

On That Note: Serious Illness Conversations & Advance Care Planning in Graduate Medical Education

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Introduction

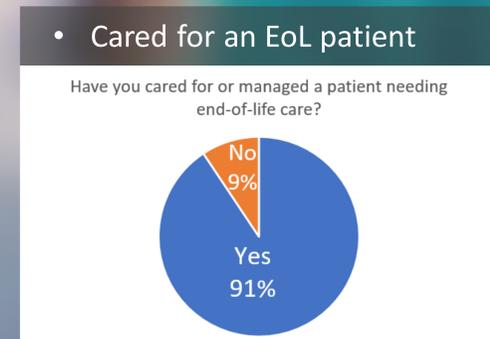
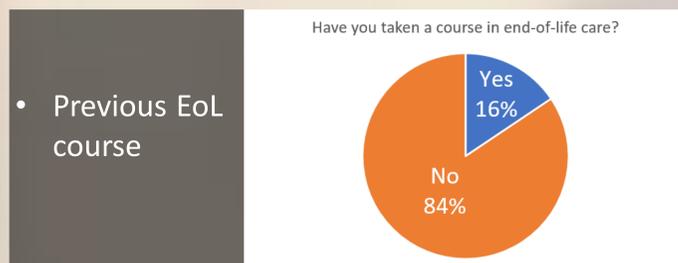
- End-of-life (EoL) and goals of care (GOC) conversations are important and inevitable components of patient care which are not typically or extensively taught to pre- or post-graduate medical trainees.
- Many providers worry that EoL discussions cause undue stress for patients and families, but individuals more often cite a lack of prognostic information and EoL discussions as a stressor.¹
- 98% of patients want their provider to be communicative and realistic while acknowledging the patient as an individual when discussing end-of-life. 91% of patients found their provider to be nervous or uncomfortable in these conversations.²
- The Serious Illness Conversations Project aims to provide early graduate medical trainees with the framework for gracefully navigating EoL conversations, and a chance to practice these skills with standardized patients.

Objectives

- To determine the baseline comfort of graduate medical trainees caring for end-of-life patients and navigating conversations around end-of-life care.
- To assess the need for immersive end of life conversation simulation sessions with standardized patients (SPs).
- To identify which areas graduate medical trainees struggle with to tailor SP experiences with identified needs.

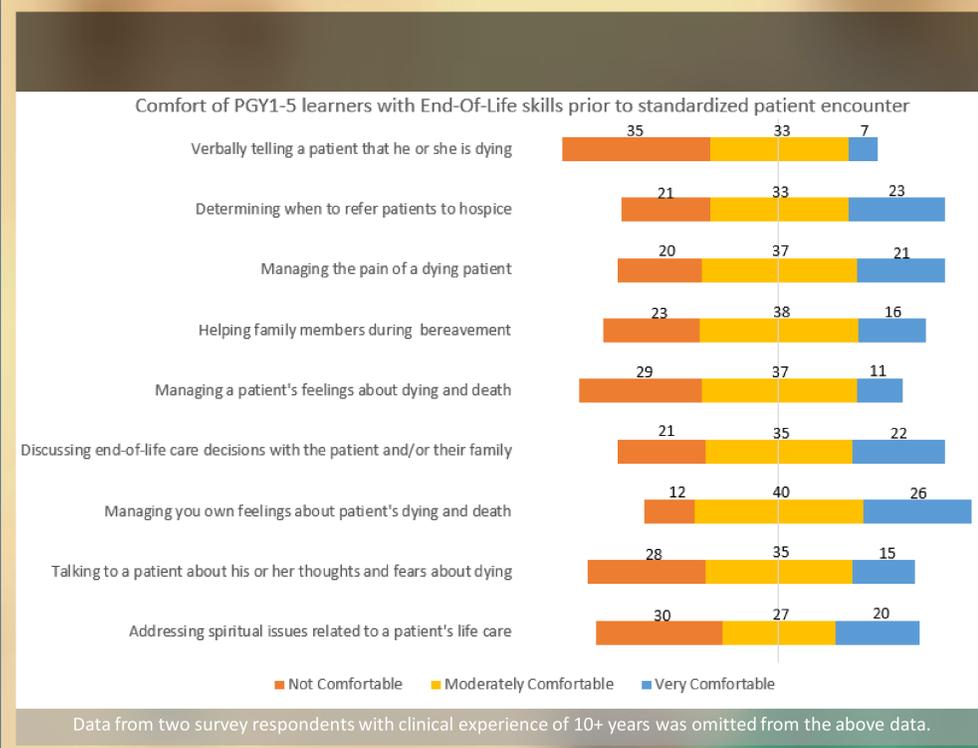
Methodology and Results

- 80 PGY1-5 graduate medical trainees were surveyed prior to standardized patient encounters.



Methodology and Results

- A survey was completed by post-graduate learners prior to participating in a 40 minute education session and two standardized patient encounters (N=80)



Discussion

- Most post-graduate education on EoL conversations is during active patient care, which does not provide a structured educational component or the opportunity for immediate feedback.
- A higher percentage of learners in this project felt less comfortable conversing with patients about dying and death. This supports data revealing that goals-of-care discussions happen infrequently and are triggered by illness severity in more acute setting.³
- Previous studies have found patients note no difference in interactions with providers who have undergone standardized training and those that have not.⁴ This would be an additional area of potential future exploration.
- The earlier serious illness conversations take place, the more likely quality of life and goal-congruent patient care can occur, with decreased rates of critical care admissions and unplanned hospital readmissions.⁵

Conclusion

- PGY1-5 graduate medical trainees lack standardized education for end of life and goals of care conversations, and as a result lack the foundation to confidently lead these important conversations with our growing terminally ill patient population.

Next steps...

- Our Phase 2 will focus on evaluating the effectiveness of targeted education interventions and standardized patient interactions on improving the comfort level of graduate medical learners in end-of-life care skills.

1. Buiar PG, Goldim JR. Barriers to the composition and implementation of advance directives in oncology: a literature review. *Ecancermedicalscience*. 2019;13:974. Published 2019 Nov 12. doi:10.3332/ecancer.2019.974

2. Hagerty RG, Butow PN, Ellis PM, et al. Communicating with realism and hope: incurable cancer patients' views on the disclosure of prognosis. *J Clin Oncol*. 2005;23:1278-1288. doi: 10.1200/JCO.2005.11.138.

3. Wong HJ, Wang J, Grinman M, et Wu RC. Goals of care discussions among hospitalized long term care residents: Predictors and associated outcomes of care. *J Hosp Med*. 2016 Dec; 11 (12): 824-831.

4. Curtis JR, Back AL, Ford DW, et al. Effect of Communication Skills Training for Residents and Nurse Practitioners on Quality of Communication With Patients With Serious Illness: A Randomized Trial. *JAMA*. 2013;310(21):2271-2281. doi:10.1001/jama.2013.282081

5. Emiloju OE, Djibo DA, Ford JG. Association Between the Timing of Goals-of-Care Discussions and Outcomes in Patients With Metastatic Cancer. *Am J Hosp Palliat Care*. 2019 Oct 21; 37 (6): 433-438.