

Journal Watch

Teaching palliative care to critical care medicine trainees [comment]

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Abstract

Objectives: Palliative care is an important component of critical care medicine. Few fellowship programs have developed a curriculum designed to teach palliative care precepts to trainees. We describe our 2-yr experience in teaching palliative care to multidisciplinary critical care medicine fellows. DESIGN: Two-consecutive-year palliative care training for unselected critical care medicine fellows at a large, urban, university, tertiary care medical center.

Interventions: We 1) identified palliative care skills and knowledge that first-year critical care fellows should acquire; 2) developed a curriculum to teach those skills and knowledge, including required readings, small group lectures and skills sessions that included role-playing to modify skills and attitudes, and (in year 2) experiential learning on a hospital-based palliative care rotation; and 3) attempted to evaluate the curriculum with attitude and knowledge assessments.

Results: A total of 35 fellows participated in the palliative care training during the 2 yrs reported. Seven fellows participated in a clinical rotation in palliative care. Fellows evaluated usefulness of the small group sessions between 4.4 and 4.9 on a 5-point Likert scale. Four of seven fellows rated the clinical rotation quality at 3/5. Pretest and posttest knowledge mean scores were 58% and 69%, respectively. Problems included providing time for fellows to participate in the clinical rotation and negative attitudes regarding the relevance of palliative care to their future in critical care.

Conclusions: Palliative care training for critical care fellows is feasible. Fellows value skills training more than a clinical rotation in palliative care. Baseline knowledge of palliative care is low.

Comments:

Strengths/uniqueness:

This is the first report of implementation of a didactic or clinical training program in palliative care for critical care trainees. Detailed description of the educational program including goals and objectives of palliative care training, and reading material lists are available. Challenges to maintain this teaching program are clearly stated and are realistic concerns. Practical suggestions for developing a palliative care training program based on their trainees' feedback are provided.

Weaknesses:

This is a pilot project and the report is preliminary and descriptive in nature, based on a small sample size of critical care medicine fellows in a single institution. The needs for knowledge and skill in palliative care in this setting may not be generalizable, as nearly half of the consultations in this particular palliative care program are provided for chronic pain, which differs from our model. The training background of the three attending physicians in the palliative care faculty is not mentioned.

Relevance to Palliative Care:

The needs and awareness for palliative care and end-of-life care issues as a part of integrated medical educational programs are increasing. This article suggests a model of small group teaching and clinical rotation, and provides practical information regarding palliative care education for the future.