

## INTRODUCTION

- Deficits in communication surrounding end-of-life (EOL) care lead to patients having unmet needs<sup>1-4</sup>.
- The Ariadne Labs Serious Illness Conversations (SIC) framework is an effective tool for increasing EOL communication, but research is lacking on use with resident physicians<sup>5-6</sup>.
- Resident-driven research projects are rare; protected research time, accessibility to mentors, and structured curricula promote residency research<sup>7-9</sup>.

## OBJECTIVE

This resident-led quality improvement study tested the feasibility of training fellow residents in SIC with aims of increasing comfort discussing EOL care and electronic medical record documentation.

## METHODS

- First and second year internal medicine residents were recruited.
- Participants received extra-curricular training on use of the Ariadne Labs SIC Guide and the Advanced Care Planning tab in Epic®.
- Baseline and post-training surveys were conducted to determine attitudes and confidence related to EOL discussions.

## RESULTS

- Initial recruitment efforts were unsuccessful.
- Participation increased from 0 → 7 after residency administrators approved protected time for SIC training during residents' clinic weeks.
- Six residents (85.7%) completed baseline and post-training surveys.
- Residents listed lack of time as the key barrier to initiating SIC.
- Self-reported comfort discussing EOL care and documenting the conversations improved after training.

Survey Items	Baseline Mean ± SD	Post-Training Mean ± SD
Frequency of leading advance care planning discussions with patients <sup>a</sup>	2.83 ± 0.75	3.00 ± 0.89
Comfort in discussing prognosis, serious illness, and end-of-life care with your patients <sup>b</sup>	3.33 ± 1.03	4.17 ± 0.41
Comfort documenting goals of care discussions in the Advanced Care Planning tab in Epic <sup>b</sup>	3.60 ± 0.89	4.00 ± 0.63
Given the necessary communication tools and practice to feel comfortable conducting serious illness conversations and advance care planning <sup>c</sup>	3.83 ± 0.41	4.33 ± 0.82
Feel effective, satisfied, and more connected to patients after conducting serious illness conversations and advance care planning <sup>c</sup>	3.67 ± 0.52	4.00 ± 0.00

<sup>a</sup> Response scale: 1= Never, 2= A few times (1-4), 3= A handful of times (5-9), 4= Regularly (10+)

<sup>b</sup> Response scale: 1= Extremely uncomfortable, 2= Mildly uncomfortable, 3= Neutral, 4= Somewhat comfortable, 5= Very comfortable

<sup>c</sup> Response scale: 1= Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly agree

**Table 1.** Survey results of residents at baseline and following Serious Illness Conversation training

## DISCUSSION/CONCLUSIONS

- Resident researchers and participants expressed a positive experience with the training.
- Results indicated improved comfort in SIC and participants found this to be a good use of their time.
- Residency program buy-in, strong faculty mentorship, and structured curricula are tools that can be used to successfully implement a resident-led project.

## FUTURE DIRECTIONS

- Continue and complete chart reviews to assess impact of the intervention.
- Recruit additional resident researchers.
- Continue recruitment of participants, including family medicine residents.
- Ensure continued support from residency administrators.

## REFERENCES

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