Gynecologic Oncology 135 (2014) 255–260

Contents lists available at ScienceDirect

Gynecologic Oncology

journal homepage: www.elsevier.com/locate/ygyno

Needs assessment of palliative care education in gynecologic oncology fellowship: We're not teaching what we think is most important☆

Carolyn Lefkowits [a,*], Paniti Sukumvanich [a], Rene Claxton [b], Madeleine Courtney-Brooks [a], Joseph L. Kelley [a], Melissa A. McNeil [c], Annekathryn Goodman [d]

[a] Department of Obstetrics, Gynecology & Reproductive Sciences, Division of Gynecologic Oncology, Magee-Womens Hospital of the University of Pittsburgh Medical Center, Pittsburgh, PA 15213, USA
[b] Department of Medicine, Division of General Internal Medicine, Section of Palliative Care & Medical Ethics, University of Pittsburgh Medical Center, Pittsburgh, PA 15213, USA
[c] Department of Medicine, Division of General Internal Medicine, University of Pittsburgh Medical Center, Pittsburgh, PA 15213, USA
[d] Division of Gynecologic Oncology, Vincent Obstetrics and Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA

HIGHLIGHTS

- Gynecologic oncology fellowship directors prioritize communication topics as the most important palliative care (PC) topics for fellows to learn.
- There is no correlation between PC topics most consistently taught in fellowship curricula and those considered most important.
- There is a strong correlation between PC topics considered most important and topics of interest for new curricular materials.

ARTICLE INFO

Article history:
Received 1 July 2014
Accepted 9 August 2014
Available online 15 August 2014

Keywords:
Palliative care
Communication
Education

ABSTRACT

Objectives. We sought to characterize gynecologic oncology fellowship directors' perspectives on (1) inclusion of palliative care (PC) topics in current fellowship curricula, (2) relative importance of PC topics and (3) interest in new PC curricular materials.

Methods. An electronic survey was distributed to fellowship directors, assessing current teaching of 16 PC topics meeting ABOG/ASCO objectives, relative importance of PC topics and interest in new PC curricular materials. Descriptive and correlative statistics were used.

Results. Response rate was 63% (29/46). 100% of programs had coverage of some PC topic in didactics in the past year and 48% (14/29) have either a required or elective PC rotation. Only 14% (4/29) have a written PC curriculum. Rates of explicit teaching of PC topics ranged from 36% (fatigue) to 93% (nausea). Four of the top five most important PC topics for fellowship education were communication topics. There was no correlation between topics most frequently taught and those considered most important ($r_s = 0.11$, $p = 0.69$). All fellowship directors would consider using new PC curricular materials. Educational modalities of greatest interest include example teaching cases and PowerPoint slides.

Conclusions. Gynecologic oncology fellowship directors prioritize communication topics as the most important PC topics for fellows to learn. There is no correlation between which PC topics are currently being taught and which are considered most important. Interest in new PC curricular materials is high, representing an opportunity for curricular development and dissemination. Future efforts should address identification of optimal methods for teaching communication to gynecologic oncology fellows.

Introduction

Palliative care is vital to the optimization of quality and value in gynecologic cancer care [1]. Consistently demonstrated benefits of palliative care involve both improved clinical outcomes (including better quality of life, symptom control, patient satisfaction and possible improved survival) and improved value [1–7]. Palliative care assesses and addresses the physical, psychological, social and spiritual needs of both patients with life-limiting conditions and their families and provides assistance with decision making for patients, families and medical teams. Far from being limited to end-of-life care, palliative care represents a core component of standard oncology care, according to guidelines from the National Comprehensive Cancer Center (NCCN), the American Society of Clinical Oncology (ASCO), the Institute of Medicine (IOM) and the World Health Organization (WHO)[8–11]. The Society of Gynecologic

☆ This paper was presented as an oral presentation at the 2014 Annual Meeting of the Western Association of Gynecologic Oncologists (WAGO), Truckee, CA, June 2014.

* Corresponding author at: Magee-Womens Hospital of UPMC, Division of Gynecologic Oncology, 300 Halket St, Pittsburgh PA 15213-3180, USA. Fax: +1 412 641 5417.
E-mail address: caseylefkowitscj@upmc.edu (C. Lefkowits).

http://dx.doi.org/10.1016/j.ygyno.2014.08.016
0090-8258/

Oncology, in its *Choosing Wisely* Campaign recommendations, recognizes that "Palliative care can and should be delivered in parallel with cancer directed therapies" and cautions against delaying basic level palliative care for women with advanced or relapsed gynecologic cancer [12].

Effective integration of palliative care throughout the disease course will require gynecologic oncologists to function as "primary palliative care" providers [13,14,15], addressing basic symptom management and discussion of treatment preferences and prognosis, with referral to specialty palliative care as needed. Training gynecologic oncologists to function effectively and comfortably as primary palliative care providers requires education on symptom management and communication skills during fellowship training. The curricular recommendations of both the American Board of Obstetrics and Gynecology's (ABOG) Guide to Learning in Gynecologic Oncology and ASCO's Core Curriculum for fellows include learning objectives related to palliative care [16,17]. Lesnock et al. previously conducted a survey of gynecologic oncology fellows' experience with palliative care, focusing on end-of-life care. They found that although fellows believe that palliative care is integral to their training, they rate the quality of their palliative care training lower than other elements of their training and report a lack of formal palliative care education [18].

One option to increase incorporation of palliative care education in gynecologic oncology fellowships is to develop curricular materials that could be disseminated nationally. Fellowship directors are in a position to modify curricular content and improve palliative care education in gynecologic oncology and palliative care objectives for fellows exist from both ABOG and ASCO. However, there has not been an evaluation of palliative care curricular content beyond end-of-life care in gynecologic oncology programs and fellowship directors' perspectives on this topic have not been published.

Our objective was to perform a needs assessment of palliative care teaching in gynecologic oncology fellowships to guide development of palliative care education modules for gynecologic oncology fellows that could be disseminated nationally. Specifically, we sought to characterize fellowship directors' perspectives on (1) inclusion of palliative care topics related to ABOG and ASCO objectives in current fellowship curricula, (2) which palliative care topics are most important for gynecologic oncology fellows to learn and (3) level of interest in utilizing palliative care curricular materials if they were available.

Materials and methods

Survey development

We developed a survey that included a total of 17 questions addressing the following five domains: (1) institutional palliative care resources, (2) palliative care teaching in existing fellowship curricula, (3) importance of palliative care topics, (4) interest in new palliative care curricular materials and (5) preferred educational modalities for teaching palliative care. Domains regarding current palliative care teaching, importance and interest in new curricular materials covered 16 palliative care topics. Choice of those topics was driven by the learning objectives included in the ABOG Guide to Learning in Gynecologic Oncology and the ASCO Core Curriculum for medical oncology fellows [16,17]. The full list of palliative care topics included is outlined in Table 1. Additional detail regarding the wording of the questions about explicit teaching, importance and interest in curricular materials and modalities is included in Table 2.

Table 1
Palliative care topics Included in survey domains regarding PC teaching, importance and interest in curricular materials.

Symptom management	Communication	End-of-life care
Opioid rotation	Delivering bad news	Hospice
Neuropathic pain	Discussing prognosis	Managing symptoms in the last 24 h of life
Radiation for pain management	Discussing goals of care or code status	
Nausea	Discussing stopping chemotherapy	
Constipation		
Depression		
Anxiety		
Fatigue		
Delirium		
Anorexia/cachexia		

Table 2
Survey domains and questions.

Domain	Questions
Institutional palliative care (PC) resources	• Presence of inpatient and outpatient palliative care clinical services
Current PC Teaching	• Any PC topic taught in lecture, journal club, M&M, other setting in past year (Y/N) • PC rotation for fellows: required or elective (Y/N) • Presence of written PC curriculum for fellows (Y/N) • Explicit teaching (Y/N) of each topic in Table 1
Most important PC topics for fellows to learn	• Choose top 5 PC topics most important for fellows to learn[a]
Interest in PC curricular materials	• Anticipate increase in PC in curriculum in next 5 years (Y/N) • Would you consider using new PC curricular materials (Y/N) • Choose top 5 PC topics for which you would be most likely to use new curricular materials[a]
Preferred educational modalities	• Choose up to 3 curricular modalities that would be most helpful for teaching PC[b]

[a] Topics chosen from list of topics in Table 1.
[b] Options: videotaped lectures, powerpoint slides, interactive online case-based modules, reference reading list, suggestions for journal club articles, example teaching cases with discussion questions & learning points.

In assessing coverage of individual palliative care topics, we chose to inquire about "explicit teaching" rather than perceived fellow preparedness or competency for several reasons. The "explicit teaching" phrasing for evaluation of palliative care education has been previously validated [19,21] and allowed us to directly compare fellowship directors' reported rates of explicit coverage to those reported by fellows in a prior survey [18]. Additionally, recent evidence suggests that self-assessment of end-of-life communication skills does not predict assessments of patients, families or clinician–educators. Additionally, we believed that reports of explicit teaching would be more objective [22].

The structure of the survey section on explicit teaching was adapted from a survey developed by Lesnock et al. to assess gynecologic oncology fellows' perceptions of their end-of-life care training [18]. That survey was based on work derived from focus groups with medical students, residents and faculty regarding end-of-life care training, and adapted from a survey originally developed to assess palliative care training in medical oncology [19,21]. Whereas prior surveys of palliative care in fellowship curricula have focused primarily on end-of-life care, we were interested in palliative care more broadly defined [8,23]. As such, our choice of palliative care topics was not limited to end-of-life care. The following statement was included at the beginning of each survey section: "Palliative Care is not limited to end-of-life care. Palliative Care includes any of the following: symptom management, communication with patients and families and end-of-life care." The survey was constructed using the electronic survey software, Survey Monkey [24].

Sample and distribution

Fellowship directors of all ABOG-approved gynecologic oncology fellowship during the 2013–2014 academic year were eligible for study participation. We contacted fellowship directors via a list of fellowship director email addresses available on the ABOG website [25]. We identified a total of 46 fellowship directors from 46 approved programs. We sent an email to each eligible fellowship director describing