

# When We're All Together, the Patient Knows It: Creating an Interdisciplinary Learning Community in Palliative Medicine

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# “When we’re all together, the patient knows it:” Creating an Interdisciplinary Learning Community in Palliative Medicine

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## Context

### The Palliative Medicine Scholars (PaIMS) program was initiated to:

- Foster the culture of palliative medicine across the Lehigh Valley Health Network
- Develop faculty for an anticipated Palliative Medicine Fellowship
- Reinforce **OACIS (Optimizing Advanced Complex Illness Support)**, an interdisciplinary team-based program that facilitates communication, self-management, and patient-centered care for those with complex illness.



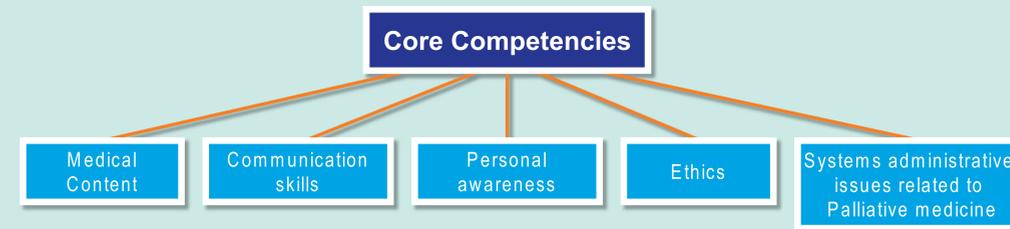
## Who

PaIMS is open to anyone with a personal or professional interest in palliative care. Attendees include:



## Process

Participants collaboratively designed a curriculum grounded in five core competencies:



Sessions meet twice a month, are 90 minutes long, and are delivered over lunch. Planning occurs approximately 1-2 months in advance through team meetings facilitated by a medical educator using a planning session guide. Our curriculum materials are housed in a web-based repository accessible to group members. To stay green, presenters distribute only one double-sided handout summarizing key points of their content and learning activities.

### Participant Voices

*“There was one cancer patient we had that went poorly and one that went well . . . . The difference between that patient and the first was that I had people to talk to and knew everyone (through PaIMS).”*

*“It (PaIMS) created a community for us. Every single person who works on a patient connects with each other . . . .”*

*“I don’t think I had a thorough understanding of what everybody did. It (PaIMS) increased my appreciation and ability to support them.”*

*“We all get trained in how to do, but PaIMS has made us comfortable with how to be. We witness each others’ stories. We’re an audience for each other and it’s supporting and it’s validating.”*

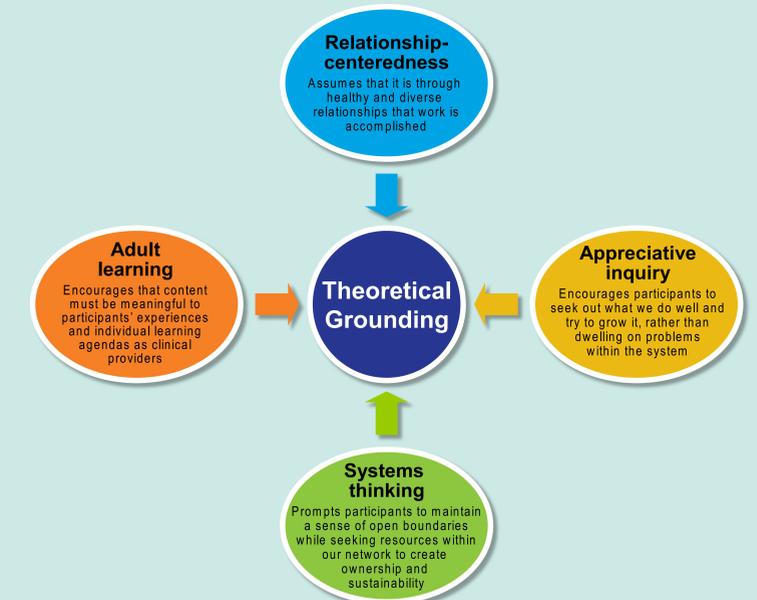
*“PaIMS starts with real issues and real people. Those involved are willing to work on and build to the ideal.”*

*“All members are encouraged to participate and are respected for the unique qualities and skills they have to offer. The movement gains more momentum and has a greater influence on cultural change at [the Network].”*

*“PaIMS itself is a great example for ‘leading within’ to energize, tap creativity, and mobilize collaboration to develop a process that brings people together to learn from each other, solve problems and build relationships to improve patient care and the feeling of connectedness and ownership of staff.”*

## Theoretical Grounding

The following core theories informed our facilitation of PaIMS as a learning community. These theories include:



## Results

In the first 36 months, PaIMS has grown to include 130 people on our session sign-in sheet and 275 people on our email distribution list. Sample topics include:

- Patient-Centered Interviewing/Pain Assessment
- Overview of Pain Medications
- Psychosocial Issues with Suffering
- Ethical Principles
- Resources & Processes
- Nutrition
- Breaking Bad News
- Coping Strategies
- Nonpain Symptom Assessment & Management
- Neuropathic Pain
- Communicating about Advance Directives
- Vent Withdrawal
- Still Suffering . . . Honoring Cultural & Spiritual Practices
- Hospice Referral
- Death Pronouncement & Organ Donation
- Visceral Pain
- Assessing Functional Capacity
- Radiation Therapy: Treatment & Impact
- Community Resources for Caregivers
- Facilitating a Family Meeting
- Pediatric Milestones for Understanding Death
- Assessing Functional Capacity (Hospital)
- Understanding Palliative Chemotherapy: Benefits and Burdens
- Complementary Medicine
- Functional Capacity (Home Care)
- Physiology of Stress
- Labyrinth Walk
- The SPEED of Trust
- Sexuality and Chronic Illness

## Conclusions

- 1 By using a collaborative educational forum and engaging people through their personal experiences and professional expertise, we have strengthened the palliative medicine culture and community of our hospital network.
- 2 Participants’ feedback and active participation indicates that we have created a successful and sustainable interdisciplinary learning community.
- 3 PaIMS reduces cross-disciplinary tensions by emphasizing common professional values and demystifying the roles of other providers.
- 4 The PaIMS culture of personal connection in a safe and facilitated environment carries over to the floors and bedside where participants feel more comfortable and trusting of other members of the team.

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