



## Assessment of palliative care training in gynecologic oncology: A gynecologic oncology fellow research network study

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### HIGHLIGHTS

- Palliative care education/training is perceived as inadequate during fellowship.
- Over 80% of patients are referred to hospice within 4 weeks of death.
- With increased experience/feedback respondents reported greater comfort in EOL care.
- Incorporation of a palliative care curriculum in fellowship may better equip trainees to care for patients at EOL.

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### ABSTRACT

**Objective.** Palliative care is recognized as an important component of oncologic care. We sought to assess the quality/quantity of palliative care education in gynecologic oncology fellowship.

**Methods.** A self-administered on-line questionnaire was distributed to current gynecologic oncology fellow and candidate members during the 2013 academic year. Descriptive statistics, bivariate and multivariate analyses were performed.

**Results.** Of 201 fellow and candidate members, 74.1% ( $n = 149$ ) responded. Respondents were primarily women (75%) and white (76%). Only 11% of respondents participated in a palliative care rotation. Respondents rated the overall quality of teaching received on management of ovarian cancer significantly higher than management of patients at end of life (EOL), independent of level of training (8.25 vs. 6.23;  $p < 0.0005$ ). Forty-six percent reported never being observed discussing transition of care from curative to palliative with a patient, and 56% never received feedback about technique regarding discussions on EOL care. When asked to recall their most recent patient who had died, 83% reported enrollment in hospice within 4 weeks of death. Fellows reporting higher quality EOL education were significantly more likely to feel prepared to care for patients at EOL ( $p < 0.0005$ ). Mean ranking of preparedness increased with the number of times a fellow reported discussing changing goals from curative to palliative and the number of times he/she received feedback from an attending ( $p < 0.0005$ ).

**Conclusions.** Gynecologic oncology fellow/candidate members reported insufficient palliative care education. Those respondents reporting higher quality EOL training felt more prepared to care for dying patients and to address complications commonly encountered in this setting.

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### Introduction

In 2013, there were an estimated 91,000 cases of gynecologic cancer in the United States, with slightly over 28,000 deaths [1]. These statistics trail only those for lung, breast and colon cancer amongst women.

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Despite continued advances in surgical management and adjuvant therapy, disease progression and recurrence continue to plague women suffering from ovarian, endometrial and cervical cancer [2]. Therefore, palliative care is an integral component of practice.

Following publication of the landmark trial in patients with metastatic non-small cell lung cancer, the importance of palliative care on quality and quantity of life in the non-curable setting became evident [3]. Palliative care services focus on symptom management, psychosocial support and assistance with decision-making. Currently, the Accreditation Council of Graduate Medical Education (ACGME) requires that oncology fellowship training programs include education regarding pain assessment and management, psychosocial care, and knowledge of hospice [4]. Despite the importance of palliative care, hematology oncology fellows reported palliative care training to be inferior to overall oncology training [5]. Furthermore, despite giving bad news to patients on average 35 times per month, oncologists reported little training on giving patients information regarding prognosis [6,7].

Over the past two decades significant inroads have been made into the molecular cascades that govern carcinogenesis and tumor progression. In addition, the introduction of molecularly targeted therapy for the treatment of many solid tumors has transformed the therapeutic landscape in oncology. Unfortunately, this progress has not been matched with a similar availability of efficacious supportive care interventions designed to relieve debilitating symptoms due to treatment-related adverse events and disease progression. The introduction of palliative care services at the time of diagnosis of advanced cancer has been shown to result in meaningful improvement in the experiences of patients and caregivers by not only emphasizing symptom management and quality of life, but also treatment planning.

Within the specialty of gynecologic oncology, the symptom burden for patients with advanced disease is extensive, and includes pain, nausea, intestinal obstruction, ascites, constipation, nausea/emesis, anorexia, diarrhea, dyspnea and hypercalcemia [8]. Gynecologic oncologists have an obligation to care for such women at the end of life (EOL), and should understand appropriate symptom management, developing basic knowledge pertaining to EOL care. Importantly, failure to understand and address issues surrounding EOL has been shown to result in unnecessary medical interventions, and hospital admissions [9].

To date, limited data exist describing palliative care education during gynecologic oncology fellowship training. Prior investigators have reported a lack of comfort and knowledge with EOL counseling, care and hospice referral and timing [9]. More recently, Lesnock et al. reported that the quantity and quality of training in palliative care were lower compared to other common procedural and oncological issues [10]. The objective of this study was to determine the self-assessed adequacy of palliative care training in gynecologic oncology amongst senior fellows as well as junior faculty, in order to better understand preparedness for EOL care and perceptions regarding palliative care education.

## Methods

### Survey design

Following institutional review board approval, a validated survey was distributed using Survey Monkey® online software. The self-administered, 103-item on-line questionnaire was distributed to

current gynecologic oncology fellow and candidate members of the Society of Gynecologic Oncology (SGO), during the 2013 academic year. The survey was adapted from prior hematology–oncology research, and focused on 7 domains in end-of-life (EOL) training [11]. The domains included 1) respondent characteristics, 2) quality and quantity of teaching, 3) curriculum, 4) observation and feedback, 5) end-of-life clinical practice, 6) self rated preparation and 7) attitudes. Additional details are provided in Table 1. Approval for use of the survey tool was obtained from MB [11]. Modifications were made to allow for the comparison of palliative care and non-palliative care topics specific to gynecologic oncology. In this article, we assessed gynecologic oncology fellow and junior faculty perceptions regarding palliative care training/education as well as preparedness to care for patients at the end of life. A copy of the instrument is available on request.

### Sample

The survey was electronically distributed to Society of Gynecologic Oncology (SGO) fellow-in-training members and candidate members (defined as having completed an American Board of Obstetrics and Gynecology (ABOG) approved fellowship program in gynecologic oncology). The decision to include fellow and candidate members was made in an effort to enrich the number of senior fellows and junior faculty with adequate clinical exposure/experience.

The SGO is a 1600 member medical specialty, whose mission is to provide and improve the care of women with gynecologic cancers by encouraging research, dissemination of knowledge, improving standards of practice and professional collaboration. A total of 189 candidate members and 219 fellow-in-training members were identified.

In order to incentivize participation, respondents were compensated with a twenty-dollar Amazon gift card. This study was generously supported by a grant from the Foundation for Gynecologic Oncology Research Institute. The available funds necessitated limitation of the total sample size to approximately 200 respondents. In total, 230 sequential individuals were selected from a list provided by the SGO, 150 fellows-in-training and 80 candidate members. Ten subjects were excluded as they lived outside of the United States, and 19 e-mail addresses were invalid.

In July 2013, eligible subjects received an e-mail with a link to the online survey. Non-respondents received up to 3 additional reminder e-mails in 1–2 week intervals, with completion of recruitment in September 2013. Information regarding individual programs was not collected and all data was anonymously recorded.

### Statistical assessment

Descriptive analysis was conducted for all responses. All returned surveys, including those with incomplete responses, were included in the analysis. Statistical tests were evaluated at the 2-sided 0.05 level of significance. Responses on end-of-life (EOL) topics were compared with responses on general gynecologic oncology topics using chi-square or Fisher exact tests for dichotomous variables. Analysis of continuous variables was performed using Student *t* test when the data was normally distributed, and the Wilcoxon signed-rank test for data with non-normal distribution. Demographic characteristics including

**Table 1**  
Domains of survey on gynecologic oncology fellow training in end of life adapted from Buss et al.

Respondent characteristics	Eleven questions about demographics, respondent characteristics, and career plans
Quality & quantity of teaching	Four items on quantity of oncology and EOL education, as well as quality of teaching in fellowship
Curriculum	Eight items on explicit teaching, six items on implicit messages conveyed by faculty and other fellows
Observation & feedback	Three items; fellows reported the number of times they performed, observed, and received feedback on EOL topics (discussing goals of care)
EOL clinical practice	Fifteen items regarding the care respondent provided for their patient who died most recently
Self rated preparation	Thirteen items regarding respondent's preparation with respect to specific tasks related to EOL
Attitudes	Nine items assessing respondent's and faculty attitudes toward providing EOL care

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