

Background

The presence of formal, clinical Palliative Care (PC) training in US medical schools is variable, ranging from non-existent to weeks-long clerkships. Current approaches to PC teaching are inadequate, primarily preclinical, poorly integrated, focused on knowledge rather than skills and attitudes, and lack opportunity for reflection.¹ A survey of Clerkship Directors found 75.8% of respondents felt that PC curricula should occur in clerkships, but only 43.6% had formal curricula.² Early clinical experiences with critical illness, death, and dying have implications on development of students' professional identity, attitudes, and behaviors.³ Prior to this Pilot, Cleveland Clinic's Lerner College of Medicine (CCLCM) did not have formal, clinical PC curriculum.

Objectives

Design a PC Clerkship wherein Medical Students:

1. Develop enhanced palliative care knowledge with basic competency in symptom assessment and management, relationship-centered communication, and care of the dying patient.
2. Understand and appreciate the role of an interdisciplinary team in health care delivery.
3. Develop a heightened level of empathy and self-awareness during medical practice.

Methods

Medical Students Participate in a Palliative Care Experience Consisting of:

1. Direct patient care in four PC settings
 - Acute PC Unit
 - Inpatient Consultation
 - Outpatient Clinic
 - Hospice
2. Six Didactic Seminars
3. Reflective Writing

Implications

Expanding opportunities for early PC clinical education should be a priority for medical educators.

Programmatic assessment should be completed so the impact of these experiences can be defined and shared.

Results

1. Nine students completed the pilot during the 2015-2016 academic year.
2. Students completed a post clerkship assessment consisting of:
 - PC Competency (Self-Assessment)
 - PC Knowledge
 - The Jefferson Scale of Empathy
 - A Reflective Writing assignment in response to the prompt: "Please write about an experience you had with a terminally ill patient during this Palliative Care Clerkship. You may also consider the impact of caring for seriously ill and dying patients on your professional development as a physician."

*Quantitative and qualitative evaluation of these assessments is underway.

3. Informal feedback from students and medical school administration has been overwhelmingly positive.
4. Based on the first year's experience, the Dean has requested that time dedicated to PC curriculum be increased for the 2016-2017 academic year.
5. Medical students are requesting PC electives with increased frequency.

References

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4. von Gunten C. *Journal of Palliative Medicine* 2012;15:1198-1217.
5. Fields S. *Journal of Interprofessional Care* 2011;25:287-293.