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Palliative care education in gynecologic oncology: A survey of the fellows

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HIGHLIGHTS

- Gynecologic oncology fellows rate training in palliative care and end-of-life care significantly less than overall training.
- Gynecologic oncology fellows feel prepared to provide palliative care despite reporting deficiencies in training.
- Gynecologic oncology fellows feel palliative care training is important.

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ABSTRACT

Introduction. Gynecologic oncologists regularly care for patients at the end of life, yet little is known about their training or preparedness to deal with issues of palliative care. We sought to examine the training provided to gynecologic oncology fellows as well as their perceived preparedness to provide palliative care.

Methods. A self-administered survey was distributed to all fellows enrolled in all gynecologic oncology fellowships during the 2009 academic year. The instrument assessed attitudes, training, experience, and preparedness regarding caring for patients at the end of life. Descriptive, bivariate and multivariable analyses were performed.

Results. Sixty-one percent (103/168) of fellows completed the survey. Most (89%) feel that palliative care is integral to their training, but few (11%) have had any palliative care training, including either a rotation or fellowship. Using a scale of 1–10, fellows rated teaching quality on two common training opportunities, specifically managing postoperative complications (7.8) and endometrial cancer patients (8.7), as significantly higher than teaching on managing patients at the end of life (5.5; $p < 0.001$). Fellows rated the quality of end of life teaching as significantly lower than overall teaching (55% vs. 92%; $p = 0.001$). Their self-assessment regarding overall preparedness to deal with end of life issues was associated with higher end of life teaching quality and experience caring for more than 10 dying patients.

Conclusions. The quantity and quality of training in palliative care are lower compared to other common procedural and oncological issues. Gynecologic oncology fellowship programs need to incorporate a palliative care training curriculum.

Introduction

In 2012, there were an estimated 41,640 new cases of gynecologic malignancies resulting in 9440 deaths [1]. Advances in care, while prolonging life, have not improved cure rates; 1 in 4 cases of gynecologic malignancy will end in death. Thus, a significant part of a gynecologist–oncologist's clinical job is to address and coordinate care for dying patients. The concept of palliative care as defined by the World Health Organization is the approach to improve the quality of life for patients and their families who are facing life-threatening illnesses through the assessment and treatment of pain, and other physical, psychosocial, or spiritual problems. The provision of palliative care

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significantly improves the quality of life and mood of patients suffering from advanced malignancies [2,3]. Furthermore, early palliative intervention paired with standard oncologic care in the setting of advanced cancer may extend life compared to standard practice [3]. Given the benefits of palliative care, it is imperative that gynecologic oncologists obtain palliative care knowledge and skills.

The American Society of Clinical Oncology states that palliative care is an integral part of medical oncology and is committed to improving oncologists' education in this domain [4]. The Society for Gynecologic Oncologists also recognized the importance of palliative training for physicians [5]. Finally, the Accreditation Council for Graduate Medical Education requires training in pain assessment and management, psychosocial care, and knowledge of hospice for oncology fellowship programs [6,7]. Despite this, oncologists report inadequate knowledge about pain management and inappropriate concerns about the risk of opioid addiction during end of life (EOL) care [8]. Little is known about the training gynecologic oncologists receive in palliative care or their knowledge, comfort and preparedness to address these issues with their patients. The objective of our study was to examine how gynecologic oncology fellows perceive their training in palliative care, and specifically, what factors are associated with preparedness to provide EOL care.

Methods

Survey development

We adapted a survey developed by Buss and colleagues to assess gynecologic oncology fellows' training in palliative care [9]. The instrument was initially developed by focus groups asked to assess palliative care training for medical students, residents, and faculty [10]. The focus of the instrument was on care of the dying, an important component of good palliative care, although not its only focus. Buss then adapted and validated the survey for medical oncology fellows [9].

The survey was modified to be applicable to gynecologic oncology fellows. For example, questions regarding training experiences in performing bone marrow biopsies were replaced with questions on training experience in performing colposcopies. [See supplemental data].

The final survey consisted of 81 items in seven categories. The categories included fellowship training, fellowship experience, caring for the dying, education, attitudes, respondent characteristics, and perceived preparedness to handle EOL issues. Additional details and explanations of these categories are provided in Table 1. Overall preparedness served as the primary outcome variable of interest for these analyses. This study was reviewed and qualified as exempt by the University of Pittsburgh Institutional Review Board.

Sample and distribution

All fellows enrolled in an American Board of Obstetrics and Gynecology-approved gynecologic oncology fellowship during the 2009–2010 academic year were eligible for study participation. A list of fellowships and currently enrolled fellows is available for members on the Society for Gynecologic Oncology website. A total of 168 fellows from 43 approved programs were identified.

A survey packet including a cover letter describing the study, the survey, a prepaid return envelope, and a five-dollar gift card to Starbucks was mailed to all 168 fellows. Approximately 3 months following the distribution of surveys, a reminder email was sent to all fellows. Six months following the initial distribution, a link to an electronic version of the survey using Survey Monkey was sent via email requesting completion to non-respondents [11]. The close of the return of surveys was the end of the 2009–2010 academic year.

Statistical analysis

Data were analyzed with Stata statistical software release 11.2 (Stata Corp., College Station, TX). We performed descriptive analyses for all responses. All statistical tests were evaluated at the 2-sided 0.05 level of significance. Fisher's exact and paired Student's t-tests were used to evaluate associations between self-reported overall preparedness to provide EOL care with variables related to training, quality of training and practice addressing EOL care issues. Poisson regression with robust variance was used to calculate unadjusted and adjusted prevalence ratios (PR) and their respective 95% confidence intervals (CI) [12].

Results

We received 103 completed surveys (61% participation rate). The majority of surveys returned were the mailed surveys (87%); 13 (13%) surveys were completed electronically. The respondent characteristics are shown in Table 2. The majority of the study population was female, married, white, and graduates of a United States medical school. The respondents included a fairly even distribution of first, second, and third-year fellows with 9% fourth-year fellows. First year fellows reported higher proportion of their time spent performing research

Table 1
Palliative care education survey categories.

Title	Description
Fellowship training	Twelve items on amount of topics specific to gynecologic oncology and EOL and quality of teaching in fellowship, including mentorship and role models
Fellowship experience	Six items concerning the number of times they performed, observed, and received feedback on a procedure (colposcopy) and an EOL topic (discussing goals of care)
Caring for the dying	Fifteen items regarding the care the respondent provided for the patient who died most recently
Education	Eight items on explicit teaching about specific topics, such as opioid rotation and assessing depression at EOL; six items on implicit messages conveyed by faculty and other fellows, such as having patients die being a medical failure
Preparation	Seven items on how prepared the respondent was to accomplish specific tasks related to caring for the dying, such as managing pain at the EOL
Attitudes	Nine items assessing the respondent's attitudes toward EOL care, such as how much responsibility physicians have to provide bereavement care
Respondent characteristics	Eighteen items on the respondent's demographics, fellowship characteristics, and future career plans

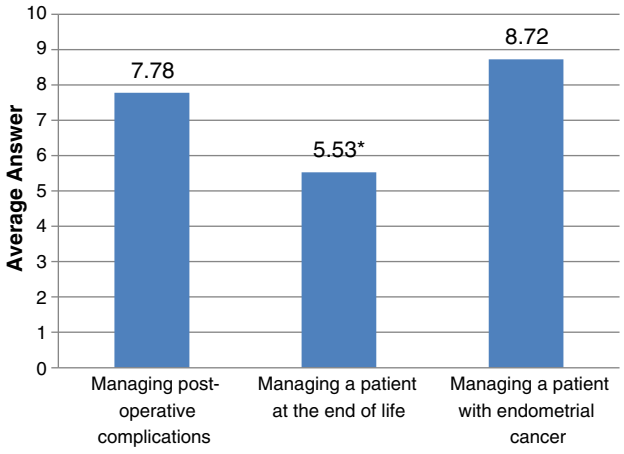

Fig. 1. This graph represents the average rating (x-axis) for amount of teaching during fellowship (0–10 scale) for three patient care situations (y-axis). The average amount of teaching for managing a patient at the EOL was statistically significantly less than either other scenario ($p < 0.001$).