

## **Interprofessional Education in Serious Illness Care: Enhancing Collaboration and Patient Outcomes**

### **Aims:**

Individuals with serious illness require care that is timely, coordinated, and aligned with their goals and values. Fragmented care often leads to unnecessary interventions and increased healthcare spending without improving quality of life. As the population of older adults with multiple chronic conditions grows, the need for team-based, well-coordinated care is more urgent than ever. This initiative addresses the gap in effective interprofessional education (IPE) by implementing a structured program to enhance collaboration and improve outcomes in serious illness care.

### **Methods:**

An 8-week interprofessional education program was developed, combining didactic instruction with interactive group learning. The curriculum was grounded in the eight domains of quality palliative care and included:

- 10 core modules covering hospice and palliative care, prognostication, illness trajectories, psychological and spiritual support, grief and bereavement, social determinants of health, care nearing end of life, advance care planning, and ethical considerations.
- 2 live sessions focused on collaborative practice, communication, and applying core competencies in real-time scenarios.

Participants included five cohorts from across the U.S., representing diverse disciplines such as nursing, social work, chaplaincy, and medicine.

### **Results:**

Analysis of feedback from the fifth cohort revealed strong thematic outcomes:

- **Improved Clinical Confidence:** Participants reported increased ability to assess hospice eligibility, guide families through illness trajectories, and manage end-of-life symptoms.
- **Enhanced Communication Skills:** Active listening, use of conversation guides, and psychological vocabulary were frequently cited as tools for improving patient and family interactions.
- **Team Collaboration:** Participants emphasized the importance of interdisciplinary teamwork, with many planning to integrate tools and strategies into IDT meetings and onboarding processes.
- **Emotional & Spiritual Support:** Greater awareness of grief stages, spiritual assessments, and existential pain led to more holistic care approaches.

- Application of Ethical Frameworks: Learners appreciated structured models for navigating moral dilemmas and supporting patient autonomy.
- Social Determinants of Health: Increased attention to socioeconomic barriers and resource navigation was noted, especially in home-based care settings.

Live session feedback reinforced the value of real-time collaboration, debriefing, and applying NCP guidelines to strengthen care delivery.

### **Program Reach and Participant Diversity:**

Across five cohorts, a total of 58 healthcare professionals completed the 8-week Interprofessional Education in Serious Illness Care program. Participants represented a wide range of disciplines—including nurse practitioners (10), registered/licensed practical nurses (35), social workers (9), chaplains (1), home health aides/certified nursing assistants (4), and end-of-life doulas (1)—reflecting the interdisciplinary nature of serious illness care. Cohorts 1–3 were internal to the organization, while Cohort 4 expanded regionally within New Jersey, and Cohort 5 reached a national audience, including participants from California, Ohio, Florida, and New Jersey. Care settings spanned inpatient and outpatient hospice and palliative care, Veterans Administration facilities, and acute care hospitals, underscoring the program’s relevance across diverse healthcare environments.

### **Supporting Evidence:**

This initiative is supported by a growing body of research demonstrating the effectiveness of IPE in serious illness care:

- A scoping review of 94 studies found IPE interventions improve patient satisfaction, reduce medical errors, and lower mortality rates (Nagel et al., 2024).
- A state-of-the-art review identified experiential and community-based learning as key to successful IPE (Topor & Boduch, 2024).
- A systematic review of palliative care IPE programs emphasized the need for integration into health systems (Griscti & Jacono, 2006).
- Evidence from Penn Leonard Davis Institute shows that interprofessional collaboration leads to shorter hospital stays and improved care quality (Penn LDI, 2024).
- Cadet et al. (2024) found that IPE interventions improve role clarity, communication, and teamwork, leading to safer and more effective care.
- Spaulding et al. (2021) demonstrated that structured IPE enhances collaboration and improves patient outcomes across healthcare settings

**Conclusion:**

This interprofessional education model fosters a collaborative learning environment where clinicians learn with and from each other. The program supports the development of innovative, team-based practices that improve care quality for seriously ill patients and enhance professional fulfillment among healthcare providers.

**Clinical Implications:**

Healthcare professionals can apply the interdisciplinary skills and insights gained to improve patient-centered care, strengthen team dynamics, and reduce unnecessary interventions. The program demonstrates the value of structured interprofessional education in transforming serious illness care delivery.

**Future Directions:**

Further research will explore the long-term impact on patient outcomes, healthcare utilization, and staff retention. Expanding the program to include more diverse populations, care settings, and virtual formats may enhance its reach and scalability.

**Keywords:**

Interprofessional education, serious illness care, palliative care, interdisciplinary collaboration, patient outcomes, team-based care

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