Impact of Organized Palliative Didactic Curriculum on Internal Medicine Resident Comfort with Topics in Palliative Care

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Background

- Data shows that internal medicine residents are frequently asked to facilitate goals of care (GOC) conversations and end of life decisions without adequate prior training and often feel unprepared to do so.[1,2]
- Current educational practices and culture do not provide sufficient end-of-life education for medical trainees such as medical students and internal medicine residents.[1,2]
- A new ACGME Internal Medicine Program Requirement IV.B.1.e(2) necessitates residents learn how to communicate about goals of care and end of life issues with patients and families.[3]
- The structure of a family meeting, the role of palliative care and hospice, and knowledge of how to identify a patient's legal decision maker are essential concepts that internal medicine residents must master.
- Increasing resident physician comfort and skills in these key areas may provide higher-quality care to patients and their families, such as more timely hospice referrals, less-aggressive care at end of life, and better quality of life for patients.[4]

Methods

- The curriculum consisted of a 2 hour didactic and practice session hosted by palliative care attendings, a palliative care social worker, and an internal medicine resident pursuing palliative care fellowship. Several different sessions were performed over multiple weeks to accommodate all residents during their pre-determined didactic time.
- Topics of the lecture included: basics about palliative care and hospice, structure of a goals of care discussion (with practice scenarios), and how to identify a patient's legal decision maker.
- Resident learners completed pre- and post-surveys about their comfort level with various topics including palliative care, hospice, healthcare surrogate and proxy determination, and leading GOC discussions. A total of 97 pre-didactic surveys and 89 post-didactic surveys were collected.

Results

- On the pre-survey, approximately half of the residents had prior palliative care didactics in medical school (54%) but only 20% had a dedicated palliative rotation. Only 37.5% of residents recalled having a dedicated palliative didactic once starting residency (Figure 1).
- Prior to the didactic session, the majority of residents felt neutral or were agreeably confident they could define and distinguish palliative care and hospice. Post didactic, 97.3% of residents were agreeable or strongly agreeable that they could confidently differentiate the two (Figure 2).
- There was an even greater impact on ability to identify health care proxies and surrogates: 68% of residents were neutral or not confident pre survey versus 89.2% of residents feeling confident post didactic (Figure 3).
- Prior to the didactic, only 12.5% of residents felt very confident in leading a GOC discussion. Another 53% were agreeably confident, 26% felt ambivalent, and 7% did not feel confident at all. Post-didactic, the number of residents who felt very confident leading a GOC discussion increased by 37.5% (Figure 4).
- Overall, the didactic session improved the total percent of residents feeling confident or very confident leading a GOC discussion to 93.2% (Figure 4).

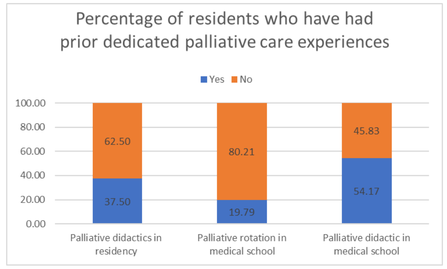

Figure 1: Prior Palliative Experiences

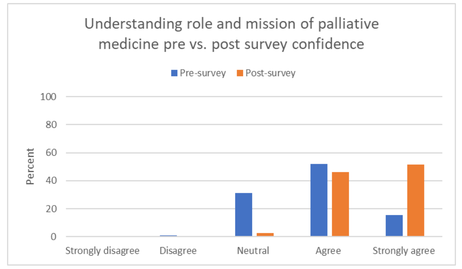

Figure 2: Role of Palliative Care and Hospice

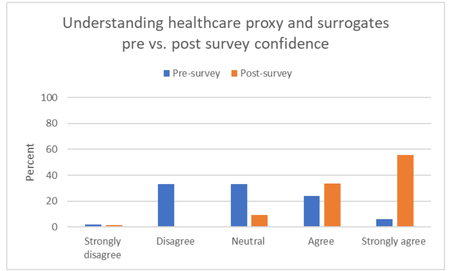

Figure 3: HCP and Surrogate Identification

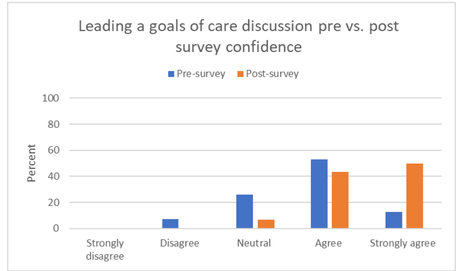

Figure 4: Leading a GOC Discussion

Conclusions

- In the USF Internal Medicine residency program, a comprehensive palliative didactic session was implemented, in addition to a scheduled palliative rotation in the intern year to address deficiencies in education and training.
- The post-didactic surveys give supportive evidence for the effectiveness of providing further understanding of the resources and application of palliative medicine.
- Given that all residents and other physicians will care for patients facing severe illness, terminal diagnoses, and complex pain syndromes, it is imperative that medical students and residents are exposed to these topics early on in their training.
- Healthcare proxy laws may be different by state, and residents entering training outside their home state may not be familiar with state practices.
- In an aging population where geriatric patients come to dominate our healthcare system, it will become even more important to exercise and apply palliative skills and principles.[5]
- With improved palliative care and hospice education, resident physicians may feel more comfortable having GOC conversations in a timely manner, thus providing better care for their critically ill and end of life patients.

References/Acknowledgements

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