

**Original Article**

## Palliative Medicine Fellowship: A Study of Resident Choices

Susan B. LeGrand, MD, FACP, and Jessica B. Heintz, MD

*Section of Palliative Medicine and Supportive Oncology (S.B.L.), Solid Tumor Oncology, Cleveland Clinic Taussig Cancer Institute, Cleveland, Ohio; and Capital Caring and Capital Palliative Care Consultants (J.B.H.), Falls Church, Virginia, USA*

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**Abstract**

**Context.** There are no data on the motives or characteristics of physicians choosing fellowship training in Hospice and Palliative Medicine (HPM).

**Objectives.** To understand more about the residents who choose HPM and what leads them to this decision.

**Methods.** An electronic survey of HPM fellows initiating training in July 2009.

**Results.** Seventy-six physicians began the study, with 62 responders (82%) completing all questions. Fifty-five percent were aged 30–40 years, and 61% were female. Sixty-eight percent were non-Hispanic Caucasian, 24% were Asian, and none were African American. Fifty-five percent were trained in internal medicine. Most (86%) asserted that the care of a dying, critically ill, or symptomatic person impacted their decision to enter the field of HPM. Sixty-three percent did not feel prepared to manage dying patients, and 41% felt personal regret about the care they delivered. The major reasons for choosing the specialty were a desire to contribute to relief of suffering (79%), enhance end-of-life care (73%), and improve communication (78%). Ninety-five percent received negative comments about their career choice. Fifty-nine percent had no exposure to hospice or palliative medicine in medical school, whereas 61% had an exposure available during residency. Forty-seven percent decided to enter a fellowship in the third year of residency, and 33% applied after practicing in their primary specialty for a median of 10 years. Accreditation, strength of education, and a hospital palliative medicine service were required by the majority for selection of a fellowship program.

**Conclusion.** Negative experiences with end-of-life care in residency, particularly in the intensive care unit, continue to be a factor in selection of HPM as a specialty. Many residents make their decision to enter the field and apply during Postgraduate Year 3. Most received negative comments about the choice. Fellows require a broad range of experience when selecting a fellowship program. *J Pain Symptom Manage* 2012;43:558–568. © 2012 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

**Key Words**

*Palliative medicine, fellowship, education*

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*Address correspondence to:* Susan B. LeGrand, MD, FACP, Section of Palliative Medicine and Supportive Oncology, Solid Tumor Oncology, Cleveland Clinic

Taussig Cancer Institute, 9500 Euclid Avenue, R35, Cleveland, OH 44195, USA. E-mail: [legrans@ccf.org](mailto:legrans@ccf.org)  
*Accepted for publication: April 12, 2011.*

## Introduction

Hospice and Palliative Medicine (HPM) is a relatively new medical subspecialty, recognized by the American Board of Medical Specialties (ABMS) and the American College of Graduate Medical Education (ACGME) in 2006. It is a rapidly evolving specialty that requires expert aggressive symptom management and exquisite communication skills.<sup>1</sup> Goals are to identify and support the cultural, social, psychological, and spiritual factors impacting the individual and contributing to medical decision making in advanced illness, including the care of the dying.

HPM is unique in that there are 10 ABMS specialty boards sponsoring subspecialty expertise in the field. Estimates of workforce requirements suggest a current significant lack of trained physicians and inadequate trainees to support the workforce needs.<sup>2</sup> There are no data on the characteristics of residents choosing HPM as a subspecialty or why they choose a particular fellowship program. Understanding more about the residents who choose HPM and what leads them to this decision can be useful to understand the future evolution of the field as well as recruiting for subsequent trainees.

## Methods

A 40-item questionnaire was developed by the authors, reflecting questions of interest. This survey was then piloted with four fellows to determine the time it would take to complete and their comfort with the questions asked. One question was felt to be too personal and was removed, leaving 39 items.

The survey ([Appendix](#)) was sent electronically to HPM fellowship program directors, using the American Academy of Hospice and Palliative Medicine (AAHPM) 2009 database. (All programs may not have been in this database nor do we know the number of accredited vs. nonaccredited programs.) Program directors were asked to forward the survey, along with a link to [SurveyMonkey.com](#)<sup>®</sup> for responses, to their first-year fellows. A second letter with the link was sent four weeks later. The survey results were not disclosed to the program directors to maintain the anonymity of the participants. Free text answers were reviewed by the authors individually to identify themes. Differences

were then discussed until consensus was reached.

The institutional review board at the Cleveland Clinic waived the need for informed consent. Descriptive statistics are reported. Results are rounded to the nearest whole number.

## Results

### Demographics

For academic year 2009–2010, there were 120 fellows enrolled in the 63 accredited programs included in the AAHPM database. Seventy-six fellows (63%) began the survey, and 62 completed all questions (82% of the responders). The total number of fellows surveyed may be greater than 120, given the possible inclusion of nonaccredited programs. All responses are included in the results.

Sixty-one percent (43/75) of respondents were female, and 55% (39/76) were between 30 and 40 years of age. Twenty-one percent (16/76) and 24% (18/76) were younger than 30 years or older than 40 years, respectively. Sixty-eight percent (53/76) were non-Hispanic Caucasian, and 24% (18/76) were Asian. Four percent (3/76) were Hispanic, and there were no African American respondents. Four percent listed themselves as “other.” Religious affiliation is noted in [Fig. 1](#).

### Primary Specialty

Using free text, respondents identified their primary specialty. Internal Medicine was the most common, with 55% (40/73) of respondents.

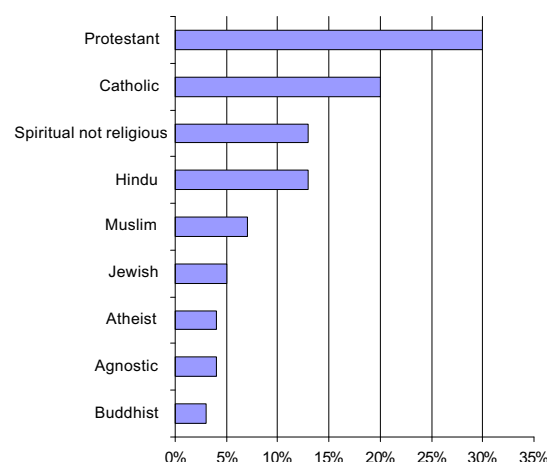


Fig. 1. Religious/spiritual preference.

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