KNOWLEDGE ASSESSMENT OF RESIDENT PHYSICIANS: PALLIATIVE AND HOSPICE CARE BASICS

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PROBLEM
Hospice and palliative care is a relatively new field, which means that standardized curricula are still in development. Current practicing resident physicians lack adequate knowledge in hospice and palliative care.

BACKGROUND
Review of the literature strongly suggests that resident physicians lack adequate knowledge and confidence regarding hospice and palliative care (HPC). Milestones and basic knowledge requirements remain vague or defined or undefined, leading to an overall lack of a standardized training curriculum. Many trainees avoid engaging in palliative and hospice medicine but these services are often needed outside the consultation service in a variety of settings. Trainees have expressed a need to recognize when to initiate palliative care and how to seek additional resources. We propose that the resident physicians across Aurora Health Care will demonstrate a similar need for hospice and palliative care education as those demonstrated by literature.

OBJECTIVE
The purpose of this quality improvement project is to assess resident physicians’ knowledge of hospice and palliative care topics and determine needs for further education. We also anticipate gaining insight into which domains require refinement to improve the curriculum and optimize education provided to Aurora Health Care resident physicians.

METHODS
We used the Palliative Care Knowledge Test (PCKT) to assess the knowledge base of internal and family medicine resident physicians at Aurora Health Care. We additionally piloted a survey to assess resident exposure to and confidence in hospice and palliative care. Residents were invited to anonymously complete the knowledge test and survey through a secure web application twice: once prior to and one following 4 hospice and palliative care didactic sessions hosted throughout the 2022-2023 academic year.

The data analyzed here demonstrates survey and knowledge test responses collected prior to the initial didactic session only. Surveys submitted after didactic sessions were collected for a secondary aim of assessing effectiveness of the pilot didactic program.

RESULTS
Thirty-seven unique responses were collected prior to didactic sessions; 34 completed the PCKT portion of the survey. Demographics of respondents (training program and year) are shown in Table 1.

The four specific questions on the PCKT with the lowest rate of correct responses included:
- Q5 (Long-term use of opioids can often induce addiction), with 6% correctly answering “FALSE”
- Q11 (During the last days of life, drowsiness associated with electrolyte imbalance should decrease patient discomfort), with 24% correctly answering “TRUE”
- Q12 (Benzodiazepines should be effective for controlling delirium, with 12% correctly answering “TRUE”
- Q18 (Intravenous infusion will not be effective for alleviating dry mouth in dying patients), with 38% correctly answering “TRUE”

The analysis of PCKT data revealed overall scores ranging from 28% to 89% correct with a mean score of 57% (SD 16) for all respondents. Table 2 shows results on the PCKT by training program and year.

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Average (SD)</th>
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<tbody>
<tr>
<td>Internal Medicine</td>
<td>61% (18)</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>54% (14)</td>
</tr>
<tr>
<td>Transitional Year</td>
<td>52% (15)</td>
</tr>
<tr>
<td>PGY 1</td>
<td>57% (16)</td>
</tr>
<tr>
<td>PGY 2</td>
<td>52% (16)</td>
</tr>
<tr>
<td>PGY 3</td>
<td>58% (11)</td>
</tr>
</tbody>
</table>

Analysis of PCKT data revealed overall scores ranging from 28% to 89% correct with a mean score of 57% (SD 16) for all respondents. Table 2 shows results on the PCKT by training program and year.

CONCLUSIONS
We demonstrated a need for further education in hospice and palliative medicine for resident physicians training at Aurora Health Care. Additional data is needed to guide curriculum adjustment as our study was limited to a small cohort in a limited period of time.

REFERENCES

Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (CPRs) for Graduate Medical Education Programs. Accreditation Council for Graduate Medical Education (ACGME). Family Medicine Milestones. 2019.


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