IDEA

The purpose of this study is to evaluate the idea that exposure to palliative care education in pediatric populations in medical school can augment students’ perceived sense of competency and self-efficacy with initiating and conversing with patients and colleagues about palliative care.

NEED/RATIONALE

The goal of palliative care is to improve the quality of life for children who are facing a poor prognosis. A palliative care team can be consulted when a provider considers that a patient may receive help from an improved quality of life rather than sustained treatment at the same intensity that was supplied previously.

Palliative care access is dictated by the physician's competency and comfort with initiating and having palliative care conversations with patients. Previous studies have shown that residents lack a sense of competency and comfort when tasked with conversing with patients on palliative care options. An exposure to palliative care earlier in medical education may augment the comfort and competency needed to have these substantive and necessary conversations with patients.

METHODS AND EVALUATION PLAN

Step 1: When third-year medical students in their clinical rotation in pediatrics begin their clerkship, they will be notified by research coordinators that they can take a module to learn more about palliative care in pediatric populations.

Step 2: Participants will receive a pre-survey which will consist of knowledge and subjective questions regarding palliative care in pediatrics. Subjective questions will evaluate participants’ self-efficacy and comfort with palliative care in pediatrics populations.

Step 3: Participants will then complete the module.

Step 4: Upon completion of the module, participants will take a subsequent knowledge assessment and post-survey.

Step 5: The change in percent correct for the knowledge questions will be analyzed to determine the overall change before and after the module.

Step 6: Quantitative survey questions will be based on numeric ratings which can be compared before and after module administration. Qualitative questions will be asked via an “agree” or “disagree” format.

POTENTIAL IMPACT

The potential impact of this study is the increase in competency and comfort with palliative care conversations in pediatric populations due to an earlier exposure to palliative care. These results will translate to clinical situations when students and residents are tasked with having end-of-life conversations with patients.

REFERENCES


