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BACKGROUND

Palliative care and end of life discussions are important aspects of medicine that all residents encounter during their training. Previous studies have shown there is not enough dedicated formal education for pediatric residents in regards to end of life care and clinical and experiential learning is likely not enough^{1,2}. Lack of comfort and competence in treating seriously ill or dying children can affect patient care and lead to negative patient family experiences³. A focus group of OSU pediatric residents was conducted in April 2018 to investigate resident thoughts and feelings regarding palliative care and current education received⁴. Several residents did not feel the current palliative care education model with one one-hour lecture per academic year was sufficient. Some requested more pediatric palliative care resources and more opportunities for learning.

AIM STATEMENT

Incorporate 6 hours of formal pediatric palliative care education into the current academic curriculum of OSU pediatric residency.

METHODS

Using OSU pediatric resident feedback and training materials from Education in Palliative and End-of-Life Care (EPEC) Pediatrics, a three-part lecture series was created and implemented into the academic curriculum. Each two-hour lecture involved power point presentation with interactive case scenarios, videos, and group activities. The lectures were lead by two pediatric residents who worked closely with a pediatric hematologist-oncologist in preparing the lectures. Prior to each lecture, each participant completed a nine-question survey to assess comfort and competence in different areas using Likert scale (Table 1). Each resident created a unique code to attach to their surveys making the surveys anonymous and allowing us to trend the responses of each resident. After each lecture the survey results were reviewed and the quality of the lecture was assessed in terms of how engaged and responsive the participants were to the material presented.

RESULTS

Of the 29 pediatric residents, 22 residents participated in one or more of the palliative care lectures. Of the 22 residents, 15 residents attended two or more lectures and mean scores of each survey question show general rise in feelings of comfort and competence in topics related to palliative care.

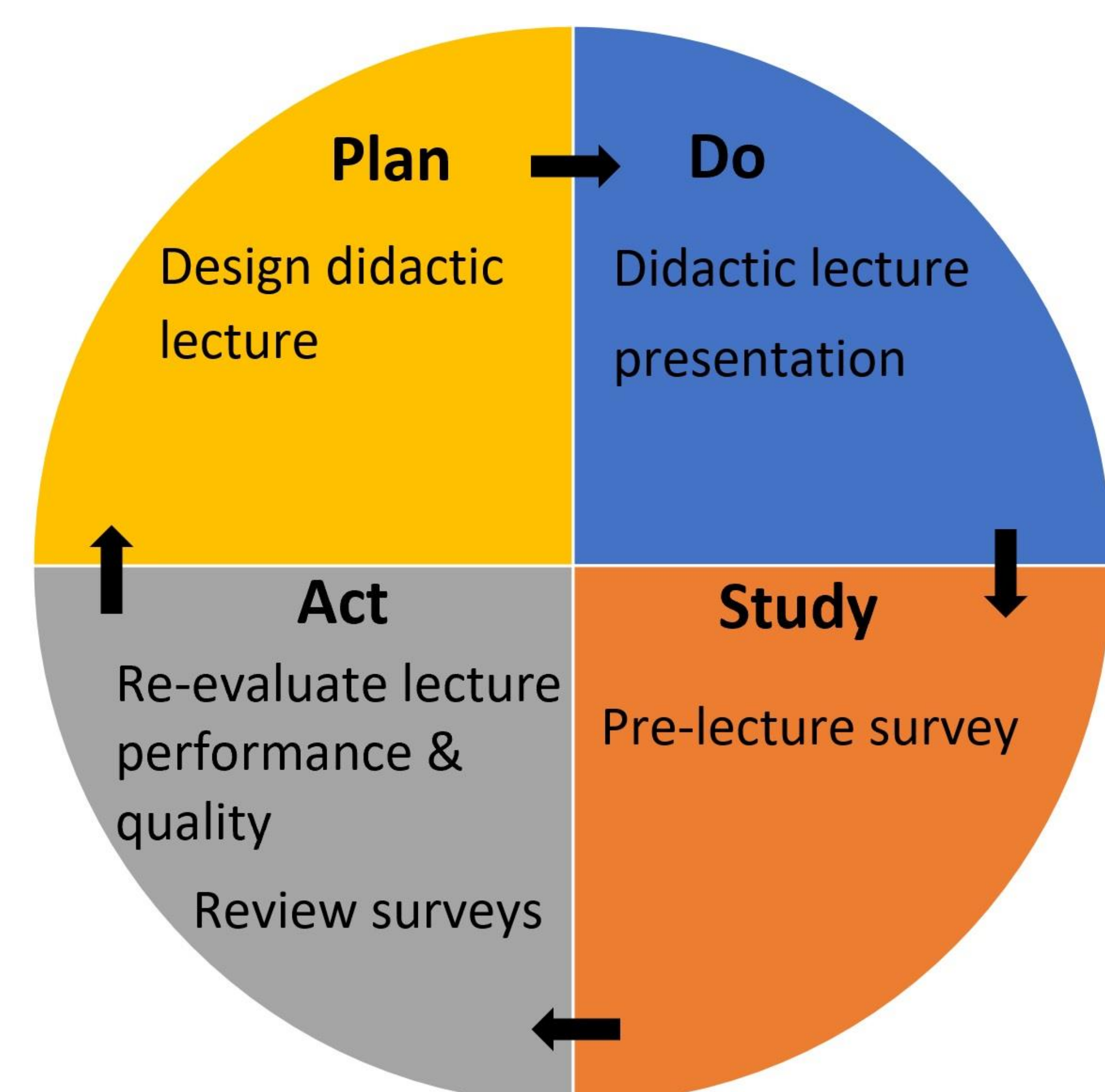
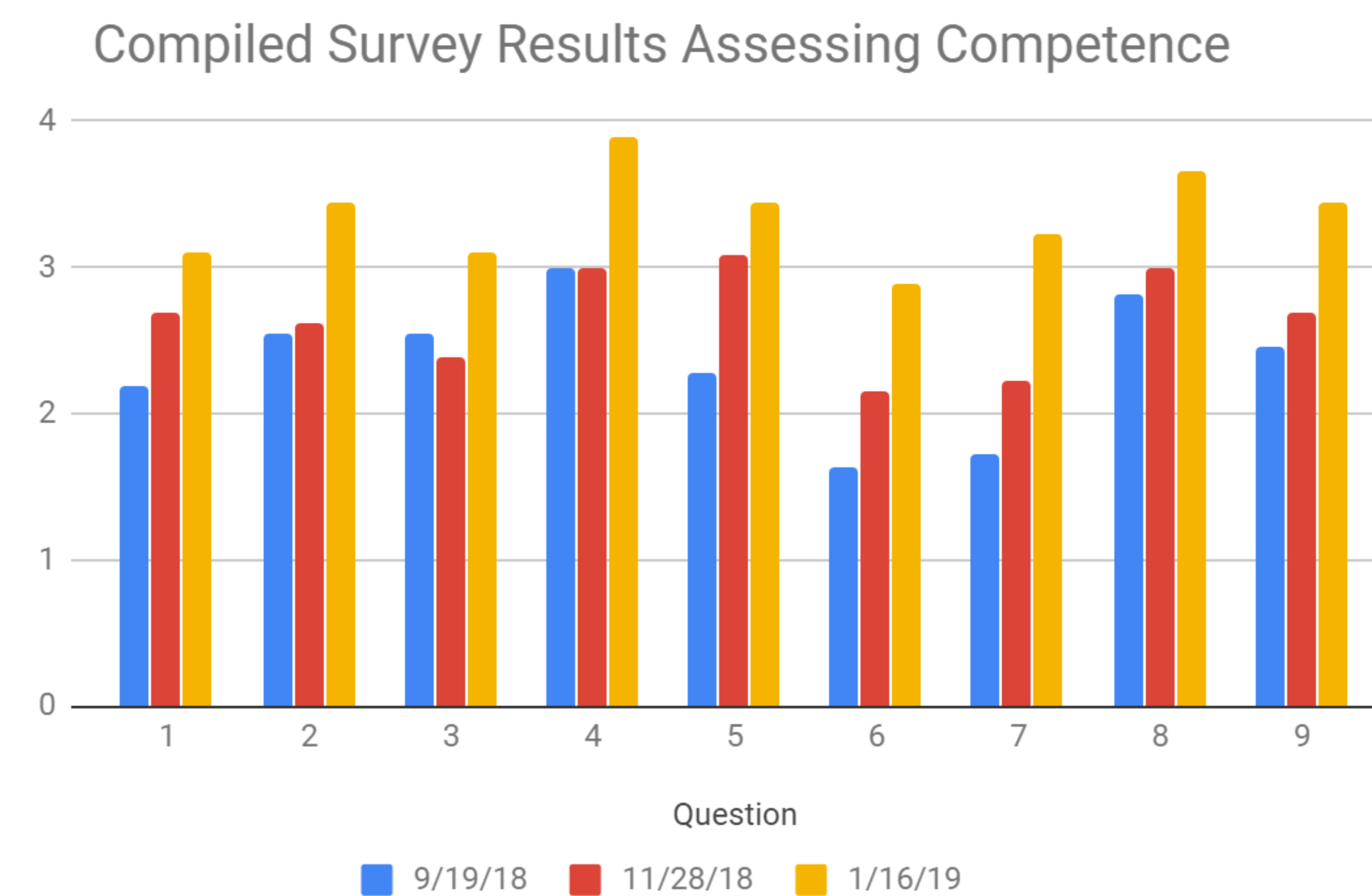
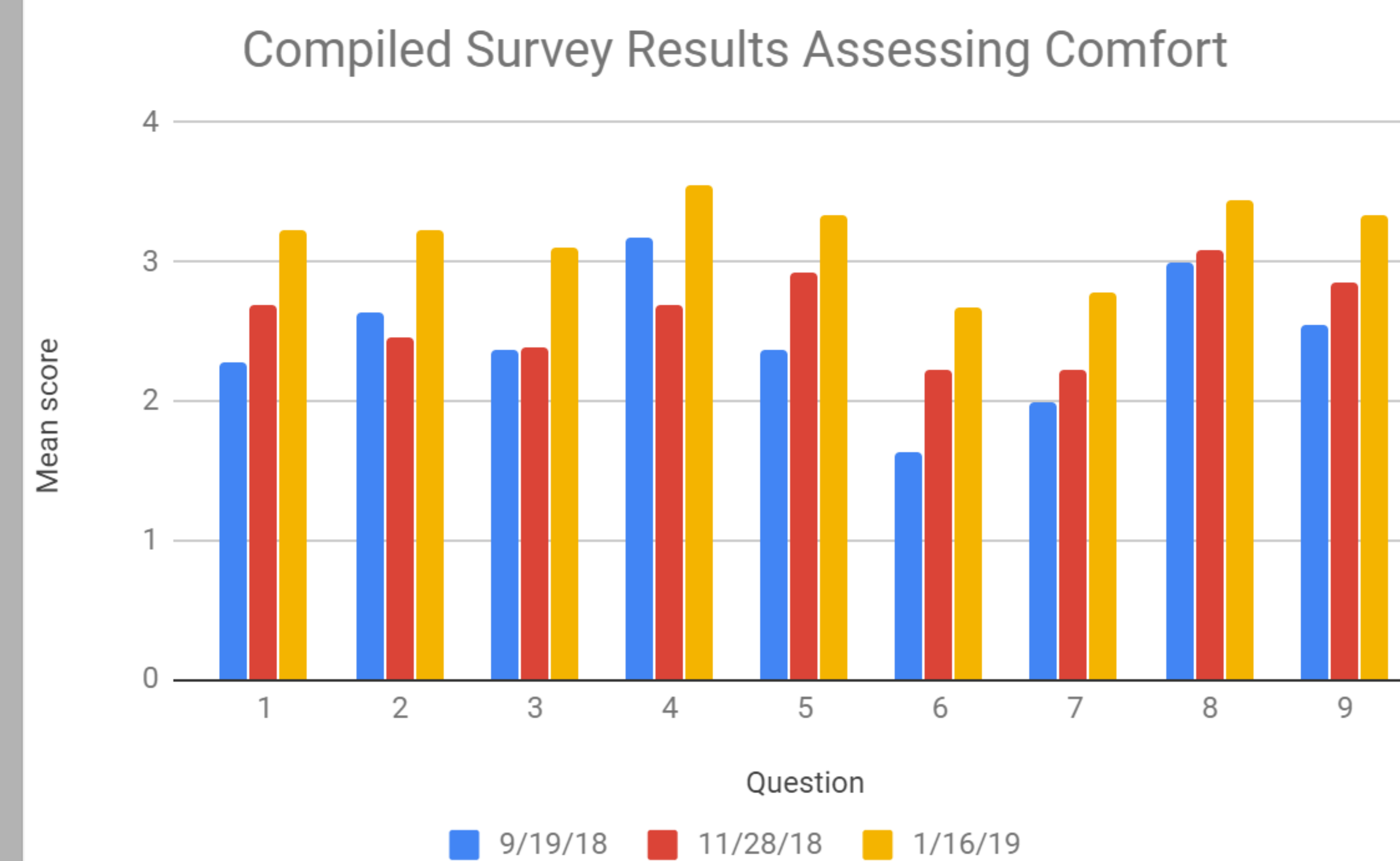


Table 1: Survey

Please rate each statement 1-5 in regards to comfort and competence of performing each action with 1= none, 2 = minimal, 3 = moderate, 4 = good, 5 = exceptional

	Comfort	Competence
1. Discussing with patients and families the transition from a curative approach to a palliative approach		
2. Conducting a family conference to discuss a newly diagnosed life-threatening illness		
3. Discussing code status with families of terminally ill children		
4. Delivering bad news to a patient or family member		
5. Providing spiritual support to patients and family members		
6. Including children in discussions about preparing for death		
7. Discussing treatment withdrawal		
8. Treating GI symptoms (nausea, vomiting, diarrhea, constipation) in terminally ill children		
9. Providing adequate pain control for terminally ill pediatric patients		

CONCLUSION

This study shows a correlation between increased feelings of comfort and confidence among pediatric residents who received more didactic palliative care education. The study was limited by small sample size and it did not address resident level of training and amount of experiential learning prior or during the didactic lecture series. As the surveys completed during this study were self-assessments, further assessments are required to evaluate effect of didactic education on resident clinical practices.

NEXT STEPS

The lectures created during this study will continue to be available to residents as a resource for self study. There will continue to be at least two hours of formal didactic pediatric palliative care education annually with lectures provided by a pediatric intensivist.

REFERENCES

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