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Simulation-based end-of-life care training during surgical clerkship: assessment of skills and perceptions

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ABSTRACT

Background: Assessment of interpersonal and psychosocial competencies during end-of-life care training is essential. This study reports the relationship between simulation-based end-of-life care Objective Structured Clinical Examination ratings and communication skills, trust, and self-assessed empathy along with the perceptions of students regarding their training experiences.

Method: Medical students underwent simulation-based end-of-life care OSCE training that involved standardized patients who evaluated students' communication skills and physician trust with the Kalamazoo Essential Elements Communication Checklist and the Wake Forest Physician Trust Scale. Students also completed the Jefferson Scale of Physician Empathy. Pearson correlation was used to examine the relationship between OSCE performance grades and communication, trust, and empathy scores. Student comments were analyzed using the constant comparative method of analysis to identify dominant themes.

Results: The 389 students (mean age 26.6 ± 2.8 y; 54.5% female) had OSCE grades that were positively correlated with physician trust scores ($r = 0.325$, $P < 0.01$) and communication skills ($r = 0.383$, $P < 0.01$). However, OSCE grades and self-reported empathy were not related ($r = 0.021$, $P = 0.68$). Time of clerkship differed for OSCE grade and physician trust scores; however, there was no trend identified. No differences were noted between the time of clerkship and communication skills or empathy. Overall, students perceived simulation-based end-of-life care training to be a valuable learning experience and appreciated its placement early in clinical training.

Conclusions: We found that simulation-based OSCE training in palliative and end-of-life care can be effectively conducted during a surgery clerkship. Moreover, the standardized patient encounters combined with the formal assessment of communication skills, physician trust, and empathy provide feedback to students at an early phase of their professional life. The positive and appreciative comments of students regarding the opportunity to practice difficult patient conversations suggest that attention to these

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professional characteristics and skills is a valued element of clinical training and conceivably a step toward better patient outcomes and satisfaction.

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1. Introduction

With an aging population, end-of-life care has become a primary focus in medical education and residency training. In 2000, the Liaison Committee on Medical Education required that all medical schools provide opportunities for experiential training in palliative and end-of-life care. Our medical school has implemented an end-of-life Objective Structured Clinical Examination (OSCE) during the third-year surgery clerkship. Several studies have discussed the importance and feasibility of such training during medical school [1,2]. However, nationwide training continues to be inadequate [3,4] with some medical students believing that they are inadequately prepared for such communications [5].

In our previous report, we found that end-of-life care training in the OSCE format could be successfully integrated during a clerkship in medical school. Moreover, the OSCE format followed by debriefing sessions provides medical students the opportunity to (i) actively practice Association of American Medical Colleges (AAMC) core and advanced communication skill competencies before patient privileges, (ii) receive constructive, organized formative feedback from physicians, (iii) practice debriefing and reflective practice of emotional engagement in a safe and supportive environment, (iv) enhance professional development and maturation, and (v) assess active learning in medical education [2]. Many studies have assessed the interpersonal competencies of medical students in palliative care and end-of-life settings.

Our work relates OSCE assessment of interpersonal competencies to validated measures of key psychosocial competencies and examines the perceptions of students.

The key psychosocial competencies stressed in end-of-life OSCEs are communication skills, physician trust, and empathy. The AAMC and the Accreditation Council for Graduate Medical Education have emphasized the importance of effective communication in medical training [6]. Additionally, physician trust has been widely regarded as an essential component of the physician–patient relationship [7–9].

Since 1998, the AAMC has made the cultivation of empathy a goal for the development and education of altruistic and compassionate physicians. High levels of empathy are positively correlated with improved patient outcomes [10,11]. The quantification of empathy in physicians and medical students has thus become an important dimension of medical education.

In this study, we report on the relationship between simulation-based palliative and end-of-life care OSCE ratings and the key psychosocial competencies of communication skills, trust, and self-assessed empathy as measured by standardized instruments. Furthermore, the study examines the perceptions and experiences of students regarding their palliative care and end-of-life OSCE training.

2. Materials and methods

During the 2008–2012 academic years, all third-year medical students in our surgery clerkship participated in a study that included three palliative/end-of-life care scenarios using standardized patient encounters (SPE). The study was approved by our institutional review board. The surgery clerkship is 8 wk in duration with six clerkship rotations per year.

2.1. Preparation resources for students

Educational materials and best practices guidelines for each encounter were recommended to students for OSCE preparation and provided online via the following Web sites: (1) End-of-Life/Palliative Education Resource Center (EPERC), Medical College of Wisconsin, USA [<http://www.eperc.mcw.edu>], (2) Bioethics Series for Clinicians, Canada [http://www.cmaj.ca/site/misc/bioethics_e.xhtml], and (3) Ethics for Clinician, USA [<http://virtualmentor.ama-assn.org>]. In addition to the EPERC Palliative Care Education, 18 Essential Topics in Adult Palliative and Hospice Care (Medical College of Wisconsin), an educational CD containing teaching modules, was downloaded onto our medical student surgical clerkship Web site for student access. Students had access to this preparatory material for several weeks and were also given realistic scripts to guide their interaction with SPs and help build their skills in conducting difficult conversations.

2.2. OSCE scenarios and setup

The case scenarios were adapted from the EPERC Web site. Each scenario was modified to reflect surgical patients and conditions commonly encountered during the third-year surgical clerkship as follows: (1) do not resuscitate (DNR) discussion with a standardized health care power of attorney (family member) of a transplant patient, (2) treatment goals and prognosis for a standardized patient (SP) (and wife) with metastatic pancreatic cancer, and (3) family conference with two standardized family members for a patient with traumatic brain injury. The students used the Web-based resources to investigate and understand the role of patient preferences and contextual issues, such as cultural/religious beliefs, as they related to end-of-life care decision-making. The three OSCEs were completed within 1 h. During each of the three OSCE stations, students were given 15 min to interact with the SP and/or family members to achieve the stated goals and objectives. Between each OSCE station, students were provided a 2-min break to prepare for the next session.

2.3. Assessment of skills

Student assessment was based on the performance of the following tasks: (i) demonstrating a professional introduction

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