

Teaching End of Life at the Beginning of the Journey

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HOFSTRA NORTHWELL
SCHOOL of MEDICINE
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BACKGROUND

- 13% of the American population is over the age of 65, yet services for this population are understaffed and underutilized. (Howden & Meyer, 2010)
- Geriatric, Palliative, and Hospice Medicine are available for the care and well-being of this complex aging population.
 - » They offer benefits that include increased independence, quality of life, and disease management, etc. (Morrison et al., 2011; Leipzig et al., 2014)
- Currently, palliative and end-of-life care experience in undergraduate medical education is fragmented and variable in approach. (Head et al., 2016)
 - » The focus is on clinical years with little innovation for preclinical undergraduate medical education.

OBJECTIVE

When is the best time to introduce palliative and hospice medicine in a medical school curriculum? What is the best method?

- Hypothesis: Students are willing to learn and be exposed to end-of-life care during pre-clinical years.
 - » Such a finding can be used to innovate and standardize current approaches to education about palliative and end-of-life care.

METHODS

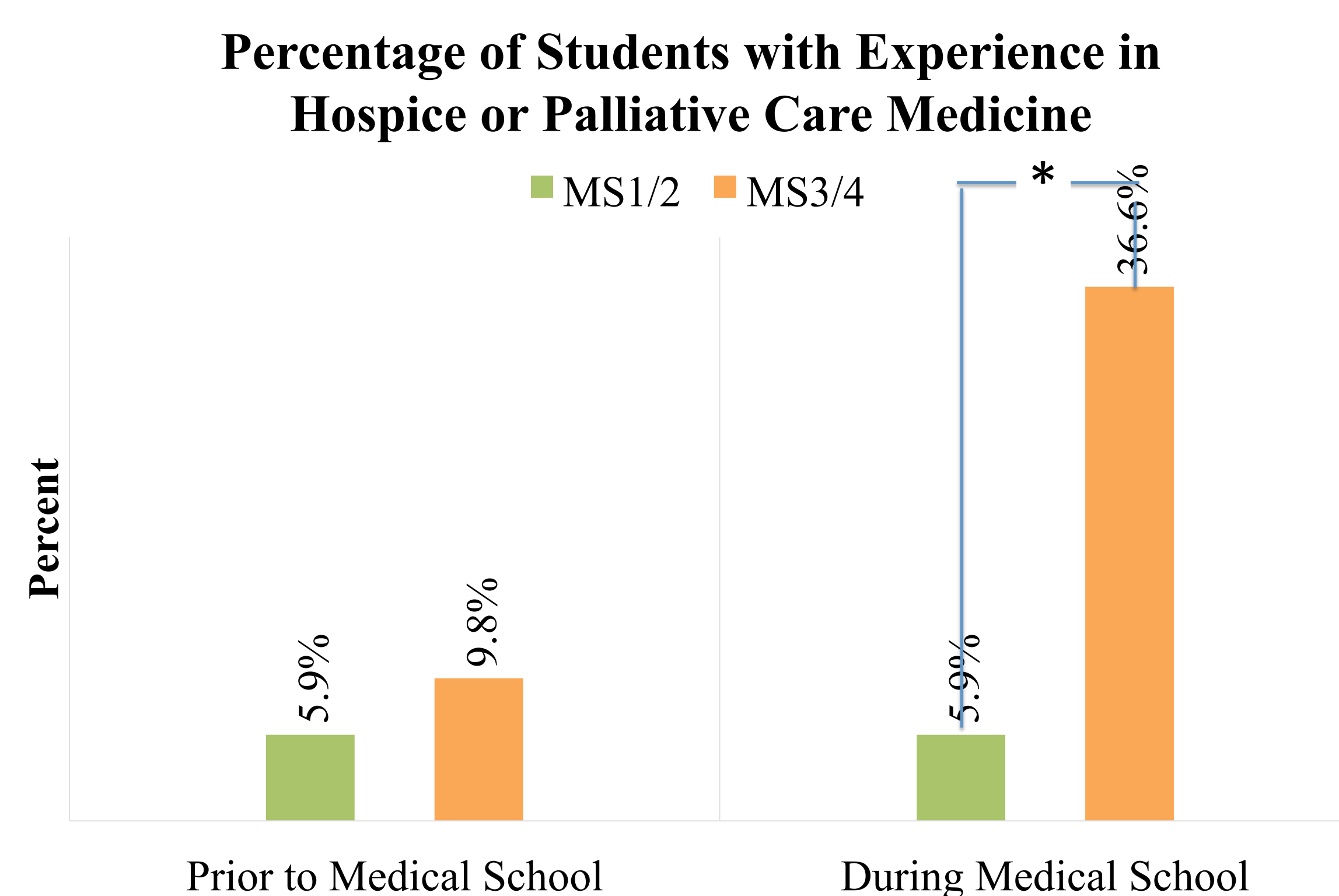
Subjects

- 93 medical students (MS1-MS4) at Hofstra Northwell School of Medicine
 - » 51 MS1/MS2, 41 MS3/MS4

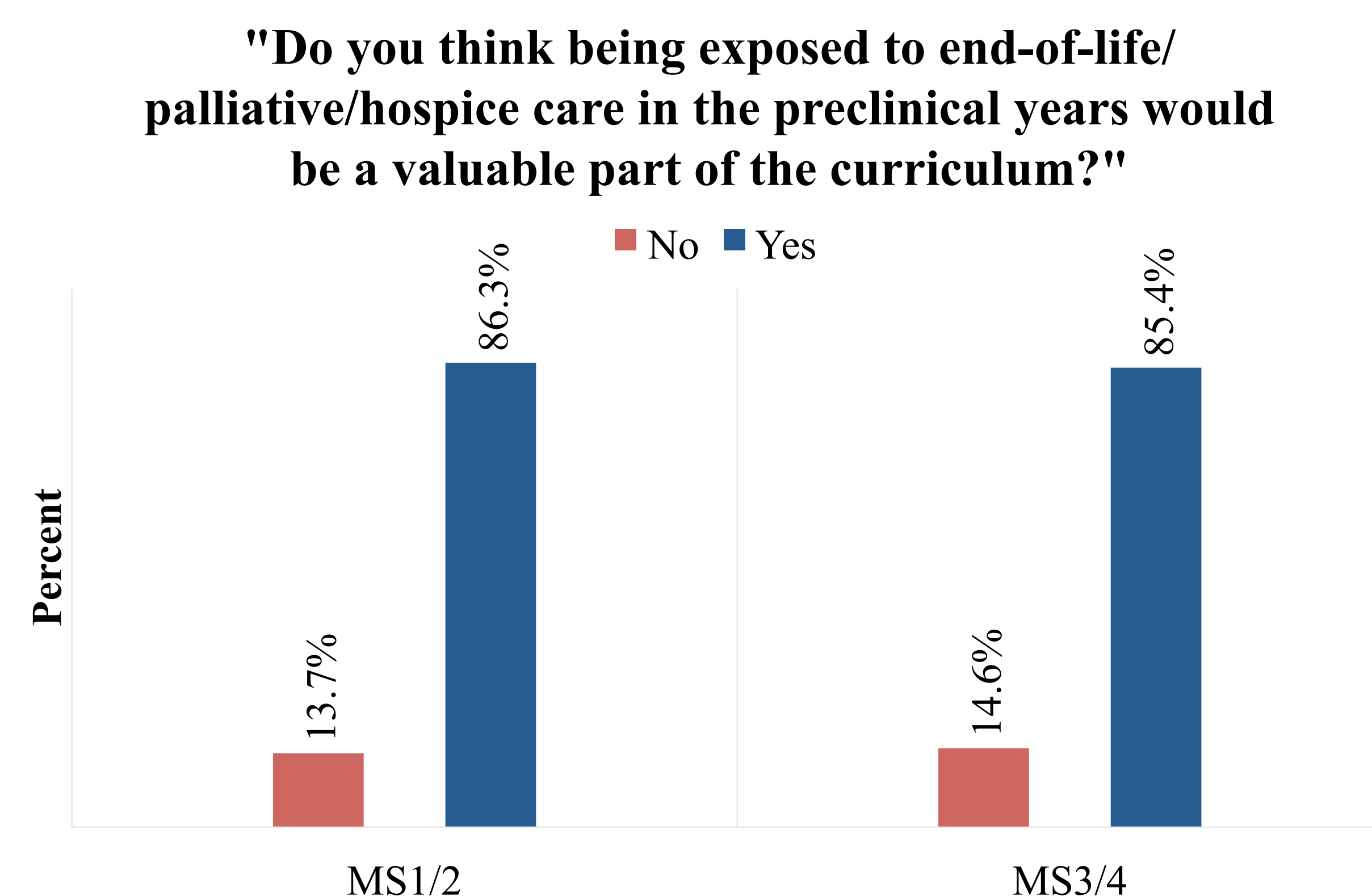
Survey Design

- A voluntary, anonymous, digital, uncompensated 13-question survey was distributed to all medical students at the School of Medicine (response rate $\approx 30\%$)
- Students were asked to respond to a series of questions regarding topics including:
 - » Experience in palliative/hospice care
 - » Knowledge regarding palliative/hospice care
 - » Opinion on if, when, and how these topics should be taught in the pre-clinical years of undergraduate medical education

RESULTS

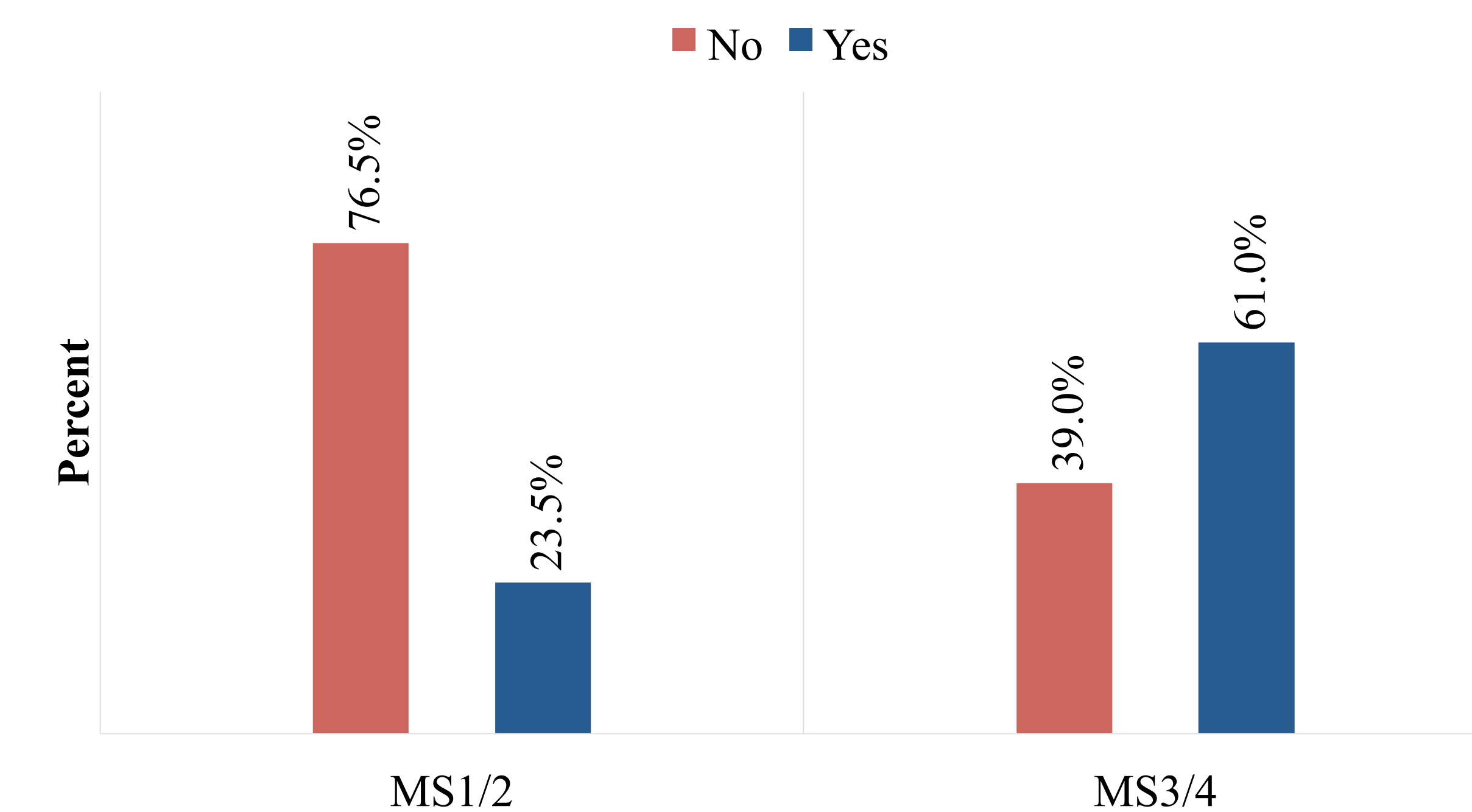


• Figure 1: There is significant increase in experience in palliative and hospice medicine between the pre-clinical and clinical years (Prior to Medical School: $X^2(1)=0.485$, $p=0.486$; During Medical School: $X^2(1)=13.61$, $p=0.002$)



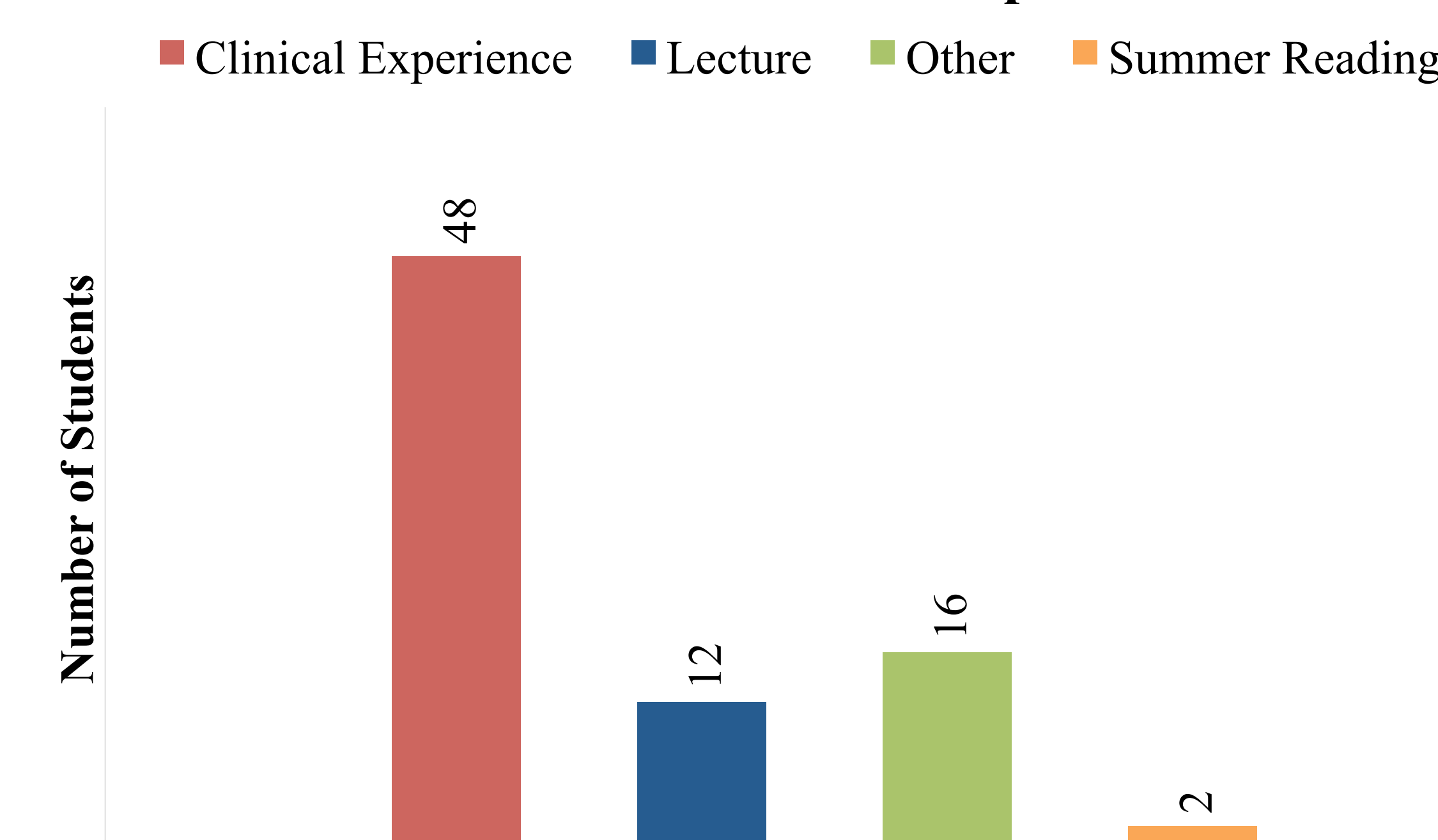
• Figure 3: Significantly more students find it valuable to have experience in Palliative/Hospice Care during the pre-clinical years. There is no difference of opinion between those in clinical and pre-clinical years ($X^2=0.15$, $p=0.9025$).

"Do you feel that you have knowledge about hospice and palliative care medicine?"



• Figure 2: More pre-clinical students report a lack in knowledge regarding palliative/hospice care medicine as compared to clinical students ($X^2=13.255$, $p=0.0003$, mean difference = 48%)

Preferred Method of Exposure



• Figure 4: A majority of students prefer to be exposed to palliative/hospice care medicine through clinical experience during the pre-clinical years.

CONCLUSIONS

- Medical students are interested and ready to learn about palliative and end-of-life care during the preclinical years.
- Palliative and end-of-life education is successful in enhancing knowledge and awareness of these subspecialties.
- Despite experience during clinical years, students still believe that exposure to these subspecialties in the pre-clinical years is beneficial.
- Students are interested in more clinical experience as a modality for learning palliative and end-of-life care.

FUTURE DIRECTIONS

- We challenge medical schools to incorporate palliative and end-of-life care education into the pre-clinical years.
- To assess whether early education will increase awareness, knowledge, and utilization of palliative and hospice care, we will longitudinally following this cohort of medical students throughout their medical school careers.