2019 SOLOMON SCHOLARS RESEARCH PROGRAM ABSTRACT FORM

TITLE OF PAPER: Empowering Interns to Lead Goals of Care Discussions

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Bench /Translational Research___Clinical Research/HSR___Case Study ____ QI/Med-Ed__x

ABSTRACT

Introduction: While most goals of care conversations are held by non-palliative physicians, general medicine residents are not always trained in this critical skill. One survey of all resident and fellows in a single institution demonstrated that those residents who had more classroom training during residency on end of life skills had greater comfort with end of life conversations (Schmit et. al). This medical education project aims to increase intern proficiency and comfort level leading goals of care discussions.

Methods: We performed a needs assessment using an anonymous online survey to determine interns' perceived deficiencies with goals of care conversations. Using this information, we crafted a one-hour lecture to address these areas. Two one-hour lectures were facilitated by a palliative care attending who had access to the survey results. The lectures were constructed to address on the deficiencies noted in the survey. Participants then anonymously completed a post-test seven question survey to evaluate the lecture's impact on their confidence and skill level.

Results: 23 internal medicine interns completed a nine question survey at the beginning of the academic year. Most (95.6%) of the interns agreed that the individual with the best rapport with the patient should lead a goals of care conversation. Less than 40% of interns felt comfortable leading a goals of care discussion and 65% of interns have not had an attending observe or provide feedback on a goals of care discussion. Two critical areas of skill deficiencies that were identified include: 1) knowledge of how to structure a goals of care discussion and 2) how to recognize and respond to emotions during a goals of care discussion (only 30% and 52.2%, respectively, acknowledged having sufficient skills).

21 internal medicine interns attended one of two one-hour lectures facilitated by a palliative care attending. The lecture focused on the REMAP framework, methods to respond to emotions, and facilitation skills. Survey data demonstrated that 86% of the participants strongly agreed that the lecture was useful to their level of training. In regards to the two skill deficiencies in the pre-intervention survey: 90% felt more prepared to respond to emotions and all respondents agreed that the intervention increased their comfort in structuring a goals of care discussion. All respondents also either agreed or strongly agreed that the skills they learned were directly applicable to leading a goals of care discussion.

Conclusion: Medicine interns and residents often need to be leaders in goals of care discussions since they are frequently the primary provider and the physicians with the best patient rapport. Although this is an incredibly important and valuable skill, interns have a perceived lack of comfort and knowledge in how to adequately lead these discussions. Using a needs assessment-guided lecture focusing on structure and how to respond to strong emotions, interns can be effectively taught essential skills in how to lead a goals of care discussion.