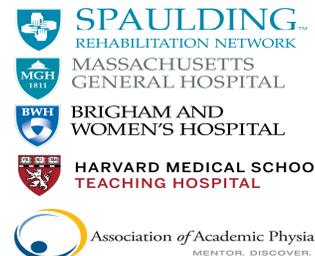


Characterization of Palliative Care Education in U.S. Physical Medicine and Rehabilitation Residency Programs



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Introduction/Background

A basic palliative care (PC) skillset could enhance the ability of all physiatrists to care for patients with serious illness, injury, advancing age, and/or multi-morbidity.^{1,2}

The relevance of PC for the physiatry population is recognized by the American Board of Physical Medicine and Rehabilitation, which offers board certification in PC (also called hospice and palliative medicine, HPM) as one of seven physiatry subspecialty certifications.³

Currently, however, there are no formal requirements for PC education or exposure for physiatry residents.

There is no data describing whether and how physical medicine and rehabilitation (PM&R) residency programs equip trainees with PC knowledge and skills.

Objectives

- Characterize current PC education within U.S. PM&R residency programs.
- Quantify the prevalence of PC departments within hospitals that house PM&R programs.

Methods

- A survey was distributed electronically to PM&R residency program directors through an Association of Academic Physiatrists (AAP) listserv reaching 87 of the 91 total U.S. programs.
- Responses were collected anonymously using REDCap (Research Electronic Data Capture) software during March/April 2020.

Results

- Survey completion rate was 43.6% (38/87).
- Responding programs ranged in size from 3 to 40 residents and spanned all geographic regions of the U.S.
- 94.7% (36/38) of programs were housed in institutions that also housed departments or divisions of PC.

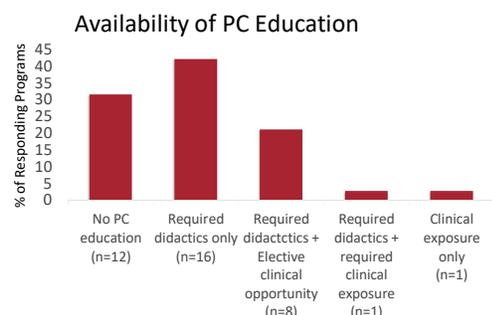


Figure 1. Distribution of programs by type of PC education offered. (n = number of programs)

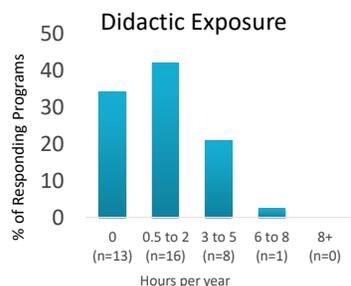


Figure 3. Distribution of programs by total annual hours of PC didactics. Note: All programs that offer didactics include them as part of required education. (n = number of programs)

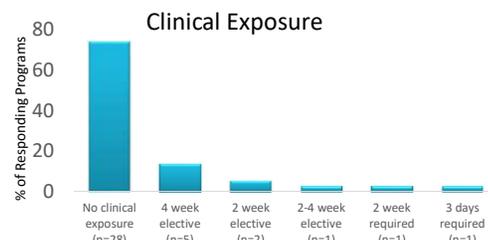


Figure 2. Distribution of programs by type and duration of clinical PC exposure. (n=number of programs)

PC Didactic Topic	# of Programs
Communication	23
Ethics	16
Advance Care Planning	15
Identification and Management of End of Life Symptoms	14
Advanced Symptom Management	13
No Didactics or Not Sure	13

Table 1 (above). PC topics covered during didactics. Some programs cover multiple topics.

Table 2 (at right). Specialty of educators providing PC didactics for PM&R residents.

Didactic Educators	# of Programs
PC specialists + Physiatrists	11
PC specialists only	10
Physiatrists only	4

Conclusions

- PC education is not uniformly provided across PM&R residency programs.
- Nearly a third of PM&R residency programs offer no PC education at all.
- Where PC education is provided, it is most commonly in the form of didactics only; clinical exposure is uncommon.
- Within programs that provide PC didactics, PC specialists are frequent educators.
- Nearly all respondents identified a PC division or department within their institutions.

Implications

- Not all PM&R residents currently have access to PC education and most do not have opportunities for clinical PC exposure.
- This low level of exposure may contribute to HPM being the smallest subspecialty within physiatry (there are currently only 59 HPM board-certified physiatrists in the U.S.³).
- The existence of PC departments in the same institutions that house PM&R residency programs suggests opportunity for departments of PM&R to foster or strengthen relationships with departments of PC to support resident education.
- The present findings prompted the inception of an AAP task force to develop PC competencies for PM&R residents and promote robust shared educational expectations across programs.

References

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