Enhancing Palliative Care Education for Medical Students

November 7, 2012

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Background

• Medical education has been primarily focused on diagnosis and cure of disease.

• Patients with chronic diseases or terminal illness need a palliative model of care.
Background

• National surveys indicate widespread discomfort or deficiencies with basic palliative care competencies among medical students, residents, and attending staff.¹

• The Liaison Committee on Medical Education (LCME) mandates the provision of palliative care education.²

1. Bruera 2010
2. Van Aalst-Cohen 2008
Purpose

• Goals of Our Initiative
  > to provide a formal palliative care curriculum for Einstein students
  > to evaluate our curriculum outcomes

• Grant supported by the End of Life Palliative Education and Resource Center (EPERC)
First Initiative in Family Medicine Clerkship (2008-2010)

Curriculum:
1) A didactic lecture
2) Required readings
3) Ambulatory care patient interview
4) Group reflection
5) Three test questions

Student feedback:
→ content varied by lecturer
→ too many readings
→ generalist faculty unsure how to choose patient
→ reflection was boring
→ not clearly linked to the course content
Curriculum Overhaul

- Reviewed the student feedback
- Consulted curriculum development and palliative care experts
- Utilized Kern’s Six Step Approach to curriculum development
- Redefined our goals and objectives
- Altered our educational strategies
- Implemented a new curriculum and evaluation
Second Initiative (2010-current)

New curriculum:

1) Measurable objectives
2) Standardized lecture
3) Three required readings
4) Palliative care patient interview with debrief
5) Three test questions linked to objectives
6) Course evaluations linked to objectives
Second Initiative: Measurable Objectives

1. Describe 4 general principles of palliative care

2. List 5 components of a palliative care review of systems

3. Describe 3 components to assessing pain
Second Initiative: Standardized Lecture

- Given by core palliative medicine faculty

- Topics covered (1hr):
  - definition of palliative care
  - 4 domains of palliative care
  - integrating curative & palliative care in chronic disease
  - pain and symptom management
  - goals of care, advanced directives, and communication pearls
  - taking a spiritual history
  - what is “a good death”
  - review of the palliative care interview assignment
Second Initiative: Palliative care patient interview

> 3-4 students meet with a palliative care expert preceptor

> students are paired with a palliative care patient

> students use a standardized palliative care interview form

> students debrief as a small group with preceptor immediately after interview experience
Program evaluated using Kirkpatrick’s Hierarchy of Outcome Measures

Level 4b: Benefits to patients or clients

Level 4a: Change in organizational practice

Level 3: Change in behavior

Level 2b: Acquisition of knowledge/skills

Level 2a: Modification of attitudes/perceptions

Level 1: Learners’ reactions

4. Kirkpatrick’s Four Levels of Evaluation, 1967
Second Initiative: Program Outcomes

- Quantitative feedback regarding the course quality (level 1)
- AAMC graduate questionnaire to ascertain whether time spent on subject was appropriate (level 1)
- Self assessed comfort with palliative care (2a)
- Self assessed ability to meet objectives (2a)
- 3 Multiple choice questions (2b)
RESULTS
Quantitative feedback regarding the course quality (Level 1)

- Students evaluation of Palliative Care faculty:
  - 87.4% rated lecturers as enthusiastic (n = 146)
  - 88.7% rated preceptors as enthusiastic (n = 149)

2011-12 Academic Year
AAMC GQ Results (Level 1)
Do you believe your instruction in the following areas was appropriate?
Self assessed comfort with palliative care (Level 2a)

Students comfortable/very comfortable

<table>
<thead>
<tr>
<th>Year</th>
<th>Comfortable/Very Comfortable</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2012</td>
<td>27.15</td>
<td>351</td>
</tr>
<tr>
<td></td>
<td>69.05</td>
<td>350</td>
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</table>

p = 0.001
Self assessed ability to meet objectives (Level 2a)

Students agree/strongly agree

<table>
<thead>
<tr>
<th>Principle</th>
<th>2010-2012</th>
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<tbody>
<tr>
<td>Principles</td>
<td>86.3%</td>
</tr>
<tr>
<td>Review of Systems</td>
<td>80%</td>
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<tr>
<td>Pain</td>
<td>74.75%</td>
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</table>

N=351, N=350, N=348
3 multiple choice test questions (Level 2b)

Percent answered correct

<table>
<thead>
<tr>
<th>Year</th>
<th>Principles</th>
<th>Review of Systems</th>
<th>Pain</th>
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<tr>
<td>2010-2012</td>
<td>78.65%</td>
<td>95.9%</td>
<td>99.4%</td>
</tr>
</tbody>
</table>

N = 350 N = 350 N = 350
Discussion:
Could Social Cognitive Career Theory (SCCT) explain our results?

SCCT contends the positive learning experiences increases learner confidence in career-related abilities and interests.

- Personal success experiences
- Exposure to successful role models
- Social and verbal encouragement
- Positive affective reactions (low anxiety) while completing a task

Bandura 1986
Discussion:
Could Social Cognitive Career Theory (SCCT) explain our results?

- Curriculum allows students a hands-on experience with palliative care patients
- Exposure to palliative care role models
- Reassurance and immediate feedback provided during expert debriefing
- Experience reduced student anxiety when caring for palliative care patients.
Limitations

- No baseline assessment
- Limited time for palliative care content
- Most outcomes are lower level on Kirkpatrick’s pyramid
- Construct validity issues with just 3 items
- Unclear if other palliative care initiatives at Einstein influencing outcomes
Future directions:
Observed Structured Clinical Examination (OSCE)

• Piloting a formative OSCE (Kirkpatrick level 3)
• OSCE Scenario: Patient with known metastatic lung cancer follows up with the student in the role of a primary care physician
  > Eliciting questions about the patient’s diagnosis
  > Referring the patient to specialists including early palliative care referral
  > Re-affirming his/her role as her primary care physician
Conclusion

• The curriculum resulted in students’ self reported improved comfort with palliative care.

• The majority of students felt the initiative allowed them to meet the objectives.

• Students demonstrated reasonable proficiency on 3 MCQs.


Thank you