



Palliative Care Teaching in the Yale Internal Medicine Curriculum: How Are We Doing?

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OBJECTIVE

- To elucidate the existing educational exposure to Palliative Care content within the Yale Primary Care and Traditional Internal Medicine Residency Program curricula.
- To identify educational content gaps to target and improve in the Yale Internal Medicine residencies based on published palliative care residency level competencies.

BACKGROUND

- As the prevalence of patients living with serious illness rises, competency in basic palliative care is essential for all physicians [1].
- Curriculum mapping, a tool linking what is taught, when it is taught, and how it is taught with the desired educational outcome is used extensively by medical schools for Liaison Committee on Medical Education accreditation, but is underutilized in graduate medical education (GME) [2,3].
- Consensus palliative care competencies for residents have been published in 5 domains [4]:
 - Pain & Symptom Management**
 - Communication**
 - Psychosocial/Spiritual/Cultural Aspects of Care**
 - Terminal Care & Bereavement**
 - Palliative Care Principles & Practice**
- Within the Yale Primary Care and Traditional Internal Medicine Residency Programs we used curriculum mapping to identify existing exposures, align them with the 5 competency domains, and define educational gaps for a new structured internal medicine palliative care curriculum.

METHODS

The educational content from July 1, 2014 to June 30, 2015 was mapped in 4 steps.

Step 1: Identified Core Educational Venues

Grand Rounds	Noon Conference
Morning Report	Geriatrics Rotation
Attending Rounds	Electives
Ambulatory Didactic Sessions	Intranet Palliative Care Curriculum

Step 2: Reviewed Online Educational Content

Grand Rounds: Available on Yale School of Medicine website	Ambulatory Didactics: Available on MedHub™	Intranet Curriculum: Available on Yale Internal Medicine Residency website
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Step 3: Emailed Chief Residents and Core Teaching Faculty

- For content of Morning Report, Noon Conference, Attending rounds, individuals were emailed for title/learning objectives of each lecture with attention to palliative care domains.
 - Traditional Program: Given the size and scheduling complexity this was not feasible
 - Primary Care Program: Emailed 22 faculty physicians

Step 4: Aligned Content with Competencies

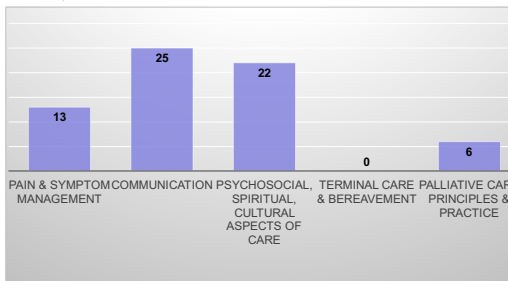
- The content of educational events were aligned with the competency domains.
- Curriculum Map created.

RESULTS

Figure 1: Curriculum Map of Exposure to Palliative Care

Educational Venues	Pain & Symptom Management	Communication	Psychosocial/Spiritual/Cultural Aspects	Terminal Care & Bereavement	Palliative Care Principles & Practices
Communication: The Patient & Many Sides of a Veterans Caregiver Lesson		x			
Acute Intermittent Porphyria	x	x			
Angioedema due to meds		x			
Hypoglycemia and pain 22 metastatic cancer	x	x	x		x
Dementia		x	x		
Acute HIV		x			
Resistant Secondary Hypertension			x		
Tumor Lysis Syndrome					x
Postural Orthostatic Tachycardia Syndrome		x	x		
Bleeding Peptic Ulcer	x				
Acute Pancreatitis	x	x	x		
UTI in elderly			x		
Role of procalcitonin in pneumonia		x			
Dysphagia Evaluation	x		x		
Cannabinoid Hyperemesis	x	x	x		
Medicare and Medicaid					x
Hemochromatosis					
Dysphagia in the Elderly	x	x	x		x
VTE Treatment	x				
Observation Status			x		
ACA HealthCare exchanges			x		
Prolonged Hospitalization/poor wound healing	x				
Caregiver burnout		x	x		
Bedside Presentations		x			
Goals of Care	x	x	x		x
Chronic Pain		x			
PE and Patient Preference			x		
Home Visits			x		
Type II Diabetes			x		
Leukemia in Elderly	x	x			x
PE diagnosis			x		
Pain Management	x	x	x		
Family presence during CPR			x		
Decision Making Capacity			x		
Medical History					
Patient Centered Interviewing			x		
Ethics/Policy Day				x	
Transitions day		x			

Figure 2: Number of Times Palliative Care Competencies were addressed during the 38 Teaching Sessions covering any Palliative Care topic



- We had data for 4 of the 8 educational venues: grand rounds, morning report, attending rounds, ambulatory didactics.
- Of the 22 physicians emailed, 13 responded of which 10 provided data.
- Within the 4 venues we identified 38 teaching sessions addressing at least one competency domain.
- 4 were dedicated palliative care lectures.
- 4 covered Hospice Care.
- None addressed Terminal Care & Bereavement nor Spirituality.
- As a point of comparison, Hypertension was discussed 5 times: 3 Grand Rounds, 1 Morning Report, 1 Attending Rounds, and these reports were spontaneous from faculty without prompting.

CONCLUSIONS

- We found curriculum mapping itself a major challenge for the following reasons:
 - Lack of a central database logging educational content
 - Inability to capture informal bedside teaching or role modeling
 - Possible recall bias influencing Core Faculty reporting
- The data we have suggests the following trends:
 - Mapped events addressed 4 of the 5 Palliative Care competency domains but 2 had more than 20 events: Communication and Psychosocial & Cultural Aspects.
 - Terminal Care & Bereavement and Spirituality were missed.
 - Hospice Care was addressed minimally.
- It was challenging to interpret the trend for the following reasons:
 - Unclear if key knowledge and skills were conveyed meaningfully to achieve the competency domains
 - Unclear how many times a specific competency domain *should* be addressed
- Future Directions:
 - We will synthesize the data from this mapping with the results from our Palliative Care Needs Assessment resident survey to identify priority areas for palliative care educational interventions for the Yale Internal Medicine Residencies.
 - We recommend that GME programs look for sustainable ways to track learning objectives and content of educational activities to facilitate curriculum mapping and ultimately, improvement.
 - Programs can aim for a central online calendar giving residents and faculty access to conference scheduling and content across all training sites.

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