Palliative Care: An Examination of a Broadened Training Curriculum for Internal Medicine Residents
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BACKGROUND

- Chronic diseases including cancer, heart disease, lung disease, and diabetes account for three-quarters of our nation’s health care expenses.
- Additionally there are 35 million Americans aged 65 and older which account for greater than one-third of outpatient visits and hospitalizations.
- Caring for those with chronic diseases and older patients involves providing not only effective preventative and curative therapies, but increasingly appropriate palliative care as well.
- The successful palliative care curriculum will need to use a multifaceted approach, incorporating a variety of intentional strategies to address the multiple competencies required.
- Our curriculum study team developed and expanded curriculum that would utilize multiple approaches to learning (including the aforementioned strategies as well as a noon conference lecture, a computer module and role-playing session).
- But it was important for us to learn what aspects of palliative care were ‘weakest’ for the resident physicians in order to help our teaching faculty to concentrate on those areas most in need of improvement.

METHODS

- We developed a 40-item survey with a true-false and multiple-choice option format.
- There were 35 knowledge items and 5 attitude items.
- Knowledge questions targeted such areas as palliative care definitions, goals, benefits, and roles. Attitude items targeted perceptions of competency as well as an assessment of the current palliative care curriculum.
- The questionnaire was distributed via Survey Monkey to all 1st and 2nd year Internal Medicine resident physicians.
- An exemption from full-board review was granted by the hospital’s Institutional Review Board.

RESULTS

- Resident physicians had a strong understanding of the broad goals of palliative care – as well as the importance of working as a team with other health care professionals to support the patient and family.
- There were some significant knowledge deficits about advance directives- including misperceptions about its impact on patient requests for ‘all care possible’.
- Regarding self-evaluations of competency, only a small percentage (17%) rated their overall knowledge level as being ‘strong’ or ‘very strong’.
- Less than one-third expressed that they were ‘very comfortable’ or ‘comfortable’ in addressing the issue of palliative care with the patient and/or family.
- The majority (60%) expressed the need to enhance the current palliative care curriculum.

CONCLUSIONS

- The intent of the planned expanded curriculum is to strengthen our residents’ knowledge, attitudes and skills related to the provision of palliative care.
- We propose to implement a varied curriculum with both knowledge and experience-based activities.
- The pre-test survey allowed us to identify which palliative care issues would require the greatest attention.
- It also permitted us to establish the residents’ current learner status such that we can later conduct a posttest to assess changes in knowledge, attitudes and skills.
- Palliative care is a growing field that represents an integral part of the foundational care that physicians offer to their patients.
- There is a need for more rigorous curricular evaluation.

REFERENCES

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