Advance Directives Residency Curriculum

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Background

When admitting patients to the hospital, a brief discussion of end of life care preferences is a required part of the admission. Our interns have sufficient exposure to this training, but there is no similarly structured requirement in daily outpatient care for advance care planning (ACP). This may lead to gaps in young physicians' knowledge and perceived ability to successfully facilitate these conversations with patients in the ambulatory setting.[1,2,3,4,5]

Methods

Our objective was to evaluate the effect of a curricular intervention on family medicine residents' attitudes, knowledge, and confidence in abilities to foster advance care planning discussions with continuity patients. We administered a pre- and post-intervention survey of the intern class of 2013-2014 resident cohort in a full-spectrum family medicine residency clinic in southern Arizona (N = 8). The intervention was a one-hour didactic session. The follow-up survey was given at an 8 month interval to allow time for ambulatory encounters to discuss ACP with continuity patients. Limitations include small sample size, short follow-up interval, and loss of one resident during the study period.

Results

- As displayed in Table 1, attitudes about ACP were consistent throughout the study.
- The frequency with which residents discussed ACP demonstrated an increasing trend by the end of the study period. See Table 2.
- As shown in Table 3, resident confidence showed a trend toward greater confidence. However, 1-2 residents continued to report they were not at all confident in their knowledge of ACP topics at the end of the study.
- Preferences in Learning Tools changed at the end of the study period, and focused on the need for patient handouts and small group practice. See Table 4.
- Residents found the one-hour didactic somewhat helpful (mean 2.57; scale: 1 = very helpful; 5 = not at all helpful).

Table 1. Attitudes about ACP

	Initial	Follow-Up
ACP improves quality of care	4.8	4.7
ACP improves quality of life	4.1	4.7
scale: 1 = completely disagree; 5 = completely agree		

Table 2. Frequency of Discussing ACP

	Initial	Follow-Up
Inpatient	3.5	3.7
Ambulatory	1.6	2.7
Discussing ACP topics	1.8	3.7
scale: 1 = not at all; 5 = always		

Table 3. Confidence in Discussing ACP

	Initial	Follow-Up
Knowledge of ACP topics	3.0	2.5
Ability to discuss ACP topics	2.9	2.3
scale: 1 = very confident; 4 = not at all confident		

Table 4. Preferences for Learning Tools

	Initial	Follow-Up
Faculty lectures	88%	57%
Standardized patients	50%	57%
Interactions with patients in ambulatory clinic setting	88%	57%
Interactions with patients in inpatient settings	63%	29%
Small group discussion and practice	38%	71%
Videos demonstrating ACP discussions	50%	43%
Independent reading	25%	57%
Patient handouts	50%	86%

Conclusions

Prior to participation in the curriculum, the results of the baseline survey indicated a need for training of residents in advance care planning to improve knowledge and confidence. Results at 8-month follow-up showed gain in the frequency with which ACP discussions occurred. Small improvements in self-reported confidence of both knowledge and ability to discuss ACP were seen, but a few residents still doubted their knowledge of ACP.

Residents identified barriers to discussing ACP at higher frequency with patients, including poor patient-provider continuity, younger patient panels, limited time, language, and cultural differences.

At follow up, residents were better able to specify what they needed to improve ACP discussions with their patients, including practice and patient handouts. Although there were some similar trends in the pre- and post-surveys, it is clear that residents learn in many ways, and a multi-faceted curriculum would likely yield the best results.

Based on our findings, we recommend expanding the curriculum in the future to incorporate standardized patient experiences or directly-observed patient experiences with attending faculty, and to assemble a comprehensive package of patient education materials. We also recommend further cultural competency training within ACP due to the issues inherent in discussing ACP with the culturally diverse population in our clinic.

References

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