From Silos to Synergy: Results of the Interdisciplinary Curriculum in Oncology Palliative Education (iCOPE) on Student Learning Outcomes (FR457-A)

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Objectives

• Understand the rationale and design of a research study to test an innovative interdisciplinary palliative care curriculum, with applicability to attendees' own institutions.

• Name components of a plan to evaluate the outcomes of the innovative interdisciplinary palliative care curriculum.

• Summarize the impact of iCOPE on learner outcomes.

Original Research Background: Interprofessional education (IPE) is essential to prepare a practice-ready workforce equipped to provide team-based, holistic patient and family centered palliative care. This abstract describes an interdisciplinary model for a mandatory, centrally driven, and sustainable curriculum in palliative care and presents results from a study including students of social work, medicine, nursing, and chaplaincy.

Research Objectives: In 2010 the University of Louisville received funding from the NCI (NIH-1-R25-CA-148005) to develop and test the impact of an interdisciplinary palliative oncology curriculum on learners.

Methods: A pre/post mixed-methods research design was used to evaluate the impact of the curriculum on 391 students from chaplaincy, nursing, medicine, and social work over five semesters beginning in fall 2012. Participants completed four online case-based learning modules, a clinical rotation, a critical reflection assignment, and an interdisciplinary case management experience. Pre/post measures included the End-of-Life Professional Caregiver Survey (EPCS), evaluating palliative care-specific educational needs related to all eight domains of the consensus guidelines; and the Self-Efficacy for Interprofessional Experiential Learning Scale (SEIEL), measuring student self-efficacy perceptions related to learning collaboratively in interprofessional teams. Pre/post interdisciplinary palliative care knowledge questions were developed and administered. Students completed post-curriculum evaluation of the learning modalities and participated in focus groups to provide feedback on overall content, process, outcomes, and logistical considerations.

Results: Increases occurred in attitude and skill (EPCS, t(390)=-16.0, p<.001; d=0.81; SEIEL, t(385)=-30.6,p<.001; d=1.55); and a summation of correct knowledge-based questions (t(218)=13.3, p<.001; d=1.55). Student ratings of high effectiveness and quality ranged from 89%-91%. Qualitative feedback revealed the following themes: high satisfaction with case-based interdisciplinary learning, clinical experiences; interdisciplinary team learning was new for most students.

Conclusions: The iCOPE curriculum significantly improves interdisciplinary palliative care practice, knowledge, and skills, and is a highly valued experience for learners.

Implications for Research, Policy, or Practice: The obstacles to IPE can be overcome to provide learners with the knowledge, attitudes, and skills essential for interdisciplinary practice in palliative care. Students can be significantly impacted when taught the principles of palliative care and teamwork using interdisciplinary, case-based, learner-centered approaches.