



# Making the Most of MOLSTs: A quality improvement project analyzing training of formalized goals of care during Physical Medicine and Rehabilitation residency

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## INTRODUCTION

Admitting physiatrists are now faced with caring for sicker patients who are more likely to have significant medical complications during their rehabilitation course. As a result, goals of care (GOC) should be established for all patients upon arrival to inpatient rehabilitation units in order to provide quality medical care for patients and their families. However, physiatrists are often not formally trained in conducting GOC conversations and may not be comfortable with holding them. They may also be unaware of how to best document these discussions. Previous studies have looked at barriers to starting these conversations<sup>1,2</sup> as well as incorporating education within their residency program<sup>3-7</sup>. However, there is a scarcity of literature regarding training within physical medicine and rehabilitation residency<sup>8</sup>.

## OBJECTIVE

The purpose of this study was to analyze how often physical medicine and rehabilitation (PM&R) residents have GOC conversations with their patients and to see if their level of comfort with leading these discussions improved after a formalized educational experience.

## DESIGN

Within a single ACGME-accredited PM&R residency program, a survey was sent to all trainees (N=12) to assess how often they were having GOC conversations with patients and how comfortable they were with initiating the conversation. We also examined how often residents were documenting their encounters and completing a Medical Orders for Life-Sustaining Treatment (MOLST) form. A hospice and palliative care trained physiatrist held a didactic lecture to teach best practices for having and documenting GOC conversations. One month after course completion, a follow-up survey was sent to identify any changes to their medical practice regarding goals of care.

## RESULTS

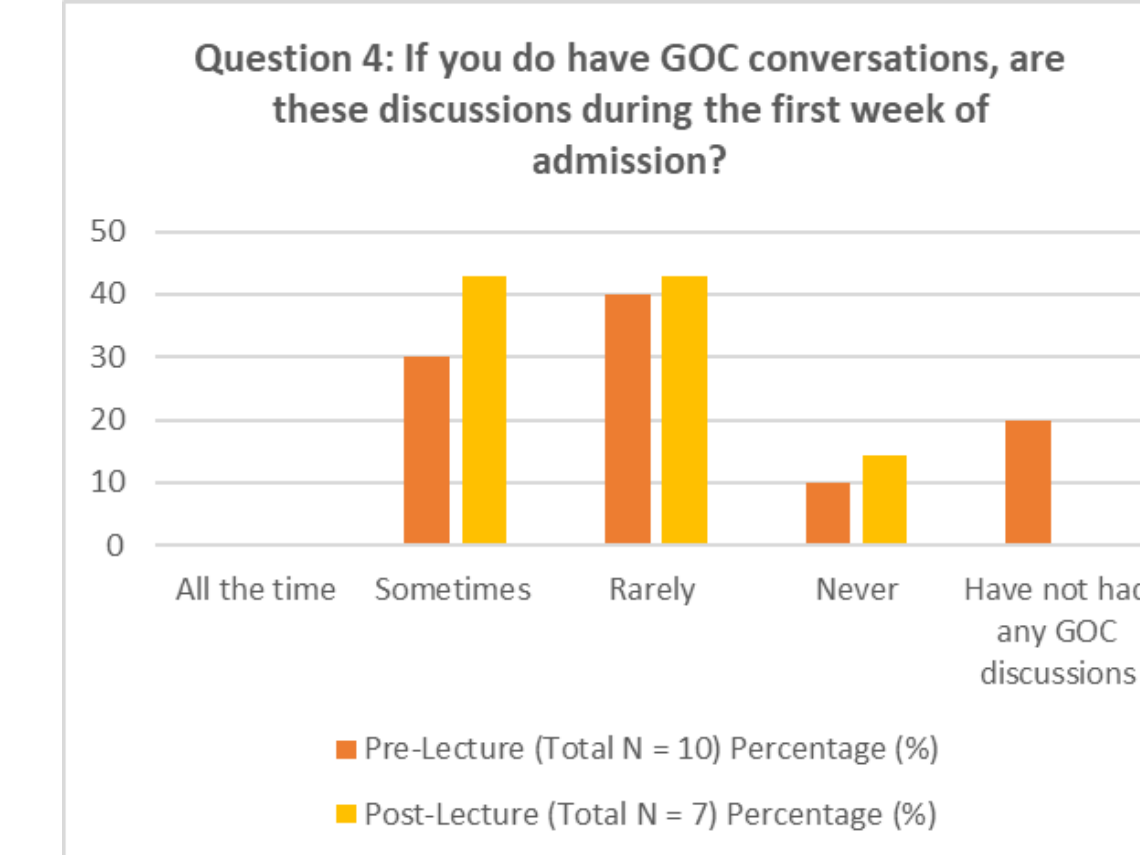
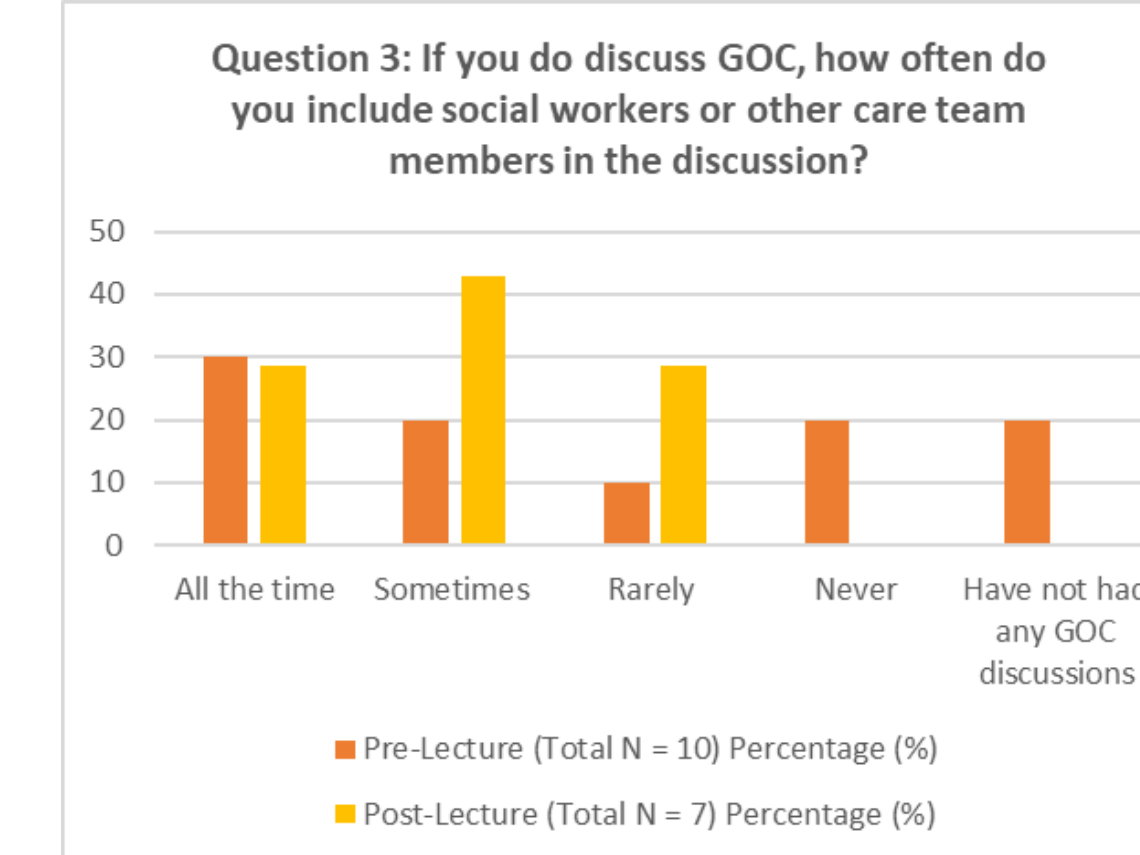
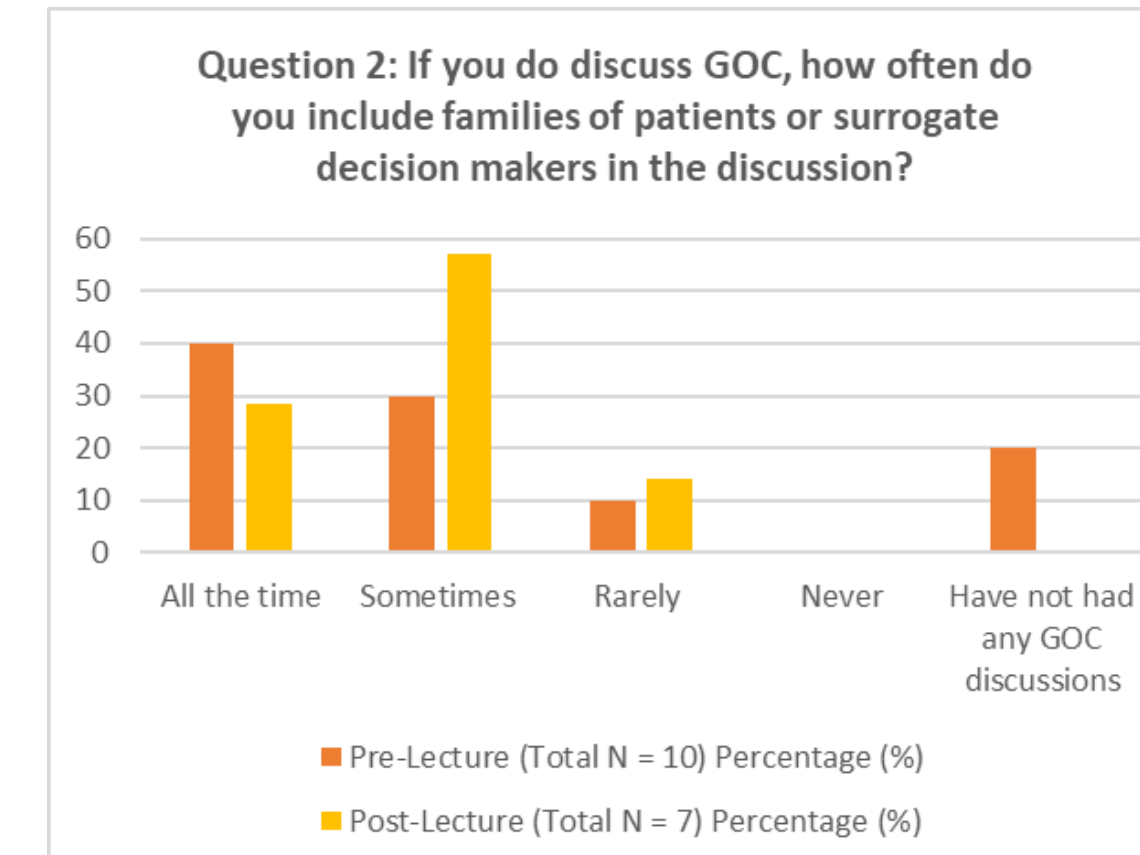
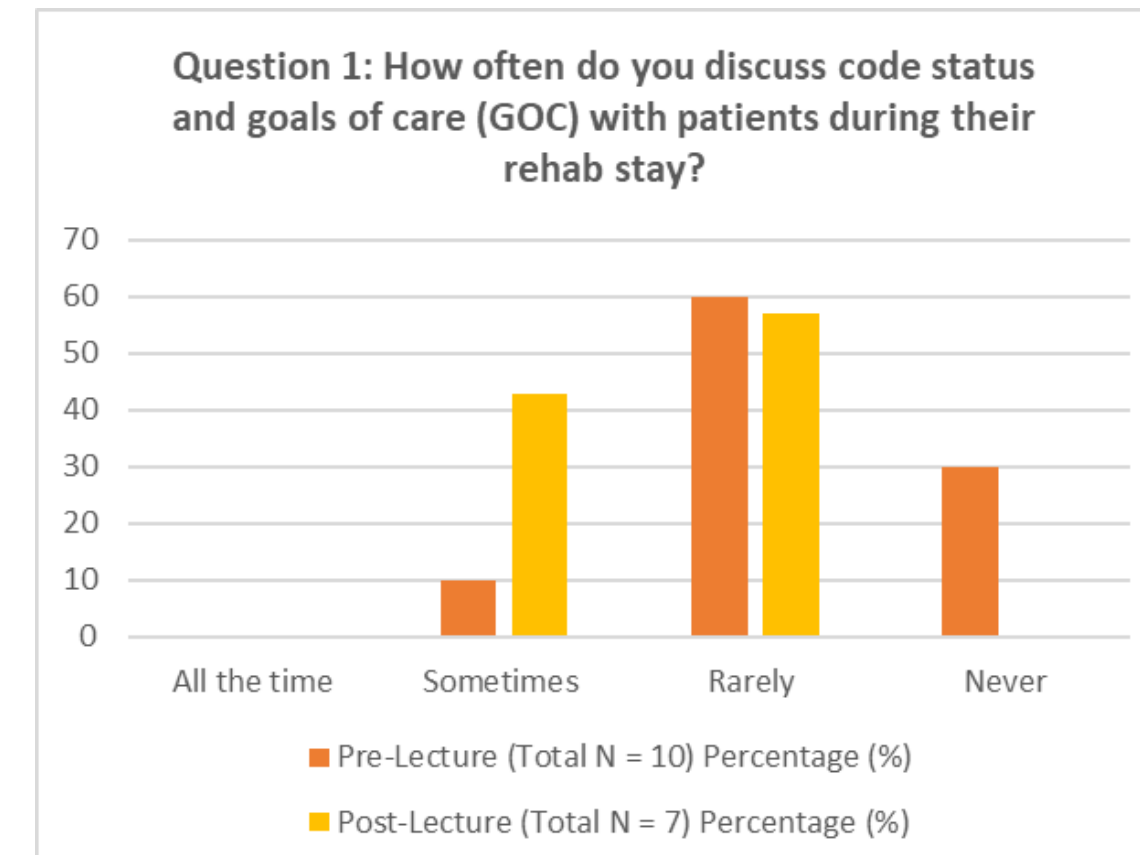
**Table 1: Demographic information of participants**

	Pre-Lecture (Total N = 10)		Post-Lecture (Total N = 7)		P two-tail
	N	Percentage (%)	N	Percentage (%)	
<b>PGY Level</b>					0.62
PGY2	4	40	2	28.57	
PGY3	4	40	3	42.86	
PGY4	2	20	2	28.57	
<b>Gender</b>					0.91
Female	4	40	3	42.86	
Male	6	60	4	57.14	
Transgender	0	0	0	0.00	
Prefer not to say	0	0	0	0.00	
<b>Age</b>					0.57
Age <25	0	0	0	0.00	
Age 25-30	5	50	4	57.14	
Age 31-35	4	40	3	42.86	
Age >35	1	10	0	0.00	
<b>Religious or spiritual affiliation or identity</b>					0.84
Yes	8	80	5	71.43	
No	1	10	1	14.29	
Prefer not to say	1	10	1	14.29	
<b>Religious/Spiritual traditions</b>					0.93
Other	1	10	0	0.00	
Prefer not to say	2	20	2	28.57	
Catholic	2	20	1	14.29	
Protestant	2	20	2	28.57	
Hindu		0	0	0.00	
Jewish	2	20	1	14.29	
Muslim	0	0	0	0.00	
Buddhist	1	10	1	14.29	

**Table 2: Statistical analysis of questions from pre and post lecture survey**

Question Number	Pre-Lecture	Post-Lecture	P-Value
1	1	1	0.0443
2	2	2	0.18
3	3	3	0.73
4	4	4	0.32
5	5	5	0.05
8	6	6	1
11	7	7	0.28
12	8	8	0.80
13	9	9	0.42
14	10	10	0.17

### Pre- and post- lecture survey responses



**Question 6: Have you ever received formal training in conducting GOC conversations during your medical training?**

	Pre-Lecture (Total N = 10)	
	N	Percentage (%)
Yes - extensive	0	0
Yes - limited	5	50
Not really	2	20
Never	3	30

**Question 7: If yes, when did your training occur?**

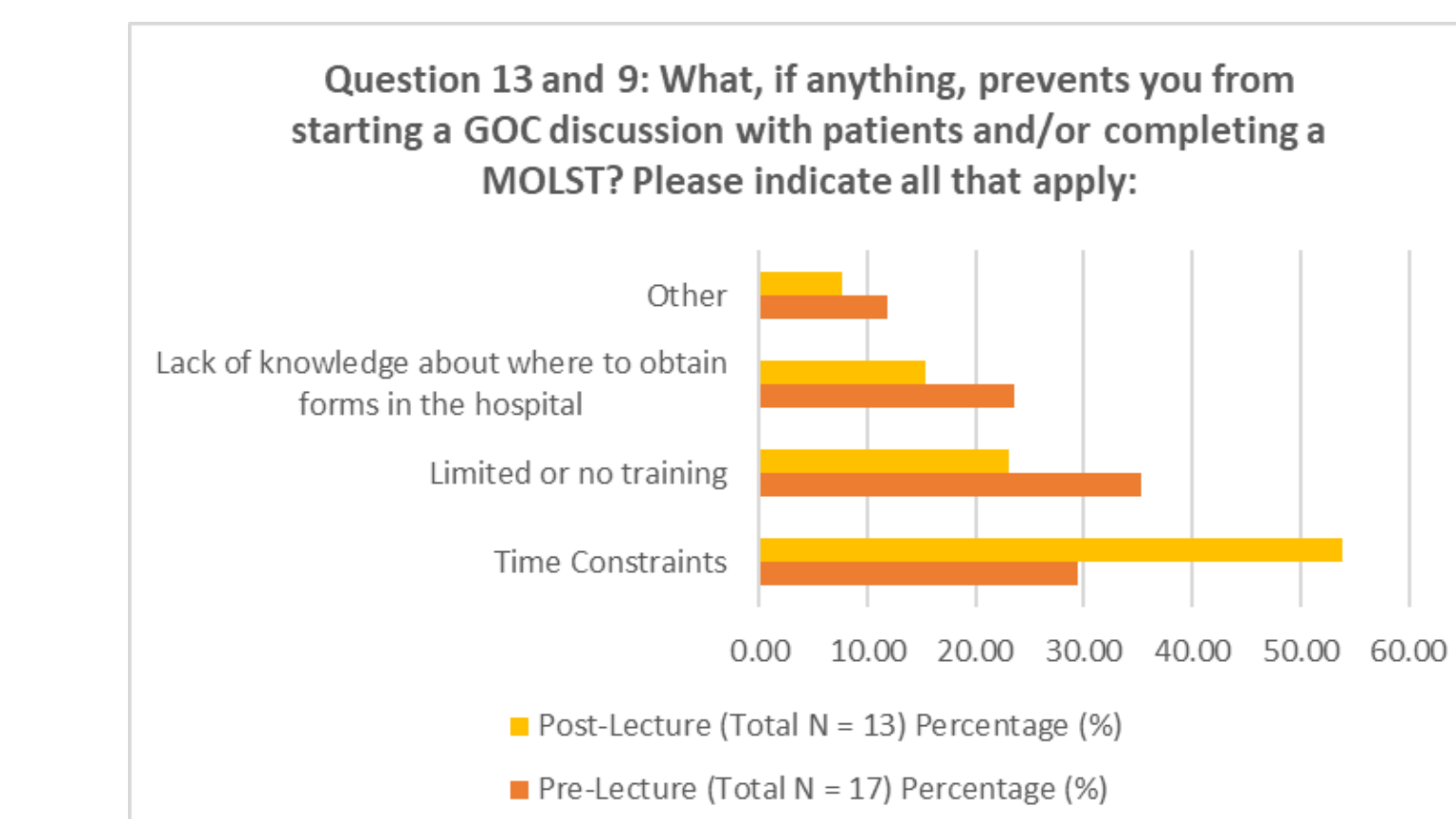
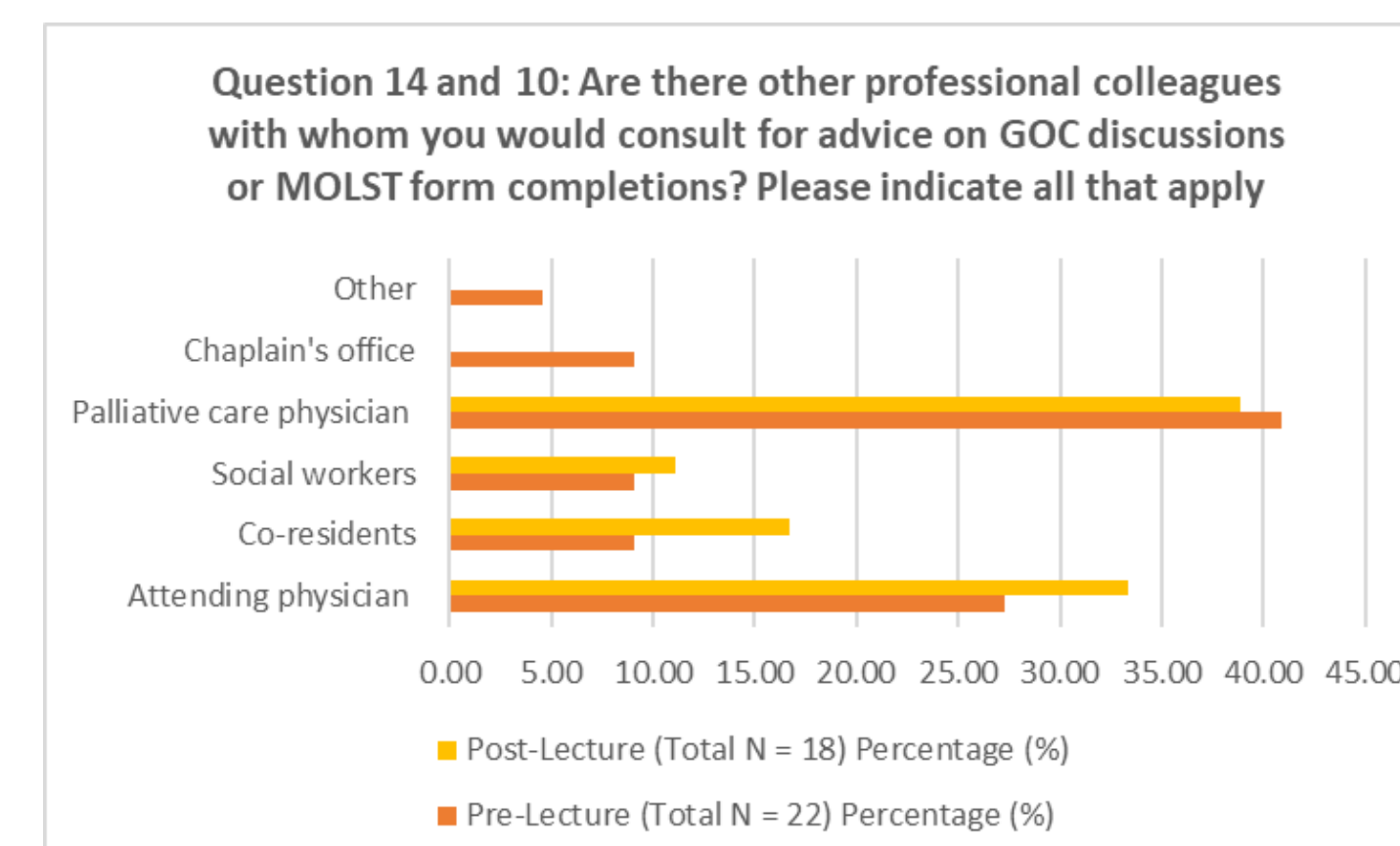
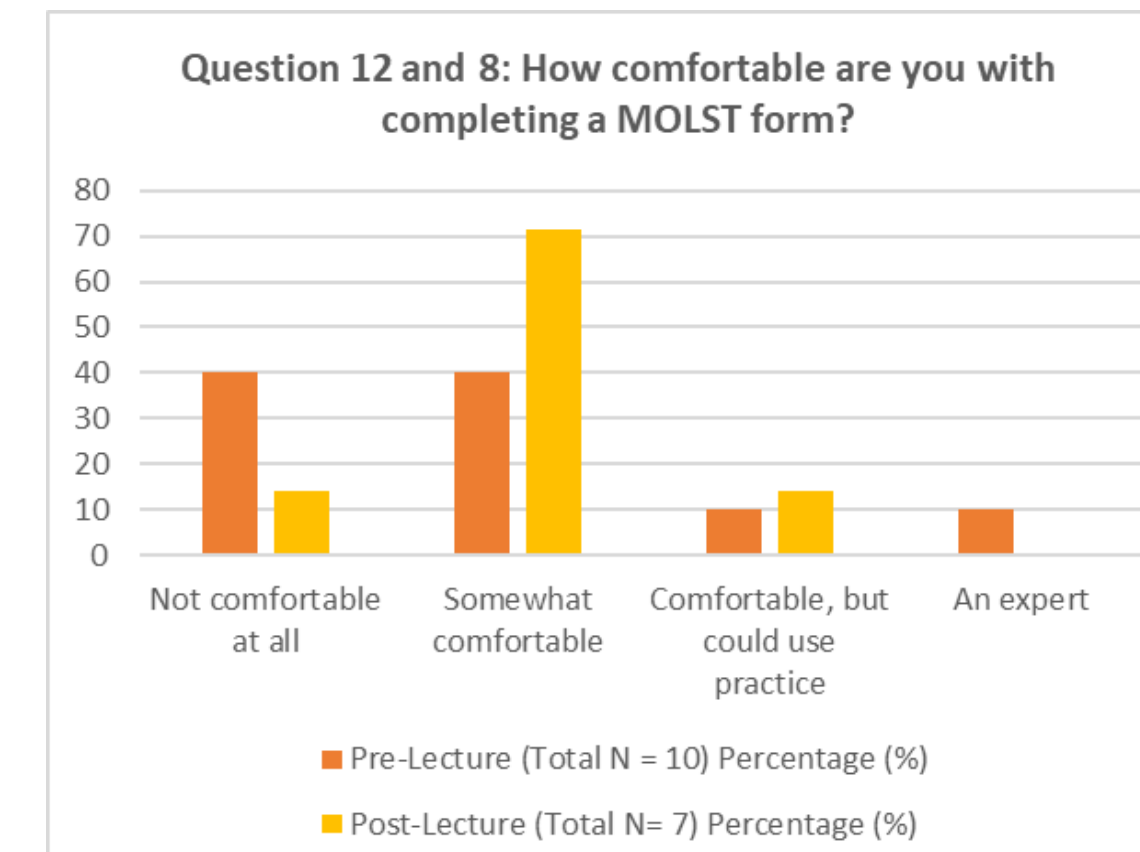
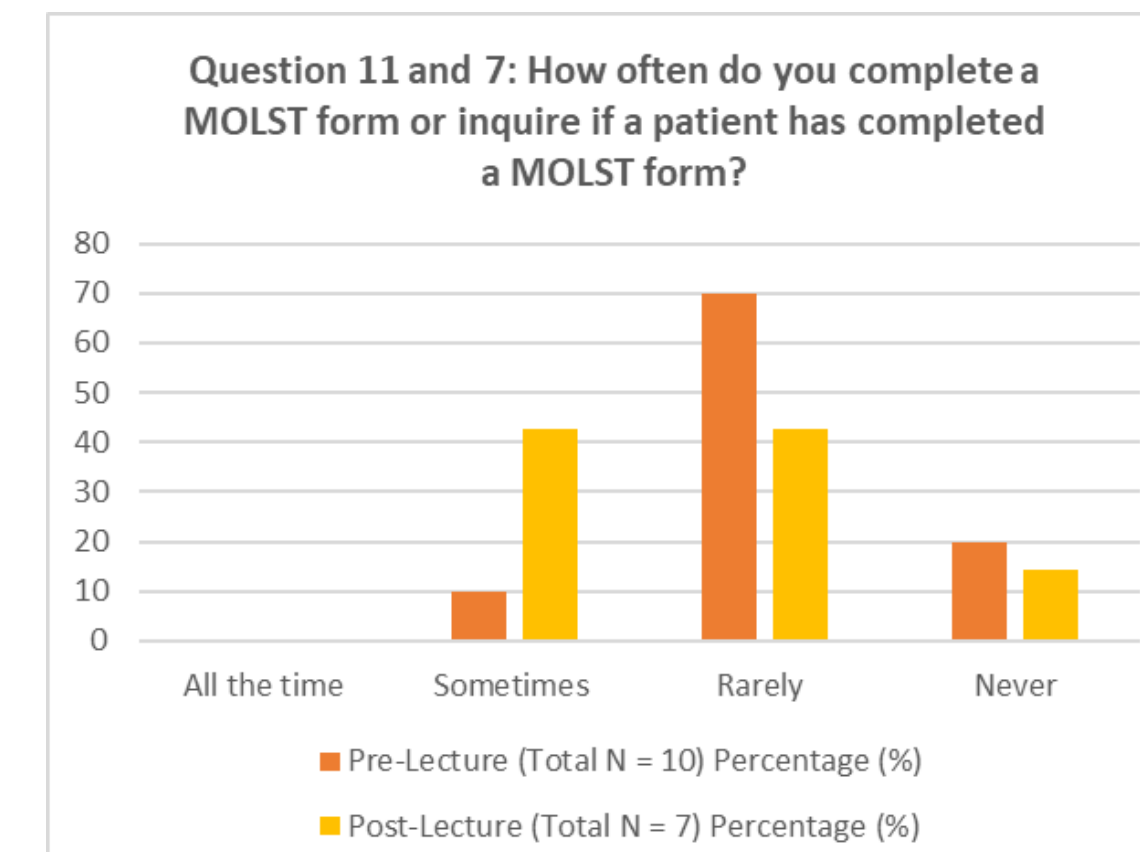
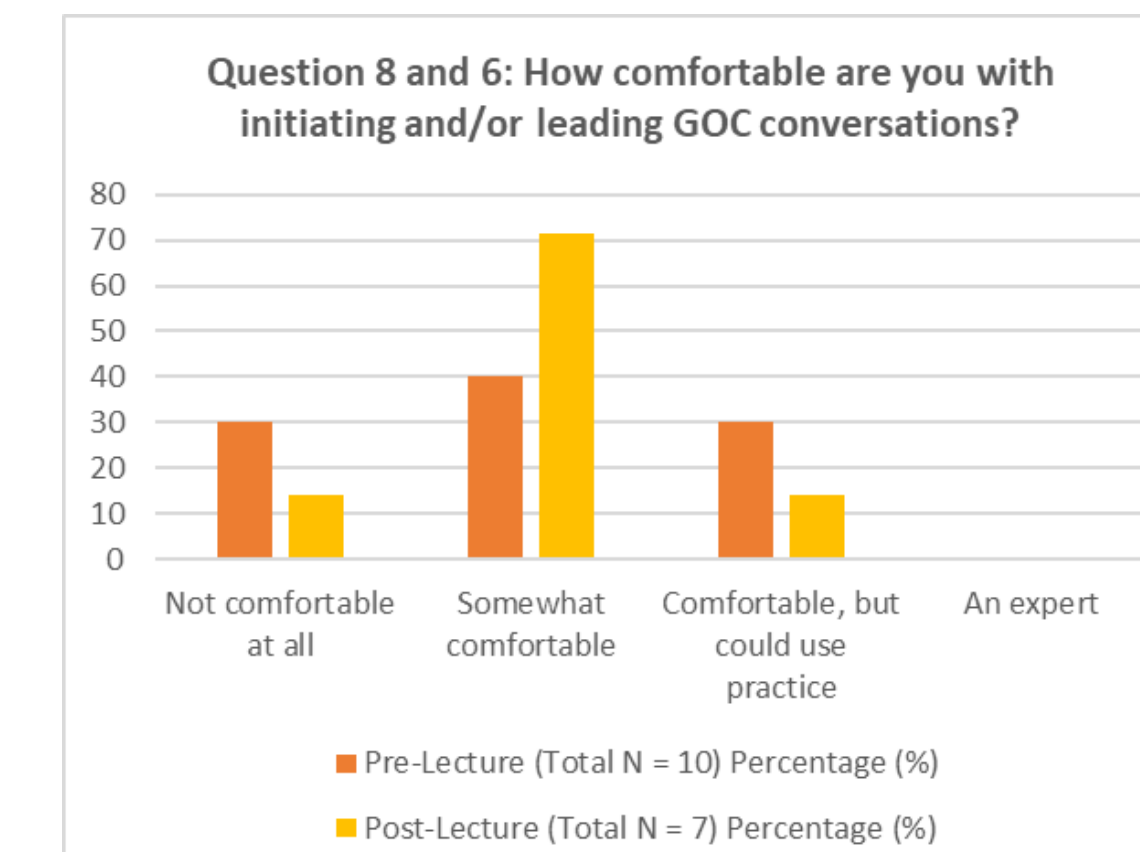
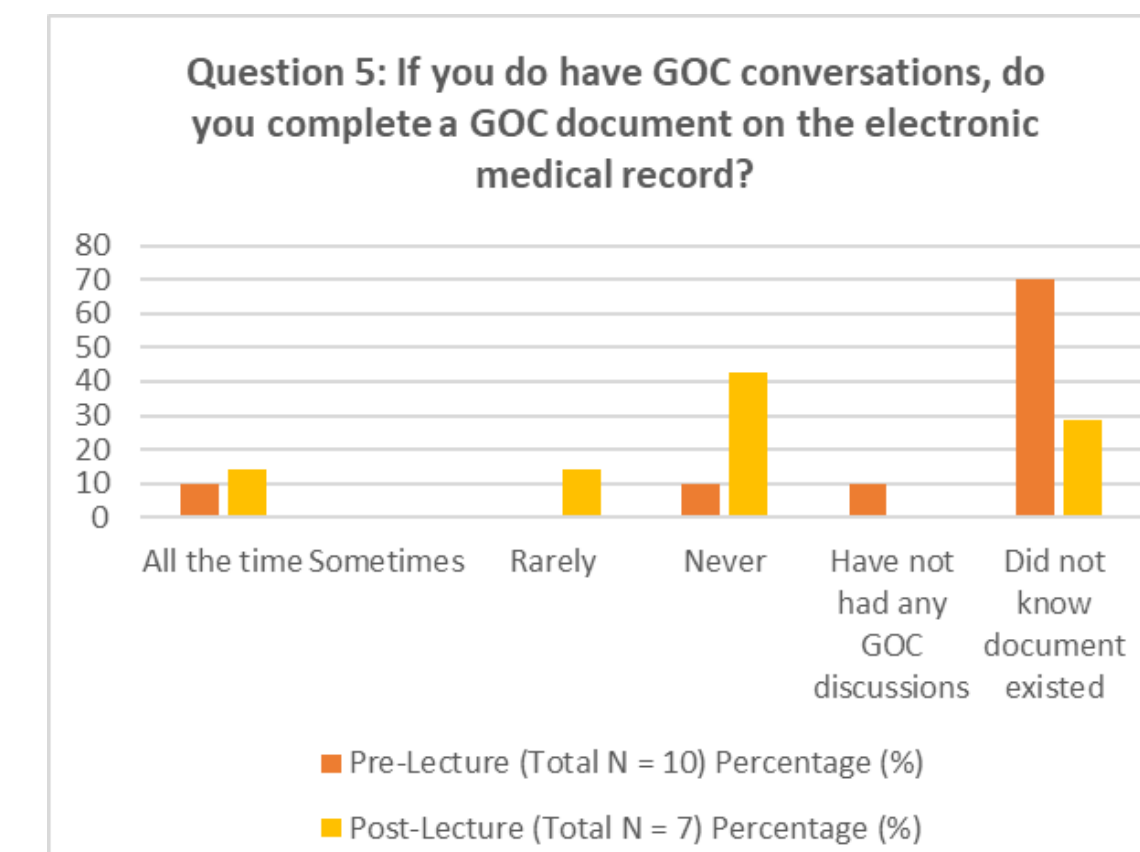
	Pre-Lecture (Total N = 10)	
	N	Percentage (%)
Medical School	0	0
Rehab Residency	0	0
Preliminary/Transitional Year	6	60
Other	0	0
Never had training	4	40

**Question 9: Have you ever received formal training in completing or asking a patient to complete a Medical Orders Of Life Sustaining Treatment (MOLST) form during your medical training?**

	Pre-Lecture (Total N = 10)	
	N	Percentage (%)
Yes - extensive	1	10
Yes - limited	2	20
Not really	2	20
Never	5	50

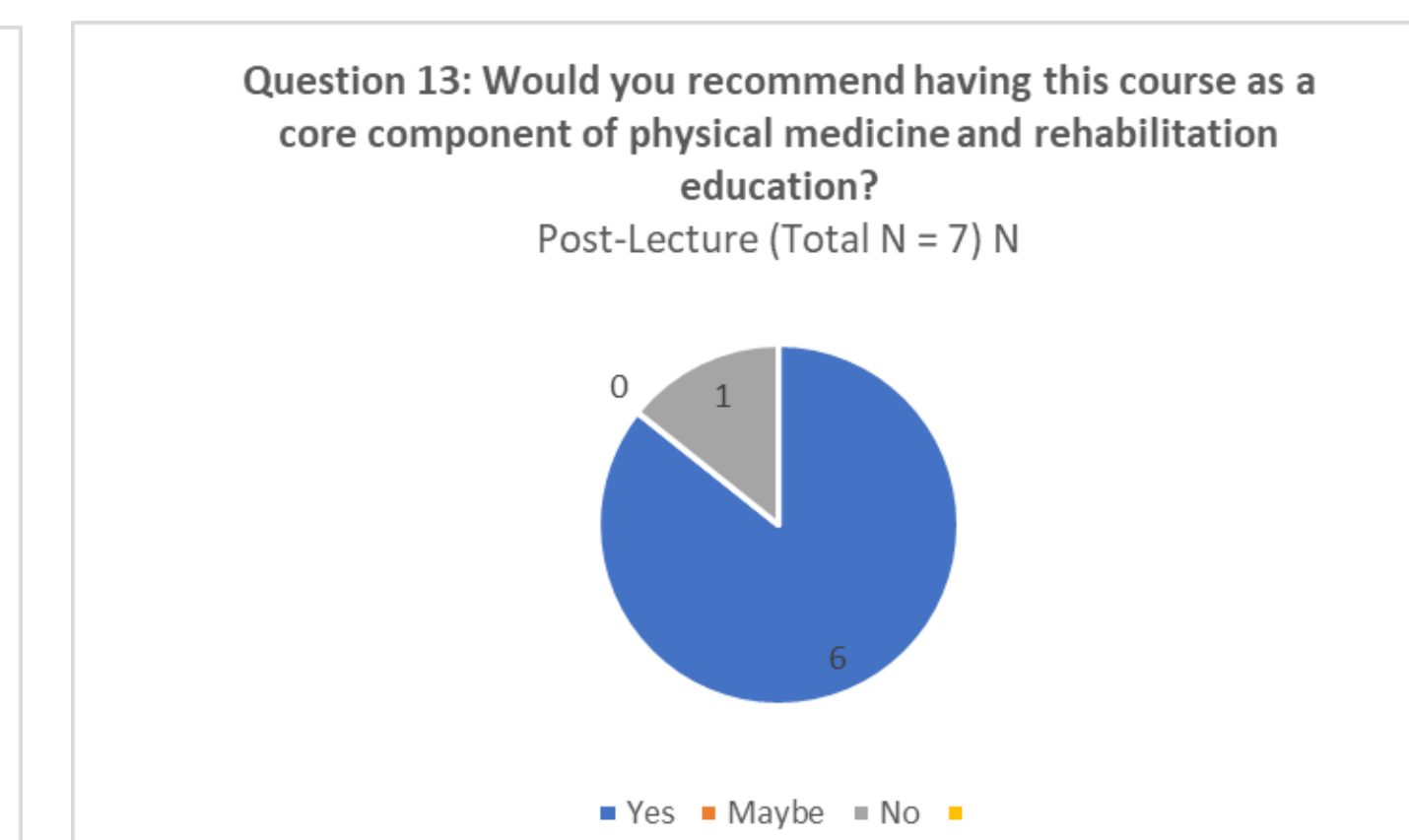
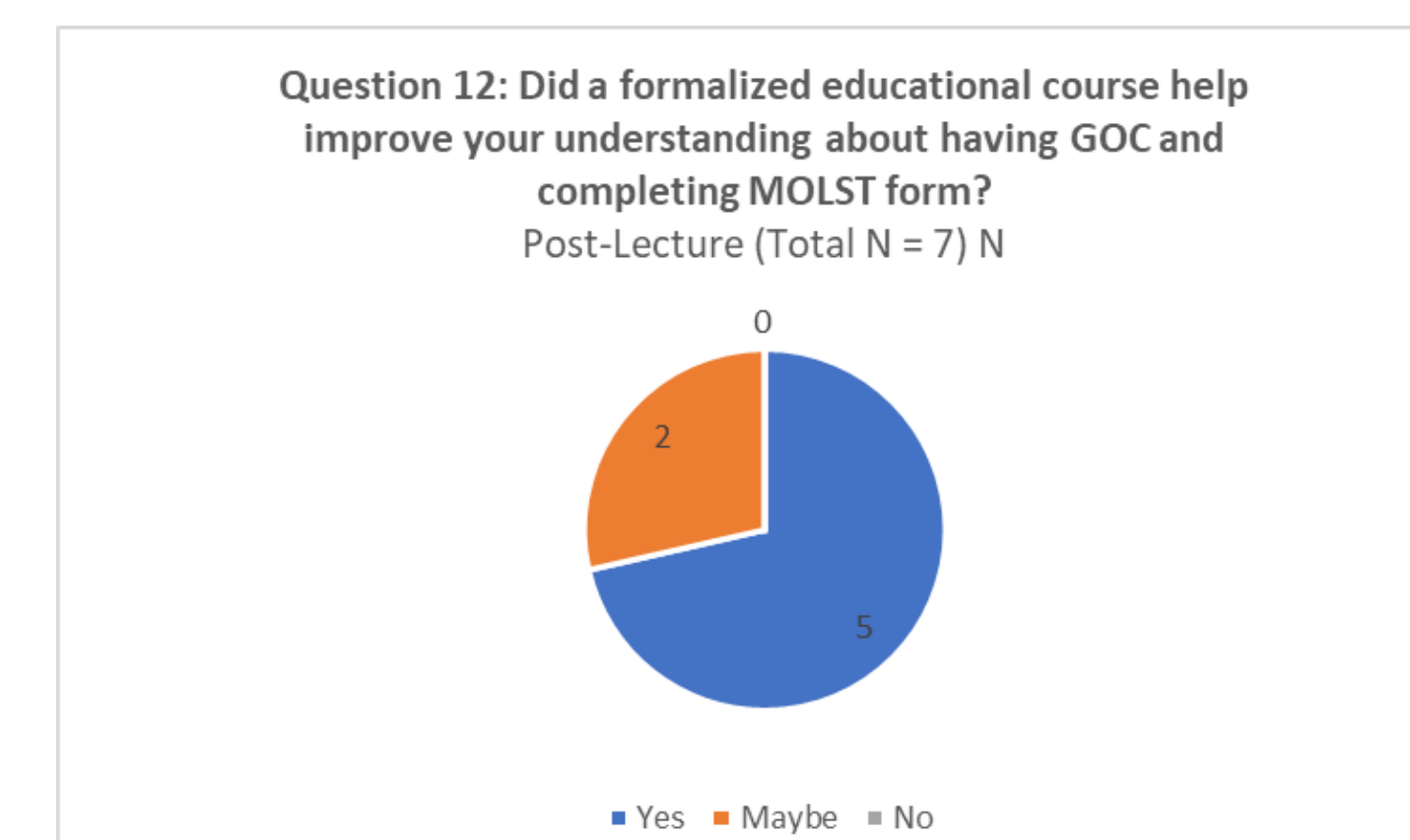
**Question 10: If yes, when did your training occur?**

	Pre-Lecture (Total N = 10)	
	N	Percentage (%)
Medical School	0	0
Rehab Residency	0	0
Preliminary/Transitional Year	4	40
Other	0	0
Never had training	6	60



**Question 15 and 11: Please feel free to share any experiences or scenarios regarding GOC or MOLST:**

	Pre-Lecture	Post-Lecture
Defer to palliative care	0	0
GOC over the phone	0	0
Only when needed	0	0
Discussions not organized	0	0
Limited training	0	0
Don't need GOC at rehab	0	0
Full code till the end	0	0



## DISCUSSION

There were no statistically significant differences in demographic information examined, such as age or gender. The first ("pre-lecture") survey demonstrated that only 50% of residents had received limited training in conducting GOC conversations, most often during their preliminary or transitional postgraduate training years. The second survey ("post-lecture") indicated that after the lecture, residents were having more GOC conversations ( $p = 0.0443$ ). Interestingly, this coincided with the peak of the COVID-19 pandemic, during which several residents were re-assigned to medical floors. This may have played a significant role in the increase in number of conversations. Furthermore, after the lecture, 85% of residents believed that a palliative care course should be a component of PM&R residency; 71% believed that a formalized educational course helped to improve their understanding about having GOC conversations and completing MOLST forms.

## CONCLUSION

This quality control study indicated that within a single PM&R residency program, the majority of residents believed that didactic goals of care training should be included in their residency training. A formalized educational course may be a useful tool to help guide this education.

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