

## Palliative Care Undergraduate Medical Education

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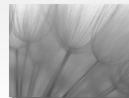
## Palliative Care Undergraduate Medical Education



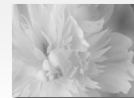
What are taught ?



How to teach ?



How to evaluate ?



Recommendation

## US Status Report 1980-1996

Medline search 1980-1995  
14 palliative care journals 1985-1996

310 articles identified  
180 articles reviewed

Billings JA, Block S. Palliative care in undergraduate medical education. Status report and future directions. *Jama* 1997;278(9):733-8.

## Systematic Review 1966-2001

All electronic databases 1966-2001  
unpublished articles, conference proceedings,  
key journals, key experts

280 abstracts  
88 articles identified  
43 articles reviewed

No randomized controlled trials  
All descriptive

Lloyd-Williams M, MacLeod RD. A systematic review of teaching and learning in palliative care within the medical undergraduate curriculum. *Med Teach* 2004;26(8):688-90.

## International Survey 1997-8

Medical Schools  
16 all in Canada  
30 all in UK  
58 randomly in US  
71 randomly in Western Europe

Response rate 67%

Oneschuk D, Hanson J, Bruera E. An international survey of undergraduate medical education in palliative medicine. *J Pain Symptom Manage* 2000;20(3):174-9.

## UK Survey 1994 VS 2001

UK national survey  
1983-1994-2001  
All 24 medical schools  
by brief questionnaires

Response rate 100%

Field D, Wee B. Preparation for palliative care: teaching about death, dying and bereavement in UK medical schools 2000-2001. *Med Educ* 2002;36(6):661-7.

## US Survey 1975-2005

US national longitudinal survey  
1975-1980-1985-1990-1995-2000-2005  
All accredited medical schools  
by mailed brief questionnaires

Response rate 81-96%

Dickinson GE. Teaching end-of-life issues in US medical schools: 1975 to 2005. Am J Hosp Palliat Care. 2006 Jun-Jul;23(5):197-204.

## What are taught ?

## US Status Report 1980-1996

Focus more on knowledge > skill, attitudes

Recommendation of key content:

- communication skill
- pain and symptoms management
- home / hospice care
- patients' wishes / value / diversity
- ethical issue
- interdisciplinary team / coordinate care
- stresses of professionals
- one's own attitudes, feeling, expectation

Billings JA, Block S. Palliative care in undergraduate medical education. Status report and future directions. JAMA 1997;276(9):753-8.

## Systematic Review 1966-2001

Little consistency in what are taught

Focus more on knowledge, skill > attitudes

Lloyd-Williams M, MacLeod RD. A systematic review of teaching and learning in palliative care within the medical undergraduate curriculum. Med Teach 2004;26(8):685-90.

## UK Survey 1994 VS 2001

% Content	1994	2001
Attitudes	81	100
Symptoms relief	NA	100
Analgesics for pain	NA	96
Communication, family	88	96
Grief & bereavement	69	92
Psychological aspect	81	92
Social context	73	89
Euthanasia	69	89
Communication, patient	73	89

Field D, Wee B. Preparation for palliative care: teaching about death, dying and bereavement in UK medical schools 2000-2001. Med Educ 2002;36(6):661-7.

## UK Survey 1994 VS 2001

% Content	1994	2001
Experience of dying	65	79
Death certification	69	83
Advanced directives	65	75
Religious & culture	50	67
EOL hydration	NA	67
EOL nutrition	NA	58
AIDS	NA	37
Neonate	NA	33
Other physical therapy	83	33

Field D, Wee B. Preparation for palliative care: teaching about death, dying and bereavement in UK medical schools 2000-2001. Med Educ 2002;36(6):661-7.

## US Survey 1975-2005

% content	2000	2005
Advance directives	81	94
Communication, patient	87	92
Attitudes toward death/dying	80	90
Analgesics for chronic pain	78	87
Communication, family	76	87
Grief & bereavement	72	87
Analgesics for cancer pain	74	80
Psychological aspect	71	79
Symptoms relief	66	79

Dickinson GE. Teaching end-of-life issues in US medical schools: 1975 to 2005. Am J Hosp Palliat Care. 2006 Jun-Jul;23(3):197-204.

## US Survey 1975-2005

% content	2000	2005
Religious & culture	66	70
Experiences of dying	61	70
Social context	63	68
EOL nutrition	51	60
EOL hydration	49	59
Euthanasia	46	51
AIDS	52	50
Neonatal issues	26	37
Death certificate	26	37

Dickinson GE. Teaching end-of-life issues in US medical schools: 1975 to 2005. Am J Hosp Palliat Care. 2006 Jun-Jul;23(3):197-204.

## How to teach ?

## US Status Report 1980-1996

- Occasional/brief series scatter in psychiatry, behavior sciences, ethics/humanities
- Mostly elective
- Major format is lecture
- Patient contact is limited
- Rarely coordinated with clinical experiences
- Predominantly preclinical
- Inadequate attention in role models/mentors
- Little opportunity for personal reflection
- Non-acute, OPD, home care are underutilized

Billings JA, Block S. Palliative care in undergraduate medical education. Status report and future directions. JAMA 1997;278(9):733-8.

## Systematic Review 1966-2001

- Tends to be fragmented, ad hoc and lacks co-ordination
- Difficulties in recruiting appropriate teachers

Lloyd-Williams M, MacLeod RD. A systematic review of teaching and learning in palliative care within the medical undergraduate curriculum. Med Teach 2004;26(9):683-90.

## International Survey 1997-8

% medical schools	Rotation			
	CA	UK	US	WE
Mandatory*	14	64	11	19
median duration(D)	5.5	7	36	7
Elective*	71	82	62	30
median duration(D)	28	28	28	7.8

Oneschuk D, Hanson J, Bruera E. An international survey of undergraduate medical education in palliative medicine. J Pain Symptom Manage 2000;20(3):174-9.

## International Survey 1997-8

### Teaching Format

% medical schools	CA	UK	US	WE
Lecture	77	77	61	64
median(hr.)	6	4	4	5.5
Case-based small gr.	57	64	55	49
Case-based large gr.	0	0	0	2
Case-based both	29	18	5	2
Q & A*	14	46	34	12
Small gr. discuss*	57	77	55	37
Computer-based*	0	9	0	0

Oneschuk D, Hanson J, Bruera E. An international survey of undergraduate medical education in palliative medicine. *J Pain Symptom Manage* 2000;20(3):174-9.

## International Survey 1997-8

### Clinical settings

% medical schools	CA	UK	US	WE
Acute care hospital	64	59	66	42
Acute p-care unit*	36	36	11	16
Hospice*	42	82	53	21
Cancer center	50	50	29	40
Community/OPD*	43	59	53	23

Oneschuk D, Hanson J, Bruera E. An international survey of undergraduate medical education in palliative medicine. *J Pain Symptom Manage* 2000;20(3):174-9.

## UK Survey 1994 VS 2001

### Teaching Format

% medical schools	1994	2001
Small gr. discuss	85	96
Role Play	67	92
Clinical case discuss	67	96
Hospice visit	70	92
Lecture	81	83
Video/ film	67	79
Dying patient	NA	38
Simulated patient	67	21
<i>Average teaching hours</i>	<i>13</i>	<i>20</i>

Field D, Wee B. Preparation for palliative care: teaching about death, dying and bereavement in UK medical schools 2000-2001. *Med Educ* 2002;36(6):561-7.

## US Survey 1975-2005

### Palliative Care in Curriculum

% medical schools	2000	2005
Separate course	11	8
Module in a larger course	41	59
In one or two lectures	25	24
Throughout the curriculum	22	12
<i>Average teaching hours</i>	<i>12</i>	<i>9</i>

Dickinson GE. Teaching end-of-life issues in US medical schools: 1975 to 2005. *Am J Hosp Palliat Care*. 2006 Jun-Jul;23(3):197-204.

## US Survey 1975-2005

### Teaching Format

% medical schools	1995	2000	2005
Lecture	73	84	87
Seminar/small group	67	81	86
Role-play	NA	31	33
Hospice visit	NA	43	45
Video/film	NA	46	39
Simulated patients	NA	33	39
Clinical case discussion	NA	43	70
Terminal pt addressed	26	28	27

Dickinson GE. Teaching end-of-life issues in US medical schools: 1975 to 2005. *Am J Hosp Palliat Care*. 2006 Jun-Jul;23(3):197-204.

## UK Survey 1994 VS 2001

### Teachers

% medical schools	1994	2001
Palliative specialist	74	100
GP	63	83
Nurse specialist	44	63
Social worker	NA	46
Religious minister	NA	46
Psychiatrist	15	42
Psychologist	37	29
Sociologist	44	25

Field D, Wee B. Preparation for palliative care: teaching about death, dying and bereavement in UK medical schools 2000-2001. *Med Educ* 2002;36(6):561-7.

## US Survey 1975-2005

% medical schools	Teachers				
	1975	1980	1985	2000	2005
Physician	85	71	71	94	96
Theologian	46	40	31	37	39
Psychologist	37	33	25	26	24
Sociologist	26	18	14	8	5
Psychiatrist	13	55	59	30	31
Nurse	8	17	19	36	43
Philosopher	5	19	29	15	14
Social worker	4	14	23	31	35
Attorney	2	10	10	15	20

Dickinson GE. Teaching end-of-life issues in US medical schools: 1975 to 2005. *Am J Hosp Palliat Care*. 2006 Jun-Jul;23(5):197-204.

## How to evaluate ?

## Systematic Review 1966-2001

- Rarely formally assessed

Lloyd-Williams M, MacLeod RD. A systematic review of teaching and learning in palliative care within the medical undergraduate curriculum. *Med Teach* 2004;26(8):683-90.

## International Survey 1997-8

% medical schools	Examination Format			
	CA	UK	US	WE

After rotation				
Written	21	23	5	19
Licensing final examination*				
	29	46	11	23

Oneschuk D, Hanson J, Bruera E. An international survey of undergraduate medical education in palliative medicine. *J Pain Symptom Manage* 2000;20(3):174-9.

## 23 items SEPC

### Self-efficacy in Palliative Care Scale

very anxious -----very confident  
Communication (8 items)

- discuss issue of death & dying
- answering pt question "how long have I got to live"

#### Patient management (8 items)

- your ability to prescribe appropriate pain medication
- your ability to provide spiritual care

#### Multidisciplinary teamwork (7 items)

- working within a multiprofessional team
- appropriate referring pt for physiotherapy

Mason S, Ellershaw J. Assessing undergraduate palliative care education: validity and reliability of two scales examining perceived efficacy and outcome expectancies in palliative care. *Med Educ* 2004;38(10):1103-10.

## 7 items Thanatophobia Scale

### Attitudes towards caring for patients

1-----2-----3-----4-----5-----6-----7  
strongly disagree strongly agree

- Dying pt. make me feel uneasy
- I feel helpless when I have terminal pt. on my ward
- Frustrate to talk with relative of pt. who are not going to be better
- I don't look forward to being the personal physician of a dying pt.
- When pt. begin to discuss death, I feel uncomfortable

Mason S, Ellershaw J. Assessing undergraduate palliative care education: validity and reliability of two scales examining perceived efficacy and outcome expectancies in palliative care. *Med Educ* 2004;38(10):1103-10.

## US UK final year students comparison

### Questions

- The amount of classroom in sepsis, EOL and SLE: rating scale 0-10
- Quality of EOL teaching: 5 scales
- Number of the pts with care they themselves want for their own EOL
- Explicitly taught/preparedness: how to do in specific situations: help pts to say goodbye
- Contact/value perception with role models

Hammel JF, Sullivan AM, Block SD & Twycross T. End-of-life and palliative care education for final-year medical students: a comparison of Britain and the United States. *J Palliat Med.* 2007 Dec;10(6):1356-66.

## PEAT

### Palliative Education Assessment Tool

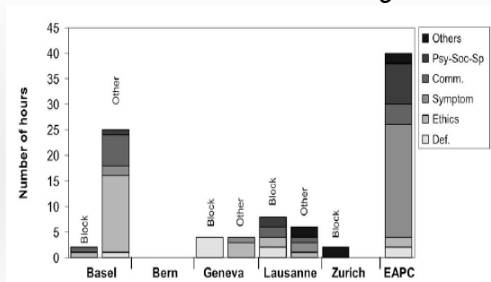
7 palliative care domains:

- palliative medicine
- pain
- neuropsychologic symptoms
- other symptoms
- ethics and the law
- pt/family/nonclinical caregiver perspectives
- communication skills

Wood ER, Meekin SA, Fins JJ, Fleischman AR. Enhancing palliative care education in medical school curricula: implementation of the palliative education assessment tool. *Acad Med* 2002;77(4):286-91.

## Recommendation

## Switzerland too little too early



Pereira J et al. Palliative care education in Swiss undergraduate medical curricula: a case of too little, too early. *Palliat Med.* 2008 Sep;22(6):730-5.

## US Status Report 1980-1996

- End-of-life care is a core professional task
- Key contents must be appropriated addressed
- Encourage positive feeling
- Teaching throughout the span
- Tailor to students' developmental stage
- Direct experience with patients/ family
- Emphasize humanistic attitudes

Billings JA, Block S. Palliative care in undergraduate medical education. Status report and future directions. *Jama* 1997;278(9):733-6.

## US Status Report 1980-1996

- Communication skill
- Work with skillful physicians
- Respect personal value / diversity
- Mirror the values in working with patients
- Multidisciplinary team
- Faculty should be taught how to teach
- Competency should be evaluated
- Education programs should be evaluated

Billings JA, Block S. Palliative care in undergraduate medical education. Status report and future directions. *Jama* 1997;278(9):733-6.

## Systematic Review 1966-2001

- Ensure that actual knowledge/ core information is taught
- Use small gr. for PBL
- Included multidisciplinary teaching
- Integrate throughout curriculum
- Foster reflective learning
- Include ethical/ legal issue

Lloyd-Williams M, MacLeod RD. A systematic review of teaching and learning in palliative care within the medical undergraduate curriculum. *Med Teach* 2004;26(8):683-90.

## Thai Recommendation

8th National Medical Education Conference 2009  
*People-Centered Health Care*

Any Schools should have the evidence of the curricula development in both the objectives and proportion of these key contents:

- Care for the patients with chronic illness, end of life.
- Humanized and holistic health care
- Appropriate communication skill
- Salutology, life and death

*“Teaching palliative care  
with your own patients”*