



# Preparing Doctors to Prepare Patients: Advance Care Planning Resident Education and Practice (ACPREP)

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## CLINICAL BACKGROUND

Advance Care Planning (ACP) is the process of understanding, reflecting upon, and discussing future medical wishes, including end of life wishes. While 80% of patients say that if seriously ill, they would want to talk to their doctor about wishes for medical treatment towards the end of life, only 7% report doing this.

Residents often learn to have ACP conversations in the inpatient setting at Duke. However, further integration of ACP into primary care settings is critical to avoiding future episodes of aggressive acute care that is inconsistent with a patient's values.

## ACPREP OBJECTIVES

The Advance Care Planning Resident Education and Practice (ACPREP) program aims to improve the **confidence and feelings of preparedness** among GME trainees in the Department of Medicine and the Department of Community and Family Medicine to **engage patients in ACP** involving empathic discussion of sensitive medical decision-making, particularly in the **primary care setting**.

## PROGRAM DESIGN

- ACPREP utilizes the Vital Talk curriculum, an evidence-based communication training course including patient-provider simulation practice and small group-based learning, with constructive feedback from specialized clinicians.
- The core VT curriculum was tailored for ACPREP by developing outpatient cases; each session includes 2 standardized patients and 2 facilitators per 8 residents
- The first cohort is approximately 90 GME trainees, participating in 4-hour sessions, throughout AY 2017-2018
- Trainee levels of confidence and preparedness are being assessed using anonymous, electronic pre- and post-intervention surveys.

## KNOW YOUR AUDIENCE: FINDINGS OF PRE-INTERVENTION SURVEY

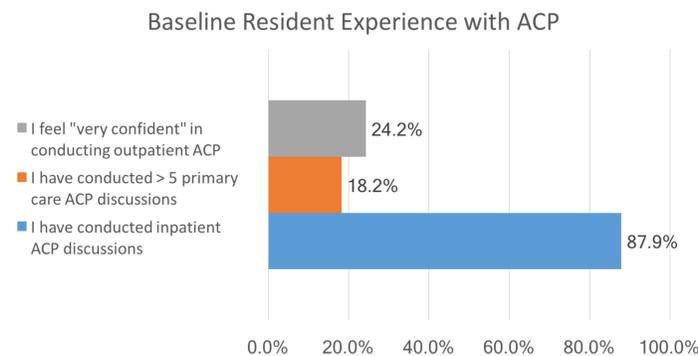


Figure 1: Resident ACP Experience: Majority of residents have inpatient, but not outpatient ACP exposure

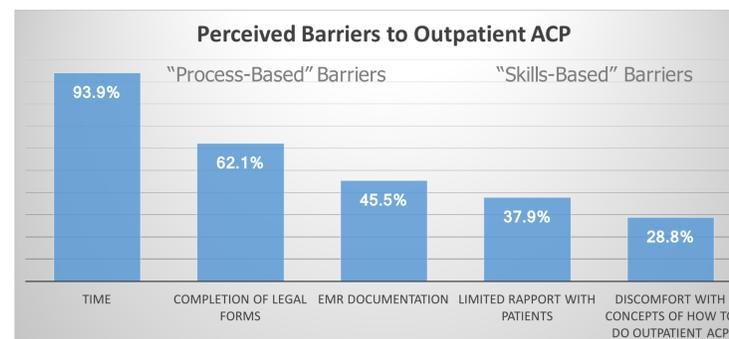


Figure 2: Factors most frequently identified (from survey list) as obstacles to performing outpatient ACP. Top three factors linked to clinic workflow, followed by gaps in specific skills and knowledge

## SIGNIFICANCE AND IMPLICATIONS FOR PILOT

- These data confirm that the ambulatory setting is relatively underutilized for trainee-led ACP discussions, compared to the inpatient setting
- This difference is ascribed to both trainee unfamiliarity with content-specific communication strategies and lack of clear, feasible clinic workflow for conducting and recording results of ACP
- ACPREP small-group training and the planned development of additional pragmatic references available real-time in clinic will support practice at all clinic sites

At the Duke Outpatient Clinic, trainees will work within a new, innovative clinic workflow (ACP@DOC) that addresses the frequently-cited "process-based" barriers in our data

## FUTURE DIRECTIONS

- Post-ACPREP surveys of trainee confidence and feelings of preparedness will inform future iterations of the provider communication skills training
- The data may also identify skill gaps for further targeted resource development.
- If successful, this integrated model of provider-focused and operations-focused interventions can be studied, to identify key program elements that could drive successful widespread adoption of outpatient ACP.

### References:

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## INTERVENTION MODEL

