

Original Article

Milestones for the Final Mile: Interspecialty Distinctions in Primary Palliative Care Skills Training



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Abstract

Context. Primary palliative care (PPC) skills are useful in a wide variety of medical and surgical specialties, and the expectations of PPC skill training are unknown across graduate medical education.

Objectives. We characterized the variation and quality of PPC skills in residency outcomes-based Accreditation Council for Graduate Medical Education (ACGME) milestones.

Methods. We performed a content analysis with structured implicit review of 2015 ACGME milestone documents from 14 medical and surgical specialties chosen for their exposure to clinical situations requiring PPC. For each specialty milestone document, we characterized the variation and quality of PPC skills in residency outcomes-based ACGME milestones.

Results. We identified 959 occurrences of 29 palliative search terms within 14 specialty milestone documents. Within these milestone documents, implicit review characterized 104 milestones with direct saliency to PPC skills and 196 milestones with indirect saliency. Initial interrater agreement of the saliency rating among the primary reviewers was 89%. Specialty milestone documents varied widely in their incorporation of PPC skills within milestone documents. PPC milestones were most commonly found in milestone documents for Anesthesiology, Pediatrics, Urology, and Physical Medicine and Rehabilitation. PPC-relevant milestones were most commonly found in the Interpersonal and Communication Skills core competency with 108 (36%) relevant milestones classified under this core competency.

Conclusions. Future revisions of specialty-specific ACGME milestone documents should focus on currently underrepresented, but important PPC skills. *J Pain Symptom Manage* 2016;52:345–352. © 2016 The Authors. Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

Key Words

Primary palliative care, graduate medical education, Accreditation Council for Graduate Medical Education, milestones, content analysis, residency

Introduction

End-of-life care is common in a wide range of medical and surgical fields, and although it is both a challenging and a rewarding part of medical care, trainees

feel underprepared to provide this skill.^{1–4} Although palliative care improves quality of life and caregiver satisfaction, many physicians lack fundamental training in palliative care.^{5,6} Primary palliative care, defined as aligning treatment with a dying patient's

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goals using excellent communication skills and basic symptom management, represents an important content area for the training of all physicians.^{7–10} Although these skills are important for a wide range of medical and surgical specialties, they may not be a focus of graduate medical education because they represent a perceived minority of clinical care for most medical specialties.

Starting in 2013, the Accreditation Council for Graduate Medical Education (ACGME) mandated the implementation of outcomes-based evaluation instruments or “milestone documents,” as a framework for determining resident and fellow performance during graduate medical education.^{11,12} Although actual residency training varies from program to program, these milestone documents are used to focus professional development and evaluation throughout each physician’s graduate medical education. Each milestone document was developed within specialty-specific committees with general guidance from the ACGME and covers topics within six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. However, fundamental skills in palliative care may cross several domains of ACGME core competencies. Therefore, gaps in both standard definitions and measurement of skills like primary palliative care may vary across specialties. Because of these factors, it is unclear to what extent these milestones consistently address primary palliative care skills.

Our objective was to characterize the presence, saliency, and interspecialty variation of primary palliative care skills in the ACGME milestone documents among 14 common medical and surgical specialties. By understanding the current standards of primary palliative care skills evaluation within different specialties, we can inform future revisions to the milestone documents to ensure trainees receive basic education in these critical topics.

Methods

Study Documents

We collected ACGME residency milestone documents published on the ACGME web site as of February 2015.¹³ Specialties eligible for content analysis were required to meet the following inclusion criteria: the specialty frequently encounters circumstances that use primary palliative care skills, the specialty was a direct-entry field after medical school, and the specialty was available as an undergraduate medical education rotation. The final specialties chosen by consensus of the authors were anesthesiology, emergency medicine, family medicine, general

surgery, internal medicine, neurological surgery, neurology, obstetrics and gynecology, otolaryngology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, and urology.

Identification of Milestones

Our primary outcome variable was total directly and indirectly salient primary palliative care milestones present in each specialty milestone document. To systematically identify these in milestones, we created a list of search terms. Using the Institutes of Medicine’s reports on palliative and end-of-life care, we first developed a list of key concepts that encompassed primary palliative care skills: pain and symptom management, care at end-of-life, complex patient and family communications.^{2,4} Using these key concepts, the authors reviewed and inventoried all the vocabulary pertaining to primary palliative care skills in four index milestone documents: general surgery, internal medicine, obstetrics and gynecology, and urology. This vocabulary was then consolidated into a consensus inventory of palliative care search terms ([Supplementary Table 1](#), available at jpsmjournal.com). Each milestone document was systematically examined for the previously identified palliative care skills search terms using NVivo 10 (QSR International, Burlington, MA), a qualitative research software package.

Rating the Saliency of Primary Palliative Care Skills

For each relevant search term, we cataloged the milestone’s ACGME core competency category, the name of the subcompetency, and the developmental progression level (see [Fig. 1](#) for annotation of an example milestone document set). Next, for each milestone, two reviewers independently performed an implicit review of the saliency of search terms within the citation to key primary palliative care concepts. Saliency was judged using a previously specified definition where “directly salient” evaluations were assessed to be directly applicable to palliative care skills and “indirectly salient” evaluations were assessed to be indirectly applicable to palliative care skills, and “not salient” evaluations were assessed to be unrelated to palliative care skills ([Table 1](#)). Disagreements in implicit review were resolved by group consensus.

Analysis

First, we compared the number of salient milestones across individual specialty milestone documents. Next, we assessed the presence of a specific subskill in primary palliative care—pain management—within milestone documents according to specialty. Pain management is an important clinical skill that is common in both palliative care and general medical care, and we wanted to specifically measure the presence of this skill in the milestone documents by specialty.

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