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**Title**

*Healthcare professionals' intention to engage in serious illness conversations after training: a secondary analyses of a cRCT*

**Priority 1 (Research Category)**

Palliative and end-of-life care

**Presenters**

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**Abstract**

Context: Few studies have evaluated the impact of an interprofessional advance care planning (ACP) intervention in primary care. A structured ACP training as part of the implementation of the Serious Illness Care Program (SICP) was adapted to include an interprofessional team-based approach to ACP.

Objective: To evaluate the impact of being trained in an Interprofessional team-based approach to ACP compared to being trained in an individual clinician-based ACP approach on primary healthcare professionals' (HCP's) intention to engage patients in serious illness conversations

Study design and analysis: We conducted a comparative effectiveness study using post-interventions measures from a cluster-randomized clinical trial

Setting: community-based primary care practices (PCPs) in the United States and in Canada recruited from 7 practice-based research networks (PBRNs) that are part of the Meta-Larc consortium. The unit of randomization was the PCPs stratified by PBRN.

Population: HCP's recruited through primary care practices.

Intervention: Practices were assigned to either an interprofessional team-based training (intervention) or individual clinician-based (comparator). Both trainings were adapted from the SICP developed by Ariadne Labs and lasted 3 hours (1.5h online tutorial and 1.5h in-person role-play session).

Outcome Measures: the intention of primary HCP's to have serious illness conversations after being trained in an interprofessional team-based approach or an individual clinician-based approach of the SICP, measured using the CPD-REACTION questionnaire.

Results: 38 of 45 (84.4%) practices participated and 373 of 535 (69.7%) HCP's fully answered the CPD-REACTION in the study (64.1% under 44 years old; 78.0% women; 85.0% at least 4-years university

studies 71.6.2% were primary care clinicians; 53.9% in urban settings). After training, mean intention scores for the interprofessional team-based (n=223) and individual clinician-based (n=150) were  $6.0 \pm 1.1$  and  $6.5 \pm 0.7$ , respectively. Mean difference was -0.45 (CI -0.79; -0.11;  $p=0.01$ ). Adjusted for education level and profession, mean difference was -0.05(CI -0.38;0.29);  $p=0.77$ ).

Conclusions: Participants in the interprofessional team-based training did not perform better than the individual clinician-based approach in impacting healthcare professionals' intentions to have serious illness conversations. Profession and education may have a role in the results found.