

Assessing Progress in End-of-Life and Serious Illness Care

National Academy of Medicine

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Professional Education & Development

NOTES—BREAKOUT SESSION 1

Barriers	
<ul style="list-style-type: none"> • How to capture need for education in palliative care • Defining what we expect non-palliative care specialists to be including in care • Care coordination: what do clinicians need to know about available community resources? • Educational initiatives needed to link palliative/comfort care to hospitals • Method of “pushing up” new knowledge through residents to untrained faculty • Silos in training and practice • Regulation alone will not suffice: don’t know the “musts” and measures • Who defines core competencies and at what level • No federal funding for nurses in palliative care 	
Solutions/Opportunities	
<ul style="list-style-type: none"> • Palliative care is not end-of-life • Advanced illness care integrated earlier in course of care • Core knowledge and skills: dissemination, education, application • Skills first – “Act your way into a new way of thinking” • Palliative care training for all generalist nurses • Communication & understanding of patient wants/objectives • Generating interest/availability for training – how do we motivate, how do we measure & score • Developing different strategies for graduate medical education (know the gaps) and continuing education in the workforce (don’t know what they don’t know) • Included as part of accrediting process • Positive deviance framework for implementation • Increased faculty knowledge • What role do we play in creating a system that values good palliative care? How do we implement best practices within systems • Alternative implementation strategies apart from licensure/examination requirements • Interdisciplinary simulation • Integration into goals of care • Targeted audiences: faculty, systems, professional organizations, trainees, board members • Top-down and bottom-up strategies • Introduce philosophy of care to students • Understanding palliative care aspects across diagnoses—change paradigm of what is core • Defining core competencies for training with integrated palliative care components 	
Other	
<ul style="list-style-type: none"> • 	
Top Priority Action Items (limit to 3-5)	Actor(s)

1	Identify common set of skills & behaviors for all professions, specialties, and organizations and align ACA incentives	
2	Develop Interprofessional Educational models/IP practice	
3	Develop a repository for resource sharing and best practice	
4	Unify language/consistent messaging	
5	Include hospital leaders as target and identify targets	
6	Federal money for nursing training & education	