Official Journal of the Irish Medical Organisation

Ir Med J; October 2022; Vol 115; No. 9; P680

October 20th, 2022

Palliative Medicine Undergraduate Education: A Quality Improvement Project

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Dear Editor

All physicians should be competent to provide palliative care within their own scope of practice.[1] However, newly qualified doctors feel underprepared for this, despite considering palliative care important.[2,3] Palliative medicine education is an important part of the medical undergraduate curriculum, which should be integrated vertically (across the years of medical school) and horizontally (across specialties).[1]

We describe a quality improvement project to improve palliative medicine undergraduate education within an existing timetable by adding more diverse methods of teaching.

At baseline, we had a lecture series for pre-clinical undergraduate and graduate entry students. This arrangement was suboptimal in method of delivery and resource use; both students and clinical facilitators reported dissatisfaction. We aimed to increase participatory learning, within current constraints of resources, timetables, and student training stage. Improvement was measured through survey (students) and qualitative feedback (clinical facilitators).

Two Plan, Do, Study, Act cycles were undertaken. Initial interventions included literature review and engagement with key stakeholders. In cycle one, we added small group seminars on communication and ethics, facilitated by clinicians. A reduced number of lectures focused on key palliative care principles. Online learning materials were provided, supplemented by case discussions. Student contact hours remained the same. In cycle two, a hospice site tour was added in response to student feedback, plus revision of course materials.

The majority of students (61-96%) rated the course as excellent/good, maintained at review stage two (52-85%). The interactive element of the seminars was identified as a positive. Lecture content and delivery were praised although scheduling and length were criticised. Students felt they gained experience and understanding of palliative care and its importance as a clinical specialty. The tour put their learning into a clinical context and provided exposure to aspects of palliative care absent from the didactic teaching. Facilitators were satisfied with the changes.

Our project had limitations. Students did not have direct patient contact during this module. We had limited potential to implement change within the medical school as a whole but did give feedback to the university. Students were not engaged in planning the new structure. We do not know whether our intervention improved eventual clinical confidence and performance of this medical student cohort as doctors. However, teaching by palliative care specialists does improve self-efficacy, attitudes towards care, and increase self-belief in the ability to practice palliative medicine.[4]

Using a quality improvement approach, we improved satisfaction in palliative medicine education among both students and faculty, without additional financial support, student curriculum time or clinician teaching time. A blended multimodal approach allowed for inter-individual learning differences. Introduction of different teaching modalities reflects a shift seen in US and UK medical schools.[2] High quality didactic teaching was supplemented by small group seminars, for communication and related skills training, and online materials, promoting self-directed learning. A hospice tour prompted discussion and integration of theoretical knowledge with practical application. Our content and programme delivery were viewed positively. An iterative process allowed continuing quality improvement. Ongoing review of the teaching programme will highlight further areas for improvement.

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References:

1. McMahon D, Wee B. Medical undergraduate palliative care education (UPCE). BMJ Support Palliat Care. 2021;11(1):4-6.
2. Fitzpatrick D, Heah R, Patten S, Ward H. Palliative Care in Undergraduate Medical Education-How Far Have We Come? Am J Hosp Palliat Care. 2017;34(8):762-73.
3. Pieters J, Dolmans D, Verstegen DML, Warmenhoven FC, Courtens AM, van den Beuken-van Everdingen MHJ. Palliative care education in the undergraduate medical curricula: students' views on the importance of, their confidence in, and knowledge of palliative care. BMC Palliat Care. 2019;18(1):72.
4. Boland JW, Barclay S, Gibbins J. Twelve tips for developing palliative care teaching in an undergraduate curriculum for medical students. Med Teach. 2019;41(12):1359-65.