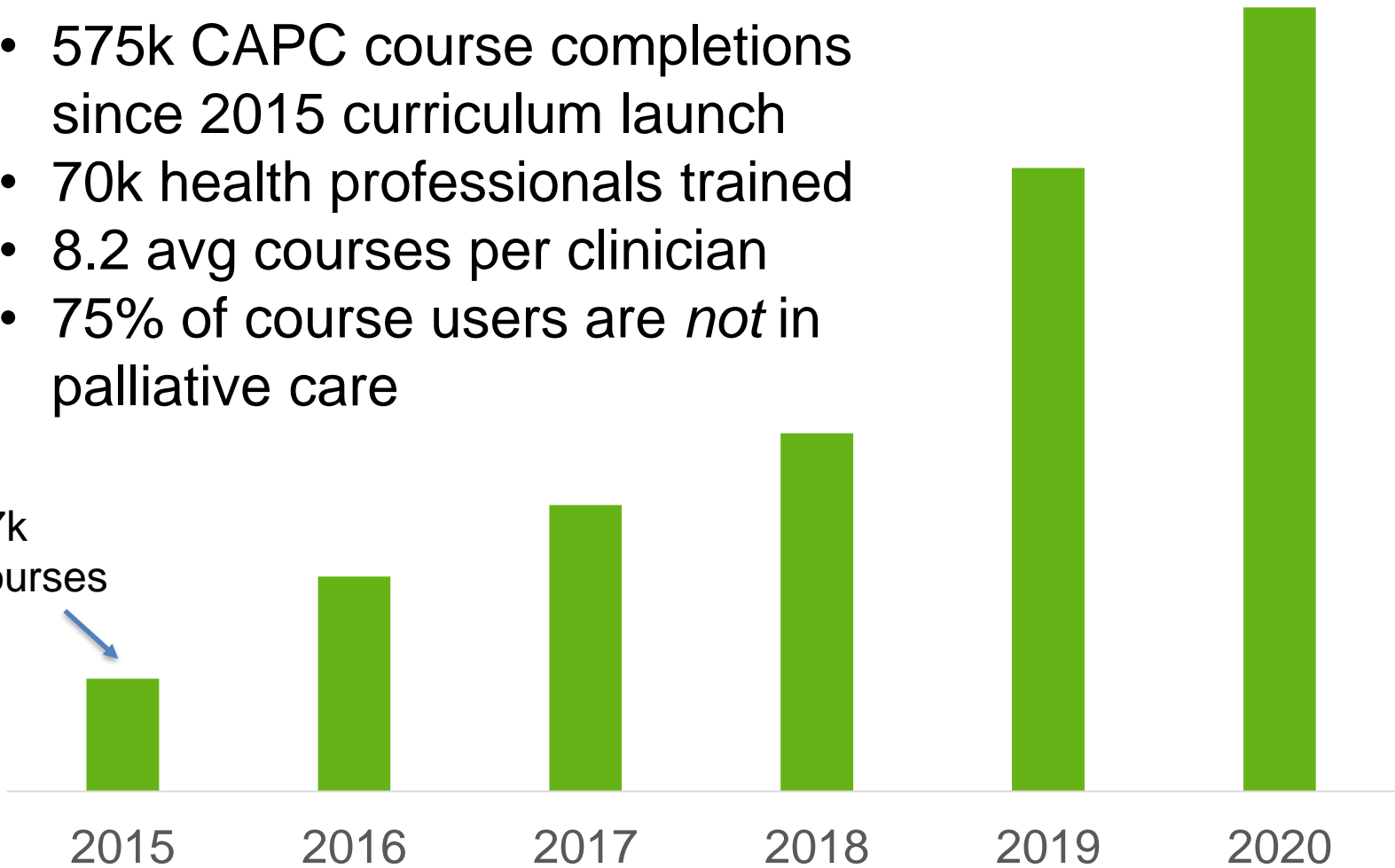
- **100** virtual Respecting Choices courses taught since April to meet education needs during pandemic
- New support for clinicians providing virtual advance care planning
- Virtual office hours for peer support

# Training is Happening Now

- 575k CAPC course completions since 2015 curriculum launch
- 70k health professionals trained
- 8.2 avg courses per clinician
- 75% of course users are *not* in palliative care

27k  
courses

187k  
courses



**CAPC Continuing Education Course Completions**

# Catalyzing innovation in clinician skills-building

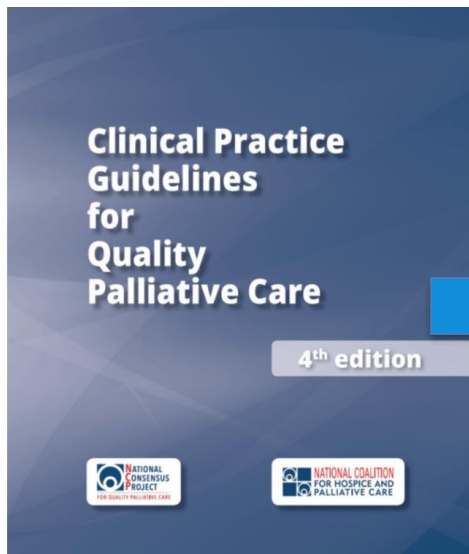


## LEAD THE CHARGE FOR CHANGE

Introducing the second JOHN A. HARTFORD FOUNDATION TIPPING POINT CHALLENGE – an innovation and quality improvement challenge from the Center to Advance Palliative Care (CAPC).

# Training Recommendations for All Clinicians

# A Road Map for Strengthening the Care of People with Serious Illness



Consensus-driven recommendations



Checklist of skills by discipline



Education resources

# Changing Culture and Practice Through Training

→ Recommended skills for clinicians from any specialty or setting:

- Physicians
- APPs
- RNs
- Social Workers
- Chaplains
- Clinical care managers

→ **Coming soon:** Training recommendations for pediatric clinicians caring for children with serious illness and their families



# Education Dosed to Need



Specialty  
palliative care  
certification

Skills for those who  
focus on care for  
patients with serious  
illness

Skills for all health professionals

# Learning Pathways For Clinicians and Organizations

- Continuing education online courses
- Clinical tools
- Curated resource recommendations



## Care Management

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This learning pathway includes training, tools, and techniques care managers use to identify and address the needs of patients living with a serious illness, and their families.

### **An In-Depth Look At Palliative Care And Its Services**

Defining palliative care, which patients need it, how it is delivered, and how it differs from hospice.

### **Clarifying Goals of Care**

Strategies for eliciting patient goals and preferences to inform treatment decisions.

### **Course 1: Comprehensive Pain Assessment**

Conducting a comprehensive pain assessment to guide safe and effective pain management.

### **Advance Care Planning Conversations**

How to initiate and conduct conversations about advance care planning.

# Changing the culture of care for people with serious illness and their families

**Palliative  
Care Skills?**

**Or Good  
Health Care?**



# The Case

for Improving Communication and  
Symptom Management Skills

In the Care of Patients with Serious Illness

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# Dosing solutions to patient need

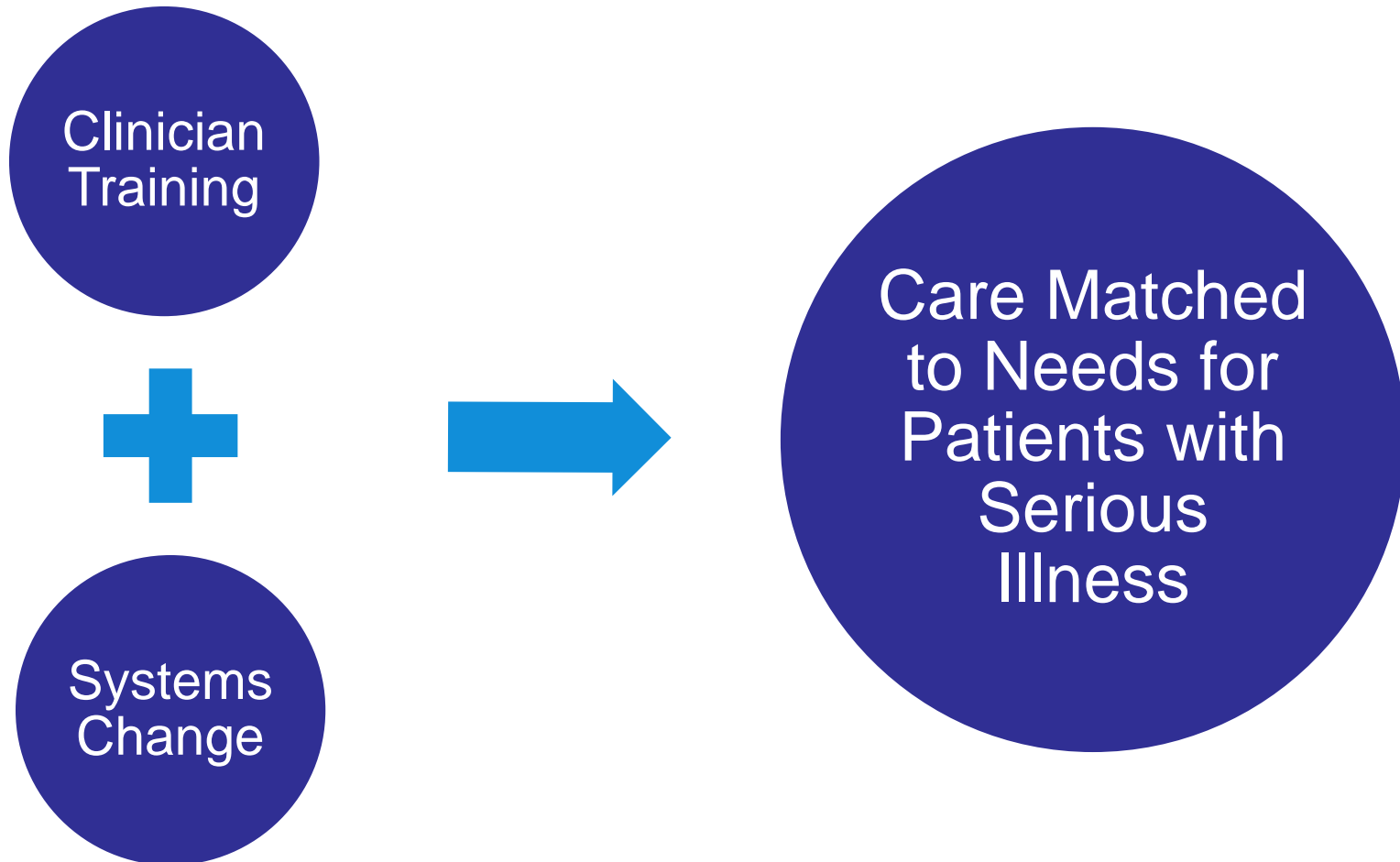
Unmet patient need is well-documented, so...

Equip all clinicians with the skills needed to improve quality of life for patients with serious illness

Evidence base for palliative care is clear, so...

Ensure access to specialty palliative care for patients with most complex needs

# Training is necessary... But not sufficient



# What will it take to transform care for patients with serious illness?

- Reliable payment for services beyond disease management
- Support for personal care at home
- Relief from administrative burden for clinicians
- Antiracist action from the top levels of leadership
- *Equipping clinicians to identify and address sources of suffering for our sickest patients*

# Thank you!

[capc.org/TrainingRecommendations](https://capc.org/TrainingRecommendations)