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Preparing Medical Faculty to Teach End-of-Life Care



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BACKGROUND

In this era of modern medical choices, physicians are educated to cure. Death becomes a phenomenon to avoid yet physicians are expected to care for patients who are dying. The purpose for end-of-life (EOL) education is to teach physicians how to care for the dying.

Medicine prepares physicians to separate themselves from patients emotionally, depriving terminally ill patients of the empathetic relationship they seek. Palmer (1998) describes this as a "self-protective split of personhood from practice" (p.17). Physician faculty must be taught how to connect who they are as humans to their role as physicians and as teachers and to understand how emotional vulnerability is a disposition necessary for EOL caregiving.

Professional development (PD) can help faculty learn how to develop the disposition necessary to teach and role model EOL care.



THE PROBLEM

Although required for medical accreditation, the inclusion of EOL material in the curriculum is minimal (Liaison Committee on Medical Education, 2011).

Medical students report that their EOL education is inadequate and taught by faculty often untrained in EOL care, feeling uncomfortable when discussing bad news, and experiencing little interaction with dying patients (Orgel, McCarter, & Jacobs, 2010). Faculty disinterest in EOL teaching creates a hidden curriculum of negativity that impacts student attitudes (Billings, Engelberg, Curtis, Block, & Sullivan, 2010).

As a result, the terminally ill patient suffers from mismanaged pain, futile treatments, a lack of communication, and powerlessness over decision-making (Teno et al., 2004).

Efforts to educate the medical community in EOL care must be directed toward faculty. Creating faculty awareness of the problem and connecting the need for improvement becomes the impetus for learning.

STEPS FOR PROGRAM DEVELOPMENT

- ❖ Enlist key stakeholders to champion the program and culture change
- ❖ Evaluate existing culture in the medical school regarding EOL support
- ❖ Survey graduating medical students about EOL knowledge and attitudes
- ❖ Prioritize learning goals to be achieved in an eight hour seminar
- ❖ Recruit a diverse group of medical specialists to pilot the program
- ❖ Demonstrate the need for change – current research and student exit surveys
- ❖ Develop activities that evaluate attitudes - reflection, sharing faculty narratives
- ❖ Develop activities that nurture empathy and positive EOL attitudes - role play, patient stories, vignettes
- ❖ Develop suggestions for integrating EOL teaching into existing curriculum
- ❖ Create a safe learning environment to explore the emotive side of medicine
- ❖ Compile EOL resources and tools for teaching and evaluation for take-away
- ❖ Establish protocol for ongoing evaluation of EOL curriculum and culture



RATIONALE

Applying knowledge to practice requires an understanding of one's own attitudes toward death and dying and the ability to be receptive to patient needs regardless of personal beliefs. King's interacting systems framework illustrates how the environment shapes attitudes toward death and dying that education can transform for better EOL care (King, 1971).

The primary focus of this introductory program is to develop attitudes conducive to EOL care. Supportive attitudes are correlated with effective behaviors in EOL care (Levin, Berry, & Leiter, 1998) and can be learned through activities that engender introspection (MacLeod, 2001).

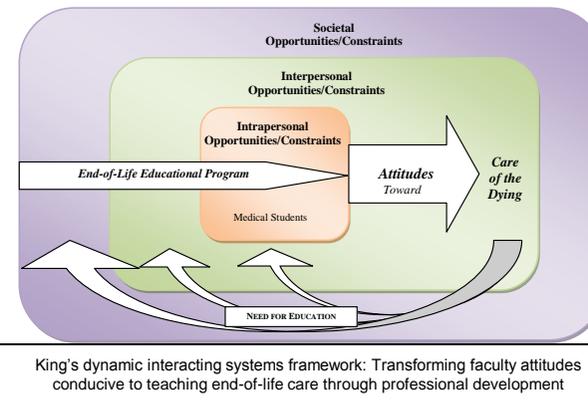
Storytelling by terminally ill patients and faculty peers is powerful for elucidating issues and objectifying them for resolution (Norman, Ambrose, & Huston, 2006), including issues regarding caring for the dying.

PROGRAM LIMITATIONS

Medical faculty, not unlike other faculty for whom time is a limited commodity (Colbeck, 2006), require that PD be concise yet effective. An eight hour train-the-trainer PD cannot cover the breadth of information needed to thoroughly understand EOL care. However, this first offering of a developing series in EOL PD focuses on helping faculty understand the impact that attitudes toward death and dying have on the ability to embrace and role model EOL care.

Seasoned faculty and specialists may question the need for their involvement in learning to better care for the dying patient. The peer-driven learning environment may impact their perception of its importance to their practice (O'Meara, 2004).

One seminar cannot change the EOL culture in a medical school. Incentivizing faculty participation to help change the culture requires an ongoing investment of time and resources by administrative and physician leadership recruited to cultivate enduring support for EOL teaching and care.



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