Care Until The End: Creating A Curriculum for End-of-Life Psychiatry

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End-of-Life Psychiatry

- Palliative Psychiatry: For patients with life-threatening severe persistent mental illness (SPMI)
- Psychiatric care nested within palliative (and hospice) medicine

Why Bother?

- Patients with SPMI may be at risk for therapeutic neglect and/or overly aggressive care within current paradigms, as psychiatric patients are at increased risk for premature death (1, 2).
- A gap in care for patients with terminal illness that psychiatrists are well poised to fill as consultants to, and as members of, interdisciplinary palliative care teams (3).
- Potential impact on and rewards for both patients and clinicians are immense (3, 4).
- ACGME common program requirement for psychiatry IV.B.1.e).(2) - “Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals” (5).
- ACGME common program requirement for CL-psychiatry IV.B.1.b).(1).(d).(iv) - “Fellows must demonstrate competence in evaluating and managing individuals with palliative care and end-of-life issues” (6).
- Everybody dies.

The Challenges

- There are relatively few psychiatrists trained to work with the terminally ill, yet most if not all psychiatrists will work with such patients at one point or another.
- Residents report strong interest in this training but lack of opportunities for palliative care clinical experiences, and feeling poorly prepared for such work (7, 8).
- There are discrepancies in training even within CL fellowships (9).
- There is a diversity of curricula for medical students, nurses, social workers, and trainees from other specialties including surgery, ranging from a brief lecture to a program spanning multiple years, yet not always incorporating a practical or clinical experience.
- There is only one article published on a curriculum for psychiatry residents, and it does not appear to address palliative psychiatry for SPMI patients at end-of-life (10).
- There is a need for curriculum that can address these needs at smaller psychiatry programs without subspecialty rotation options or subspecialized staff (such as psycho-oncologists).

- This curriculum should ideally engage psychiatry residents using active learning, as research in medical education shows promising outcomes (11, 12, 13).
- It should be flexible for busy schedules.
- There is some data on use of flipped classroom methodology with trainees in psychiatry as well as emergency medicine (14, 15).
- Flipped classroom approaches have been successfully used to teach medical students palliative skills such as breaking bad news (16).

Our Program

- 2.5+ hours in total: 1.5 hours active learning
- Flipped classroom methodology

<u>BEFORE CLASS</u> (1+ hr):

- Hour-long lecture video mailed out a month before, reminders sent a week before and a day before class. Covering areas:
  - CL-psychiatry for terminal patients: Capacity and goals of care discussions from a palliative lens
  - Palliative psychiatry for SPMI patients at end-of-life
  - Psychotherapy 101 for death anxiety: logotherapy, narrative psychiatry
- Did you watch the video? Honor system survey: Yes/ No
- Likert-scaled self-questionnaire to explore comfort in working with a patient at the end of life and related concepts
- Optional: Selected readings

<u>IN CLASS</u> (1.5 hrs):

- Q&A and discussion of assigned video and readings
- Self-questionnaire to explore resident attitudes towards death and end of life, followed by discussion
- Case-based learning- Use of videos and deidentified patient scenarios, followed by break out into small groups for roleplay, followed by discussion
- Likert-scaled self-questionnaire to explore comfort in working with a patient at the end of life
- Q&A/ wrap-up
- Flexibility option: Residents who watched the video are excused for the last hour. Residents who did not watch the video before class may stay to watch the video.

Our Goals

- Encourage residents to consider and discuss their apprehensions in doing this work, which may pose an opportunity address them.
- Employ an active learning approach to more effectively engage trainees and boost cognitive complexity in their understanding of this topic.
- Offer a springboard from which residents can further pursue this interest (which may include the pursuit of consultation liaison fellowships with a focus on palliative care or psycho-oncology, palliative care fellowships, or further training in psychotherapy.
- This may also include stimulating trainee interest in conducting further research on end-of-life psychiatry, as data is currently limited.

What Next?

- Implementing this curriculum with residents
- Further editing of the curriculum based on post-curriculum evaluations
- End Goal: Publication and sharing of materials for use at other programs to address gaps in resident learning

References

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