Residents Report on the Importance of an Undergraduate End of Life Interclerkship

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Does the perceived value of a third year End of Life (EOL) Interclerkship change after medical students complete their first year of residency? Several research studies indicate students’ perceptions about specific learning experiences change after graduating from medical school.

Background

Residents Report on the Importance of an Undergraduate End of Life Interclerkship

University of Massachusetts Medical School, Worcester, MA

Method

Background

Several research studies indicate students’ perceptions about specific learning experiences change after graduating from medical school.

One study found that over 40% of the interns surveyed, recalled having no formal teaching in end-of-life communication, specifically, of how to discuss prognosis, give bad news, or counsel patient’s families. Respondents reported little direct clinical experience communicating with or caring for dying patients during medical school.

End of Life Interclerkship

This one day required third year interclerkship is designed to prepare students to:

1. recognize the appropriate time for shifting the care plan from curing disease to providing palliative care;
2. understand resources available to the dying patient within the hospital and the community;
3. participate in interdisciplinary care of the dying patient;
4. develop an approach to managing common symptoms at the end of life;
5. understand the physician’s role in addressing the needs of the dying patient, the patient’s family, and society; and
6. begin reflecting on the physician’s personal reactions to the care of patients with terminal illness.

(Clay et al., 2001)

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This interclerkship was invaluable for its ability to provide a forum for discussion of death, a topic pervasive throughout health care.

- Anonymous UMass MS student comment, 2001 cohort

Results

Results indicate statistically significant increases in the average usefulness ratings in the combined cohort 2001-2003 (p < .01) and in the individual cohorts of 2002 (p <.05) and 2003 (p < .01). Statistically significant increases (p <.05) were found in the proportion of “very useful” ratings for the combined cohort 2001-2003 (27% to 49%), and in the individual cohorts of 2001 (19% to 50%) and 2003 (31% to 53%). The 2002 cohort had borderline significance (p <.10) (26% to 44%).

Usefulness Ratings of EOL Interclerkship

Prior to Graduation and After First Year of Residency

Survey Items:
Graduate Plans – Please rate how useful you found the EOL interclerkship.
One Year Out – Please rate the usefulness of the EOL interclerkship in preparing you for your residency.

<table>
<thead>
<tr>
<th>COHORTS</th>
<th>Average Useful Ratings</th>
<th>Proportion of “Very Useful” Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Plans Survey</td>
<td>One Year Out Survey</td>
<td>Graduate Plans Survey</td>
</tr>
<tr>
<td>2001</td>
<td>3.06</td>
<td>3.56</td>
</tr>
<tr>
<td>2002</td>
<td>3.80</td>
<td>4.33*</td>
</tr>
<tr>
<td>2003</td>
<td>3.70</td>
<td>4.38*</td>
</tr>
<tr>
<td>Combined</td>
<td>3.70</td>
<td>4.30*</td>
</tr>
</tbody>
</table>

*Significant difference in the p <.05 level
**Significant difference in the p <.10 level
*Rating scale: 1=Not useful, 2=Useful, 3=Very Useful

Conclusion

The value that medical students put on their education of end of life issues increases after they leave medical school. This finding highlights the importance of teaching end of life issues to undergraduate medical students.