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Letter to the Editor: A Triple Ripple: Palliative ECHO[®] Program Has Reverberations for Junior Faculty, Regional Health Care Colleagues, and Specialty Clinicians

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Dear Editor:

Health care providers in rural settings face barriers to accessing specialty expertise education from academic centers and often feel isolated.¹ Concomitantly, junior faculty at academic centers can struggle for opportunities to develop skills for presenting to regional audiences, a requirement for promotion. When our institution's Project Extension for Community Healthcare Outcomes (ECHO[®]) program inquired about designing a Palliative series, we saw an opportunity to provide both specialty education to our region and mentorship to junior faculty, using this well-established model of online telementoring.

In 2021, two senior Palliative Care faculty—a nurse practitioner familiar with the ECHO[®] model and a physician with mentoring experience—invited six junior faculty to form the core team of an interdisciplinary Palliative ECHO. Together we reviewed ECHO's "all teach, all learn" format including a didactic, case presentation, and facilitated discussion culminating in recommendations from both participants and the faculty panel.² Next, we determined topics and identified rotating key roles needed to deliver the monthly sessions. Prior to each "Live ECHO," we held a "Mock ECHO" where the didactic presenter received feedback on their content, delivery, and timing, and the case was previewed for clarity and to stimulate recommendation brainstorming. The core team debriefed following each Live ECHO (see Figure 1). Participants completed pre- and post-course surveys and junior faculty completed surveys at the end of each year.

Based on two years of data (see Table 1), our Palliative ECHO successfully achieved its initial "dual" goals. Participant

confidence in Palliative Care topics increased from pre- to post-course, as did the proportion reporting a decreased sense of professional isolation. Two-thirds reported changes in their thinking and practice related to Palliative Care. At the same time, junior faculty rated their experiences highly, specifically valuing opportunities to develop as presenters in a regional forum, to practice presentation skills in the safety of non-judgmental colleagues, and to gain confidence as both clinicians and educators. During Years 2 and 3, a third "ripple effect" of our

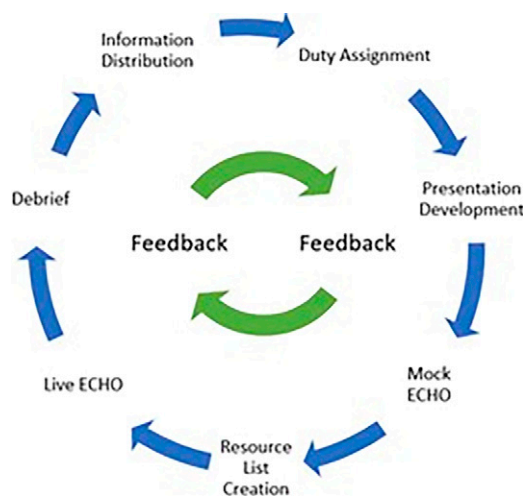


FIG. 1. Structured Monthly Cycle.

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TABLE 1. CHARACTERISTICS AND OUTCOMES OF A PALLIATIVE ECHO DEVELOPED FOR REGIONAL EDUCATION AND JUNIOR FACULTY DEVELOPMENT

Topics by year	Regional education	Junior faculty development
1.0 Introductory Palliative Care: Palliative Versus Hospice, SIC, Pain, Dyspnea, Nausea, Constipation, Anxiety, Depression, Insomnia, Spiritual Care, EOL Care, Bereavement 2.0 Advanced Palliative Care: Early & Late SIC, Prognostication, MAID, Emotional Distress, Care Partners, Ethics of EOL Care, Advanced Pain, Psychedelics, Narrative Medicine 3.0 Intersections with Specialty Care: Advanced Cardiac, Pulmonary, Hepatic, & Renal Diseases; Parkinson's Disease; Dementias; Advanced Surgical Decisions; Substance Use Disorder	Mean Registration: 165 (Range 157–175) Mean Attendance: 73 (Range 46–104) Disciplines: MD/DO, APRN, RN, MSW, Spiritual Care, PT/OT, Volunteer, community members Confidence in Palliative Care Topics (Pre→Post): <u>1.0:</u> 52%→72% <u>2.0:</u> 64%→80% Decreased sense of professional isolation: <u>1.0:</u> 90% <u>2.0:</u> 92% Change in thinking or practice: <u>1.0:</u> 70% <u>2.0:</u> 65% Participant Quote “I have been more collaborative with team members... for whole-person approach, using additional/different interventions and also feeling more confident in using alternative interventions.”	Core Faculty: 9 Disciplines: MD/DO, APRN, PharmD, MSW, Spiritual Care, Patient/Family Advocate Delivery of didactics: 1.0: Core faculty only 2.0: Core faculty and internal palliative colleagues 3.0: Internal and external specialist colleagues Faculty Quotes “Even though we’re the subject matter experts, it’s been a huge growth opportunity getting to learn from each other and our community. I was also so nervous before our first session and this experience has really helped grow my confidence in public speaking.” “‘This experience buoyed my confidence as a medical provider and instructor. I also felt an increased camaraderie with other providers in my area as I was able to hear their and their patients’ narratives.’”

APRN, advanced practice registered nurse; DO, doctor of osteopathy; ECHO, extension for community healthcare outcomes; EOL, end of life; MAID, medical aid in dying; disciplines; MD, Doctor of Medicine; MSW, Master of Social Work; OT, occupational therapist; PharmD, pharmacy; PT, physical therapist; RN, registered nurse; SIC, serious illness conversation.

series emerged. As our didactic presenters expanded from core junior faculty to non-Palliative specialist colleagues, they too expressed high value from the structured mentorship and opportunity to present regionally.

Project ECHO has been using online telementoring to effectively connect subject matter experts with rural clinicians to increase their skills, knowledge, and abilities to care for complex medical conditions since 2003 and now includes nearly 7,000 programs in 208 countries/areas worldwide.^{1,2} Palliative ECHOs have successfully educated interdisciplinary clinicians on complex symptom management and communication,^{3,4} and our experience further demonstrates the model can be leveraged to support junior faculty in developing skills for teaching interprofessional regional audiences. We attribute the sustained success of our combined Palliative ECHO/junior faculty mentorship program most notably to monthly “Mock ECHO” sessions. Beyond maximizing the quality of the didactic presentations, these “practice” sessions familiarized the core ECHO team with both the didactic and case, providing optimal preparation to facilitate the Live sessions and offer thoughtful recommendations. The primary challenge is future funding. While we were fortunate to have strong leadership support, including protected time to develop our ECHO, we are looking to philanthropic support to offset costs going forward.

Palliative Care ECHO programs can expand the reach of primary and specialty Palliative Care education while also offering an effective pathway for junior faculty development. Success requires structured mentoring and philanthropic support to sustain program funding.

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