International Society of

**Advance Care Planning
& End of Life Care
Conference**9 - 11 May 2013
Melbourne, Australia
www.acpelsociety.com **Abstracts of the Advance Care Planning and End of Life
Care Conference – Putting Words into Action**

9–11 May 2013

Melbourne Convention and Exhibition Centre, Australia

2

**MEASURING AND IMPROVING COMMUNICATION
ABOUT PALLIATIVE AND END-OF-LIFE CARE**

J Randall Curtis^{1,2,3} ¹A. Bruce Montgomery—American Lung Association
Endowed Chair in Pulmonary and Critical Care Medicine; ²Director, UW
Palliative Care Center of Excellence; ³Section Head, Pulmonary and Critical Care
Medicine Harborview Medical Center, University of Washington, Seattle,
Washington, USA

10.1136/bmjspcare-2013-000491.2

Description and Learning Objectives There are major challenges confronting clinicians, researchers, and policy-makers regarding improving communication about palliative and end-of-life care with patients and families. There is also mounting evidence that the intensity of care at the end-of-life is increasing, despite the fact that most patients report they would prefer not to die in high-intensity medical settings. Recent research suggests that improved communication about palliative and end-of-life care is associated with reduced intensity of care at the end of life, improved quality of life for patients and families, improved quality of dying for patients, and reduced psychological symptoms for families. Yet, the most effective and cost-effective ways to achieve improved communication are not clear. One important step to improving communication is being able to reliably measure the quality of this communication. We will review recent studies identifying some successful methods to measure the quality of communication about palliative and end-of-life care and some interventions that have been documented to successfully improve these communication skills. We will also review preliminary results of a recently completed randomised trial of a communication skills building workshop for physicians and nurse practitioners using patient-level outcomes data to assess outcomes.

Finally, we will discuss methods to help clinicians develop a personalised approach for conducting communication about palliative and end-of-life care in their own clinical practice.