

# Will a palliative care course enhance competencies of medical students delivering bad news to patients?

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## INTRODUCTION

Home care/end-of-life training for medical students begins with a medical home visit to an elder and a small group case presentation after. Later that day, this group is called to assist with one of their patients who had been rushed to the emergency department. The elder (now a simulation mannequin) requires resuscitation. Advance Directive (AD) is available, which might inform their decision about whether to discontinue their efforts; however, despite everything, the elder dies. Following pronouncement of death, each student completes a death certificate and informs family members (actors) of the death; they are met with different reactions.

Prior to 2010 students had not had a Palliative Care course in their previous year. But after medical students participated in a one-week Palliative Care course, our thesis is that Palliative Care education will improve crucial end-of-life care competencies, such as Knowledge/understanding of Advance Directives and enhanced communication skills/ability to deliver bad news. To test this, videos of students informing family members were reviewed by 3 raters including one clinician and data was analyzed by Chi-Square and Independent Samples t-test. Student cohorts from 2008-10 (Pre) and 2010-11 (Post) were compared for statistically significant differences.

We assigned the competency 'Knowledge' to be whether the student mentioned Do Not Resuscitate (DNR) or AD during the session and whether students used DNR/AD as an excuse to stop. Fewer students in the Post group mentioned the DNR/AD than the Pre group, and the Pre group used DNR/AD as a reason to stop significantly more than the Post group. In the competency 'Communication,' students in the Post group were significantly more likely to check what the relative knew before breaking bad news, and they answered the relative's questions significantly better than in the Pre group.

## EDUCATIONAL OBJECTIVES

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At the conclusion of the session, students will be able to:

- Implement correct use of AD and DNR orders
- Convey accurate information
- Demonstrate compassionate communication skills
- Complete a death certificate

In addition, they will:

- Develop an arsenal of appropriate words for conveying bad news.
- Gain insight into personal reactions to loss
- Reinforce previously learned medical skills

### OSTEOPATHIC SEVEN CORE COMPETENCIES

- Osteopathic Principles and Practices
- Medical Knowledge**
- Patient Care
- Interpersonal and Communication Skills**
- Professionalism**
- Practice-Based learning and Improvement
- Systems-Based Practice

## PROCESS

### TWO COHORTS OF SENIOR MEDICAL STUDENTS

#### COHORT 1 (2008- 2010)

##### M4 ONE DAY HOME HEALTH CARE VISIT

###### Morning

- Introduction to HHC
- Visit elder in their home with a standardized caregiver
- Debriefing

###### Afternoon

- Journal Club Discussion (see resources)
- Breaking Bad News, DNR, and AD
- Interruption for EOL simulation
- Experience of BBN to
- Standardized family member

#### COHORT 2 (2010- ff)

##### M3 1 WEEK PALLIATIVE CARE ROTATION

###### PLUS

##### M4 ONE DAY HOME HEALTH CARE VISIT (SEE COHORT 1)

## DISCOVERIES (COMPETENCIES)

### KNOWLEDGE COMPETENCY

During BBN, did the student doctor mention AD or DNR?

**Decreased** after palliative care

Did the student doctor use AD/DNR as an excuse to stop?

**Decreased** after palliative care

### COMMUNICATION COMPETENCY

Before BBN, did the student doctor check what they knew?

**Increased** after palliative care

Did the student doctor adequately answer questions?

**Decreased** after palliative care

Time for the student doctor to BBN?

No difference

### PROFESSIONALISM COMPETENCY

Did the student doctor appropriately arrange the environment?

**More likely** to do so after palliative care

Did the student doctor use technical language?

Use of technical language **decreased** after palliative care

Did the student doctor use the word 'sorry'?

**Fewer** uses of "sorry" after palliative care

Did the student doctor comfort the patient?

Students **less likely** after palliative care

Did the student doctor take charge of the encounter?

No difference

## DISCOVERIES (WORDS USED)

### CAUSE OF DEATH

heart attack

### WORDS OF COMFORT

know

### WORDS FOR DIED

passed  
away  
died

### TECHNICAL WORDS

aneurysm  
gpr  
aortic  
passed  
unresponsive

## RESOURCES

### DEFINITIONS

- Advance Directive (AD)** is written by an *individual*, outlines what they want if they are in a terminal condition and cannot speak for themselves.
- Do Not Resuscitate (DNR)** is written by a *physician*, in consultation with a patient in a hospital or nursing home. Kept in a chart. Not transferable over time or place.
- BBN:** Breaking Bad News
- EOL:** End of Life
- HHC:** Home Health Care
- SUGGESTED READING**
- Baile, W. F. (2000). SPIKES--A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist*, 5(4), 302-311. doi:10.1634/theoncologist.5-4-302
- Hobgood, C., Harward, D., Newton, K., & Davis, W. (2005). The Educational Intervention "GRIEV\_ING" Improves the Death Notification Skills of Residents. *ACAD EMERG MED*, 12(4), 296-301.
- Minichiello, T. A., Ling, D., & Ucci, D. K. (2007). Breaking bad news: A practical approach for the hospitalist. *J. Hosp. Med. Journal of Hospital Medicine*, 2(6), 415-421. doi:10.1002/jhm.271
- VANDEKIEFT, G. K., MD. (2001). Breaking Bad News. *American Family Physician*, 64(12), 1975-1979.

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