

Needs Assessment for Palliative Care Education

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Introduction

Symptom management and end-of-life care are issues that nearly all physicians deal with on a regular basis. While the reach of palliative care has been growing, the majority of these challenges still are faced by the treating physician, partially for continuity of care and partially due to a shortage of palliative care trained physicians. Improving education and mastery of palliative care skills in all physicians is an important path to improve patient care and reduce costs.

Methods

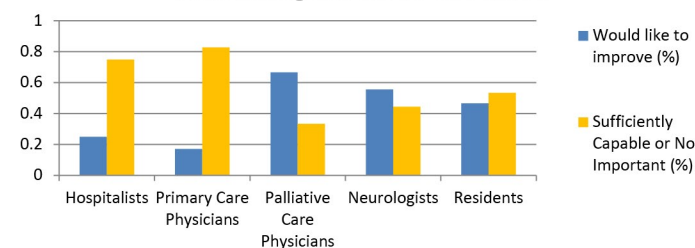
A survey was developed to address level of interest and comfort of physicians in a variety of palliative care-related topics and settings where they could be addressed in education. The questionnaire asked what topics physicians were interested in learning more about versus those they felt comfortable with or were not important to their practice. It posed the question of which educational environments were most effective to palliative care specialists and which educational environments were most desired to other physicians. It also requested background information about the respondent's specialty, level of training, and setting of practice. The survey was emailed to residents, fellows, and faculty in the internal medicine, family medicine, geriatrics, palliative care, and neurology departments.

The data collected was from 36 physicians identifying as hospitalists from the internal medicine and geriatrics divisions, 70 primary care physicians across family medicine, internal medicine, medicine/pediatrics, and geriatrics, 27 neurologists, 15 palliative care specialists, and 73 residents from family medicine, internal medicine, medicine/pediatrics, and neurology.

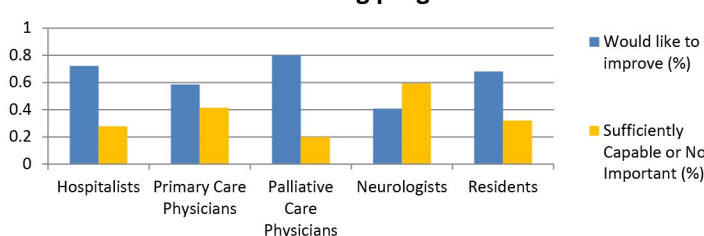
The data was analyzed comparing these groupings of physicians and the scale of responses was dichotomized into whether respondents were interested in further training in the topic or not. The not interested category included respondents who answered that they felt sufficiently capable with the topic or it was not important to their practice. This is justified by the survey's primary intent being to assess need for education and not whether or not a topic is important to the physician.

Results

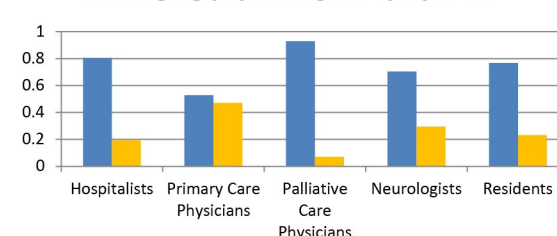
Addressing advanced directives



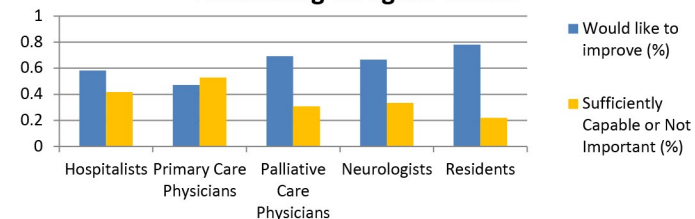
Addressing prognosis



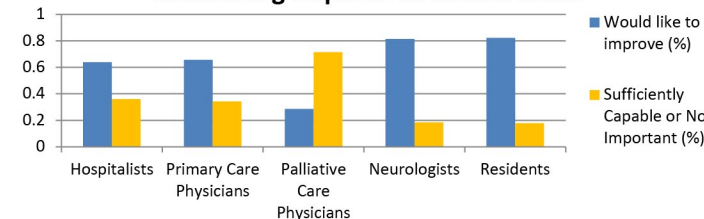
Managing psychological symptoms



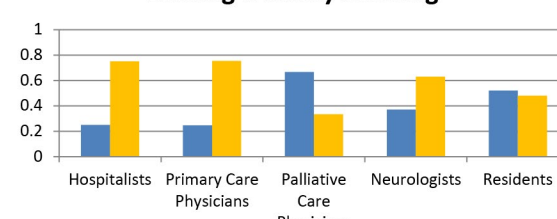
Addressing caregiver needs



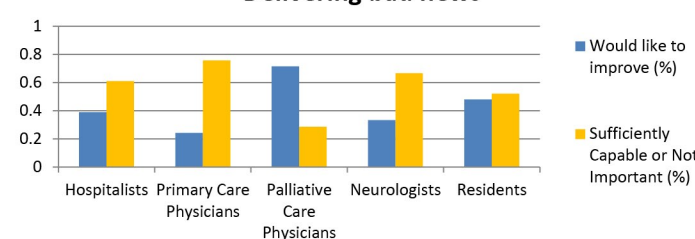
Addressing requests to hasten death



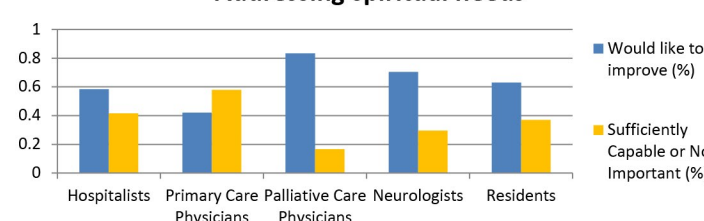
Leading a family meeting



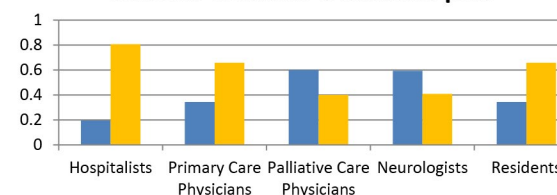
Delivering bad news



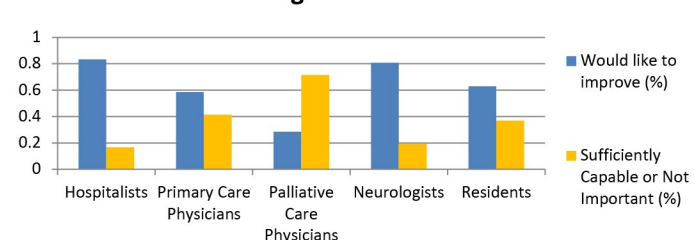
Addressing spiritual needs



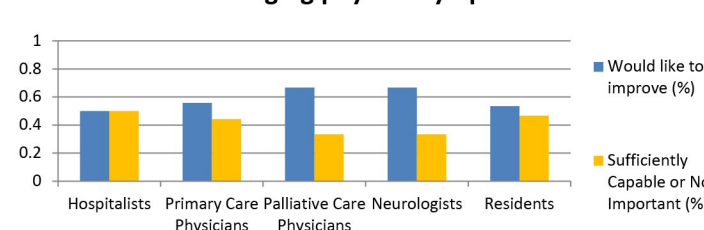
Managing the transition to a fully comfort-oriented treatment plan



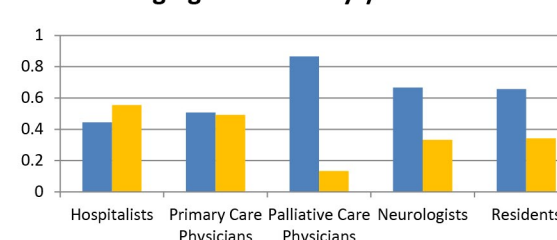
Addressing cultural differences



Managing physical symptoms



Managing the final days/hours of life

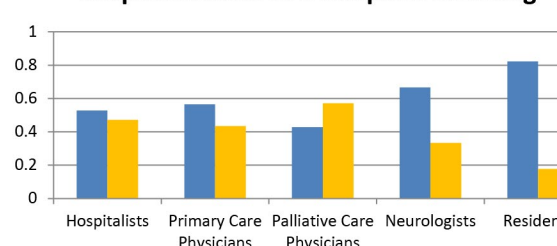


Discussion

The survey results show significant differences between desired palliative care education topics between physician specialties. While the statistic analysis of this data has not yet been performed, descriptively it appears that hospitalists and outpatient primary care physicians have similar interests in palliative care topics which were quite distinct from neurologists, palliative care physicians, or residents. Such interdisciplinary differences in educational goals are important to recognize in order to optimize outcomes of training. For example, addressing education about advanced directives to primary care physicians is unlikely to be helpful as only 17% would be interested, while the same topic would be valued by 56% of neurologists.

This information can help tailor training to the physician's needs but ultimately highlights the benefit of a self-directed or personalized program of education. Due to the importance of palliative care topics to all physicians it is not possible to perform individualized, 1:1 instruction across the board, but individualized education could be provided by a program with a series of modules or optional courses. Developing further palliative care education tools is essential due to the relative lack of palliative care physicians in the face of a massively growing demand for palliation by our health care system.

Responsibilities of a Hospice Attending



References

- Brock KE, Cohen H, Popat RA, Halamek LP. Reliability and Validity of the Pediatric Palliative Care Questionnaire for Measuring Self-Efficacy, Knowledge, and Adequacy of Prior Medical Education among Pediatric Fellows. J Palliat Med. 2015.
- Quill TE, Abernethy AP. Generalist plus Specialist Palliative Care - Creating a More Sustainable Model. New England Journal of Medicine. 2013;368(13):1173-5.
- Yamamoto R, Kizawa Y, Nakazawa Y, Morita T. The Palliative Care Knowledge Questionnaire for PEACE: Reliability and Validity of an Instrument To Measure Palliative Care Knowledge among Physicians. Journal of Palliative Medicine. 2013;16(11):1423-8.

Primary Palliative Care	Primary Palliative Care - Resident	Primary Palliative Care - Palliative Care Specialist
Think about caring for your patients with various, life-threatening illnesses. For each topic below, please choose the answer that best represents your opinion.	Think about your training so far and in particular your training in palliative care. For each topic below, please choose the answer that best represents your opinion of the skill/knowledge level of doctors referring their patients to you.	Think about palliative care consultations you have done recently. For each topic below, please choose the answer that best represents your opinion of the skill/knowledge level of doctors referring their patients to you.
1. Addressing	1. Addressing	1. Addressing
Advanced directives	Advanced directives	Advanced directives
Managing symptoms	Managing symptoms	Managing symptoms
Delivering bad news	Delivering bad news	Delivering bad news
Cultural differences	Cultural differences	Cultural differences
Prognosis	Prognosis	Prognosis
Requests to hasten death	Requests to hasten death	Requests to hasten death
Spiritual needs	Spiritual needs	Spiritual needs
2. Managing	2. Managing	2. Managing
Physical symptoms	Physical symptoms	Physical symptoms
Psychological symptoms	Psychological symptoms	Psychological symptoms
Family meeting	Family meeting	Family meeting
The transition to fully comfort-oriented treatment plan	The transition to fully comfort-oriented treatment plan	The transition to fully comfort-oriented treatment plan
The final days/hours of life	The final days/hours of life	The final days/hours of life
Responsibilities of a hospice attending	Responsibilities of a hospice attending	Responsibilities of a hospice attending
3. Please share any further thoughts	3. Please share any further thoughts	3. Please share any further thoughts