

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6715

### **Title**

*Sustainability of health professionals' intention to have serious illness conversations at 1 and 2 years after training*

### **Priority 1 (Research Category)**

Dissemination and implementation research

### **Presenters**

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### **Abstract**

We know little about the sustainability of CPD impact over time. Objective: To measure the sustainability of health professionals' intention to have conversations about serious illness after CPD with an individual-focused approach compared to one with an interprofessional team-based approach. Method: We conducted a cluster randomized trial with measures immediately (T1), at 1 year (T2) and at 2 years (T3) after training in primary care clinics in Canada and the United States. Results are reported according to CONSERVE (2021) guidelines. Clinics were randomly assigned to either individual-focused training (comparator) or team-based training (intervention). We measured health professionals' intention to have serious illness conversations, associated psychosocial factors (social norm, moral norm, beliefs about consequences, and beliefs about abilities) using the CPD-Reaction. We also assessed participants' perception of the SICG as well as sociodemographic characteristics. Statistical analyses were performed using a linear mixed model for each time point (T1, T2 and T3) with an interaction term between time point and arm. Results: The average age of the 373 participants was between 35 and 44 years, and 79% were women at each time point. On a scale of 1 to 7, at T1 the mean intention was 5.33 (SD 0.20) for the individual-focused arm and 5.36 (SD 0.18) for the team-based arm; at T2, 4.94 (SD 0.23) and 4.87 (SD 0.21); and at T3, 5.14 (SD 0.24) and 4.59 (SD 0.21) respectively. The difference in mean intention between the two study arms was 0.02 (CI -0.26 to 0.31), -0.07 (CI -0.49 to 0.34), -0.55 (-1.00 to -0.10) at T1, T2 and T3 respectively with a p-value of 0.01 at T3. The p-value for the interaction between study arm and time point was 0.048. Overall, participants felt confident in their ability to have serious illness conversations with the SICG but time constraints and appropriateness of the clinical encounter were identified as barriers. Conclusion: Health professionals' intention to have serious illness

conversations was lower at 1- and 2-year follow-up after training using an interprofessional approach compared to an individual-based approach. There is a significant difference at two years in favor of individual-focused training. Our results could contribute to improving CPD and, in turn the quality-of-care provision.

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