

STUDENT PROGRAMS

"Tell me more:" Practicing Primary Palliative Care Skills in the Internal Medicine Clerkship

UW Medicine CAMBIA PALLIATIVE CARE CENTER OF EXCELLENCE

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## DESCRIPTION OF HOW THE PROBLEM WAS IDENTIFIED AND EXPLORED

75% of internal medicine clerkship directors sur- We implemented two active learning exercises: veyed believe that end-of-life and palliative care topics should be taught in the Medicine clerkship, but only 44% reported formal curricula in those topics.¹ Potential barriers include administrative and faculty burden with unclear benefits. We explored these obstacles to integrating palliative care learning objectives into the third-year Medicine clerkship by requiring two simple, student-directed activities in which students practice or observe a patient interaction and then reflect on the experience.

- · All students identified at least one thing they learned from completing the exercise.
- 32/157 or 20% of students delivered the news themselves with supervision; the rest observed a clinician delivering the news.
- Students delivered or observed the delivery of a wide range of serious news (Box 1).

#### DESCRIPTION OF THE INNOVATION

- Deliver serious news to a patient with observation and feedback or observe a clinician delivering the news and reflect on the experi-
- Discuss advance care planning with a patient and help them choose a healthcare agent

Students are required to complete the exercises at any time during the clerkship, debrief with their preceptor, and complete a brief online survey about their experience.

All students enrolled in the clerkship have completed both exercises thus far in the 2017-18 academic year. Our coordinator reports only minimal administrative burden. Student responses to reflective items in the survey regarding both exercises have been remarkably rich and insightful (Boxes 2 and 3).

#### 157 students completed the serious news exercise:

- All students identified at least one thing they learned.
- 83/153 or 54% of students reported a significant level of autonomy in completing the exercise (had the conversation with the patient without a supervisor present or had a supervisor present but "did most or all of the talking.")

153 students completed the advance care planning exercise:

- In 93/153 or 59% of the patient interactions the patient chose a healthcare agent.
- After completing the exercise, 108/153 or 71% of students rated their comfort level with discussing advance care planning with a patient as "very comfortable" or "comfortable".

### LESSONS LEARNED

This is a feasible model with minimal administrative and faculty burden. Students report being comfortable having these difficult conversations and substantive reflection has enriched their experience. We will explore this innovation further with a mixed-methods study of student reflections.

### Examples of serious news delivered or observed by students

- New diagnoses including new or recurrent cancer, cirrhosis, HIV, diabetes, inflammatory bowel disease
- Recommended discharge to SNF from hospital
- Team recommends patient have amputation
- New stroke with poor functional prognosis
- Worsening heart failure and new LV thrombus
- Progression of chronic kidney disease
- Team recommends patient start insulin for diabetes
- Patient with end-stage liver disease is not a liver transplant candidate

# Sample student responses from advance care planning exercise

I learned that silence can be more powerful than words.

I learned that it is best to start having conversations with patients about advanced care planning early on in their lives, preferably before they present emergently to the Intensive Care Unit . . .

This was more natural than expected, for both the patient and for me. I anticipated that the conversation may be an awkward one or at least feel uncomfortable, but it did not. It also is very helpful to now have an understanding of what questions are asked on a [Durable Power of Attorney] form. This exercise did help a lot.

## Sample student responses from serious news exercise

I learned that it is important to pause throughout the conversation to assess understanding, validate and normalize emotions, and offer empathy and support...

I learned about just being with people in their grief and watching them process news that they were not expecting. I am learning more and more that there is not one set reaction to bad news through this interaction and several since this one.

This experience taught me the importance of simplicity. The questions posed were simple, direct and kind. The physician listened and the patient talked. The focus remained on what makes life worth living . . .

I learned the importance of including family in the decision-making process even if the patient is competent. They provide an alternative view on the situation and also ask questions the patient did not consider.

1. Shaheen AW et al. End-of-Life and Palliative Care Curricula in Internal Medicine Clerkships: A Report on the Presence, Value, and Design of Curricula as Rated by Clerkship Directors Acad Med. 2014 Aug; 89(8):1168-73