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Published In/Presented At

Kraus, C., Meyers, M., Kane, B., & Greenberg, M. (2014, April 7-9). *Palliative medicine competency education in emergency medicine residency training: A preliminary report*. Poster presented at: The Pennsylvania Chapter, American College of Emergency Physicians (PaACEP) Scientific Assembly, Harrisburg, PA.

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Palliative Medicine Competency Education in Emergency Medicine Residency Training: A Preliminary Report

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BACKGROUND

- >75% of patients visit ED in last six months of life
- Two-thirds of patients who visit ED in last six months of life, die while hospitalized
- EM residents are group of learners requiring training in HPM
- Development of clearer definition of educational needs of EM residents in HPM identified as priority for emergency medicine

OBJECTIVES

- Describe HPM training in EM programs
- Describe *Four Domains* of HPM training in EM programs
 - a. Importance of specific HPM competencies for senior EM residents
 - b. Senior resident skill level in specific HPM competencies
 - c. Effectiveness of different educational methods for HPM training
 - d. Barriers to HPM training
- Investigate whether specific program, institution, and education leaders' characteristics are associated HPM competency training in EM

METHODS

Setting and Study Population

- IRB approved, cross-sectional, mixed-mode survey
- American Osteopathic Association (AOA/DO) and Accreditation Committee on Graduate Medical Education (ACGME/MD) accredited EM residencies in U.S.
- Program Directors (PDs), Associate Program Directors (APDs), and Assistant Program Directors (aPDs)
- Survey distributed via website, mail, and in-person
- Collected demographic variables, institutional characteristics, and questions in four domains

Table 1. Title				
Variable	ALL (%)	PD (%)	APD (%)	aPD (%)
GENDER				
Male	66.2	72.3	59.6	60.5
Female	30.8	25.7	35.1	37.2
Missing	3.0	2.0	5.3	2.3
PROGRAM ACCREDITATION				
MD	46.3	42.6	52.6	46.5
DO	14.9	17.8	8.8	16.3
MD+DO	4.5	3.0	7.0	4.6
Missing	34.3	36.6	31.6	32.6
HOSPITAL LOCATION				
Urban	50.2	46.5	52.6	55.8
Suburban	13.9	15.8	14.0	9.3
Rural	2.5	2.0	0.0	7.0
Other	1.5	1.0	3.5	0.0
Missing	31.8	34.6	29.8	27.9
US REGION				
Northeast	3.0	2.0	3.5	4.6
Mid-atlantic	14.4	18.8	12.3	7.0
East North Central	20.4	16.8	15.8	34.9
West North Central	4.4	5.9	3.5	2.3
South Atlantic	8.5	5.0	15.8	7.0
East South Central	3.0	2.0	3.5	4.6
West South Central	5.5	6.0	7.0	2.3
Mountain	1.5	2.0	1.8	0
Pacific	5.5	5.0	5.3	7.0
Missing	33.8	36.6	31.6	30.0
FAMILIAR WITH EPEC-EM				
Yes	23.9	23.7	19.3	30.2
No	75.6	75.2	80.7	69.8
Missing	0.5	0.1	0.0	0.0

RESULTS

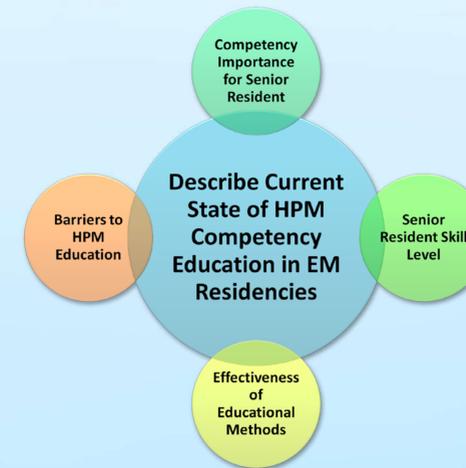


Table 2. Title		
Variable (only variables with >70% of observations are included (***) = p<0.05)	Paper survey (n=121)	Web-based (n=80)
Gender (% male)	61.9	72.5
Years in position (mean, 95% CI)	5.19 (4.22, 6.15)	6.01 (4.64, 7.39)
Elective rotation available in HPM (% yes)***	57.5	52.5
Institution Sponsored HPM (% yes)	23.9	32.5
Total residents in program (mean, 95% CI)	36.01 (33.21, 38.92)	39.88 (30.64, 49.11)
Familiar with EPEC-EM (% yes)	23.3	25
Barriers to HPM training (summary (mean, 95% CI))		
Lack of resident interest in HPM	2.98 (2.78, 3.19)	3.11 (2.83, 3.40)
Lack on faculty interest in HPM	3.38 (3.12, 3.56)	3.55 (3.29, 3.81)
Lack of HPM experience/expertise among faculty	3.45 (3.24, 3.66)	3.76 (3.48, 4.04)
Educational Methods Effectiveness (summary) (mean, 95% CI)		
Bedside teaching	4.47 (4.32, 4.62)	4.62 (4.45, 4.79)
Case-based simulation	4.30 (4.14, 4.46)	4.49 (4.32, 4.66)
Mentoring from HPM Faculty	4.02 (3.83, 4.22)	4.23 (4.04, 4.42)
Senior Competency HPM Importance (summary) (mean, 95% CI)		
Management of pain ***	4.71 (4.60, 4.82)	4.81 (4.77, 4.93)
Crucial Conversations	4.85 (4.77, 4.94)	4.92 (4.85, 4.99)
Management of imminently dying	4.69 (4.57, 4.81)	4.80 (4.69, 4.92)
Senior Resident Skill (summary) (mean, 95% CI)		
Management of pain	4.21 (4.07, 4.35)	4.12 (3.97, 4.26)
Crucial Conversations ***	4.36 (4.24, 4.48)	4.16 (4.01, 4.31)
Management if imminently dying	4.69 (4.58, 4.80)	4.82 (4.73, 4.91)

DISCUSSION

Potential Limitations

- Survey research
- Response bias
- Comparisons of responders and non-responders

Implications for HPM Education in EM Residencies

- Educational interventions can improve EM residents' mastery of HPM
- Equip EM residents with primary palliative care skills
- Results of this study inform EM education leaders for integration of HPM competency training into EM residency curriculum

FUTURE DIRECTIONS

- Collaborative curriculum development
- Potential for delivery as M-learning (e.g. podcasts)
- Focus-groups with patients and families

Funding Sources:

Dorothy Rider Pool Healthcare Trust Fund; Emergency Medicine Foundation (EMF)/Emergency Medicine Residents' Association (EMRA); Philadelphia College of Osteopathic Medicine, PCOM MEDNet.