

Use of Nonfiction Literature to Facilitate a Discussion-Based Palliative Care and End-of-Life Course

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Background

- An aging population and increasing emphasis on end-of-life (EOL) care necessitates innovative course design to incorporate palliative care education in pharmacist training.^{1,2}
- We implemented an elective employing a novel course design to introduce students to the emerging field of palliative care and pharmacy practice issues related to the care of patients with non-curative, advanced illness or those at the end-of-life. Topic areas covered included clinical and ethical decision-making, symptom management, communication skills, psychosocial and spiritual care, and care of the dying patient. The goal was to develop a student's critical thinking skills in the provision of palliative care pharmacy practice and compassion for patient's and caregivers living with a serious or terminal illness.

Objective

We describe the development of a multidisciplinary course in palliative care that uses a nonfiction book on death and dying as a model for curriculum design and discussion-based learning³ in a school of pharmacy.

Course Design

- During the Spring 2014 and 2015 semesters, 28 third professional year students enrolled in the weekly two credit-hour elective course
- A team-teaching model was used incorporating clinical faculty as content experts from multiple pharmacy practice areas, including: critical care, hematology/ oncology, hospice, internal medicine, pain management, palliative care, pediatrics, psychiatry. Non-pharmacist guest speakers including chaplains, hospice nurses, funeral directors, and patient caregivers were also utilized.
- "How We Die: Reflections of Life's Final Chapter," a nonfiction text written by Sherwin Nuland, MD, that examined death in the context of patient anecdotes, was used to facilitate discussion-based learning.
- Weekly class schedule integrated a lead instructor and content expert(s)

10 min	Quiz & attendance	Instructor
5 min	Quiz & previous material review	Instructor
25 min	Interactive lecture	Content expert(s)
30 min	Chapter discussion	Instructor
40 min	Group case discussion	Instructor & content expert(s)
10 min	Core content review	Content expert(s)

- Multimodal assessment included four elements each accounting for 25% of the final grade: (1) attendance and participation; (2) weekly quiz; (3) weekly reflective blog entry and one-time advanced directive writing; and (4), a final clinical skills assessment
- Overall course assessment was performed via the Rutgers Student Instructional Rating Survey (SIRS).

Course Schedule

Week	Book Chapter	Topic	Learning Objectives
1		Introduction to palliative and EOL care	1. Compare and contrast palliative care with pharmaceutical care 2. Differentiate between palliative care, hospice, and comfort care
2	Introduction	Pain management in palliative care	3. Explain the process of death and dying in specific patient populations 4. Assess pharmacokinetic and pharmacodynamics issues that occur in palliative care and end-of-life patients 5. Evaluate factors affecting decisions to continue or discontinue medications in palliative care patients 6. Demonstrate an understanding of potential complications after discontinuation of maintenance or preventive medications. 7. Justify the use of medications for a specific palliative care or end-of-life symptoms and circumstances 8. Describe unique dosing, administration, and dispensing considerations in palliative and end-of-life care patients 9. Exhibit effective clinical decision-making skills in the care of palliative care and end-of-life patients 10. Demonstrate effective communication and collaboration skills with patients, family members, caregivers, and members of the health care team in the care of palliative care and end-of-life patients 11. Explain the role of the pharmacist in palliative and end-of-life care 12. Identify psychosocial and spiritual issues that influence medication use in palliative care and end-of-life patients
3	1 and 2	Palliative care in cardiac disease/ heart failure	
4	3	Palliative care in geriatrics	
5	4	Palliative care in stroke	
6	5	Palliative care in Alzheimer's disease/ dementia	
7	6	Palliative care in pediatrics	
8	7	Palliative care in critical care	
9	8 and 9	Palliative care in HIV/AIDS	
10	10	Palliative care in cancer – I	
11	11	Palliative care in cancer – II	
12	12	Dying/end-of-life care; physician-assisted suicide	
13	Epilogue	Pharmacists' role in palliative and EOL care	
14	-	Spiritual issues and burial practices at the EOL	

Course Assessment

Figure 1: Distribution of student grades

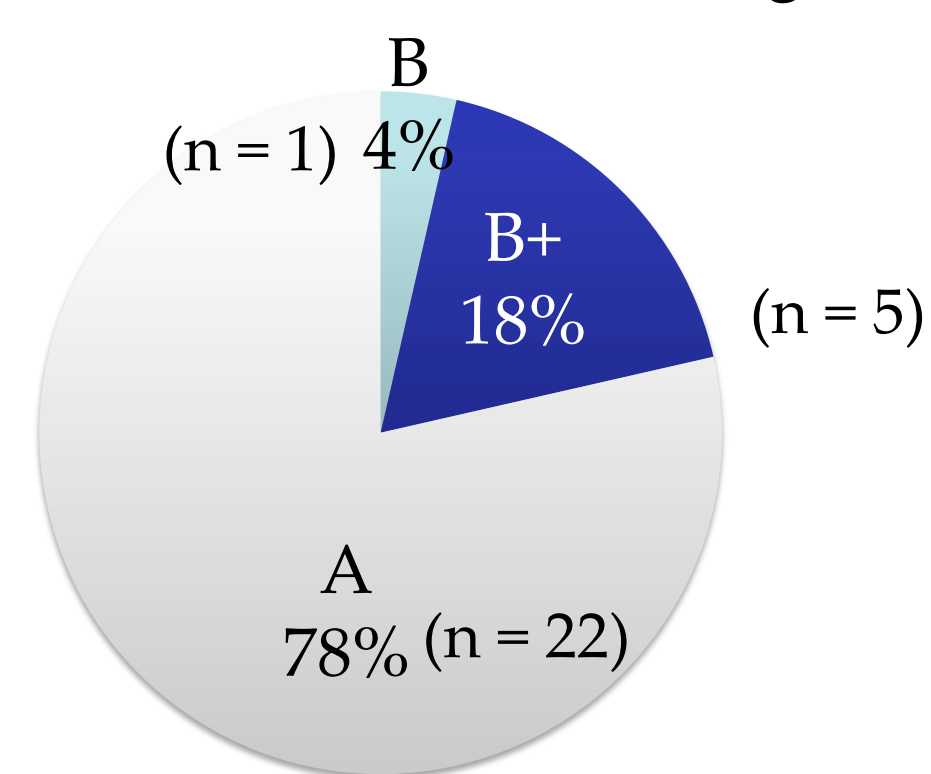


Table 2: Selected student comments

Question	Comment
What do you like best about this course?	- "Blog is a nice change of pace from the normal assignments we deal with." - "I know that guidelines, trials, and articles are important, but I love that this class gives my brain a chance to think about some of the subtleties in healthcare that we don't learn in other courses."
If you were teaching this course, what would you do differently?	- "Weekly announcement to remind us of what's going on (book chapters, assignments) for next week."
In what ways, if any, has this course or the instructor encouraged your intellectual growth and progress?	- "Lots of good case work, good prep for rotation. I'm more thorough now, and better understand how many issues can exist in the full picture." - "EOL care was something I wasn't prepared for. This class helped to take away some of that fear, and now I can start rotations knowing that I have a well-rounded understanding of palliative care."

Table 1: Summary of student course evaluations

1 = strongly disagree/poor; 5 = strongly agree/excellent

Question	Weighted Mean	
	Course	Dept
Grades were assigned fairly	4.83	4.53
The instructional methods encouraged student learning	4.83	4.49
I learned a great deal in this course	4.87	4.55
I had a strong prior interest in the subject matter and wanted to take this course	4.50	4.42
I rate the overall quality of the course as	4.90	4.49
Response rate = 43% (12 of 28 students)		

Discussion

- This course design provided students with the foundation on which palliative care clinical skills could be built and applied. The use of discussion-based instruction may be a beneficial active learning technique for developing a student's critical thinking skills and empathy toward patient's and caregivers living with a serious or terminal illness.
- Enrollment increased by 25% (n = 4) from Spring 2014 to Spring 2015.
- Further evaluation is necessary to determine if course learning objectives were achieved using discussion-based learning and our multimodal method of assessment.
- Schools of pharmacy implementing didactic courses in palliative and end-of-life care should consider methods to ensure students are able to acquire an advanced pharmacy practice experience in a related clinical setting to maximize their learning experience.

Limitations

- The SIRS survey response rate of 43% (12 out of 28 students) may introduce non-response bias.
- Course design required a small classroom environment.
- Weekly structure required an increased student-to-faculty ratio and coordination between the instructor and content expert(s) to facilitate book dialogue and provision of feedback during the group case discussions.

Conclusions

- Development of a didactic course in palliative and end of life care using discussion-based learning was feasible, well-liked, and encouraged student learning. The course serves as a model of instruction for palliative and EOL care in other health professional degree programs or as an opportunity for interprofessional education.

References

1. Herndon CM, Strassels SA, Strickland JM, et al. Consensus recommendations from the strategic planning summit for pain and palliative care pharmacy practice. J Pain Symptom Manag. 2012; 43(5):925-44.
2. Herndon CM, Jackson K, Fike DS, Woods T. End-of-life care education in United States pharmacy school. Am J Hosp Palliat Care. 2003; 20(5):340-4.
3. Stewart DW, Brown SD, Clavier CW, Wyatt J. Active-learning processes use in US pharmacy education. Am J Pharm Educ. 2011; 75(4):article 68.

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Disclosure

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject of the subject matter of this presentation.