

## Paper 4c Summary: Educating, Training and Mentoring Physicians in Palliative Care

### Question

What resources are required to improve education, training and mentorship for physicians who provide palliative care?

**This paper reviews the resources required to ensure adequate education, training, and mentorship for physicians providing**

### Summary

Canadian physicians are not being adequately trained in palliative care.

Ten out of 17 medical schools provide fewer than 10 hours of palliative care curriculum in their undergraduate programs and many residents are not able to complete an elective in palliative care because there are few available. Once licensed, physicians have to complete a set number of continuing medical education hours. Even there, few learning opportunities focus on palliative care.

The author believes that virtually every physician in Canada should be able to provide basic palliative care. The review examines the barriers to ensuring physicians are skilled in palliative care and offers insights into how improvements can be made at the undergraduate, graduate and continuing education levels.

### Review Findings

- The issue isn't the availability of educational material. There are many good resources and any new materials would likely only offer incremental improvements. The exception may be adapting materials specific to training physicians for various sub-specialties such as cardiology, geriatrics and general internal medicine.
- Academic physicians aren't incented to teach palliative care in the same way that they are rewarded for developing new material.
- There aren't enough opportunities to become competent in providing palliative care in medical school, residency programs and continuing medical education. However, the Ipsos poll shows that most Canadians want a specialist to provide their end of life care.
- The research doesn't readily identify the most effective ways of teaching palliative care so that physicians are ready to use palliative care skills in clinical settings and improve patient outcomes.
- Symptom management and communication skills are two palliative care competencies that can be taught, assessed and improved. Doing it well takes time, particularly good communication skills.
- Peer to peer support programs and mentorship are both ways of improving knowledge and confidence among practicing physicians.
- A set of 12 Entrustable Professional Acts (EPAs) that define and distinguish palliative care have been developed in Canada and are being incorporated into training programs across the country.

### Implications

1. Education material should be standardized and widely disseminated.
2. Academic hospitals need to create a better infrastructure for assessing the quality of end-of-life care in the clinical environment, including symptom management, Advance Care Planning, etc. They also need to recognize and reward teaching in palliative care.
3. More resources need to be put towards teaching two core palliative care skills, symptom management

and communications throughout the medical system.

4. Culture eats training for lunch. It isn't enough to teach physicians new ways of doing things that are known to lead to better patient outcomes. If new doctors don't see those skills being practiced by the people teaching them and in the workplace, the skills are less likely to be retained and practiced. Academic hospitals and faculties of medicine should support palliative care training for all teaching faculty.
5. The introduction of the Entrustable Professional Acts need to be accompanied by faculty training. This will help address the problems created by the hidden curriculum.
6. Certification exams taken at the end of residency programs are required before a physician can practice medicine. Palliative care competencies should be included in the exams for all fields of medicine.
7. Palliative care rotations (training that takes place in an academic hospital or clinic) should be included for subspecialties in medicine where palliative care is particularly relevant.

### Recommended Readings

Backgrounder: Palliative Care (Medical) Education. 2015;  
<http://www.cspcp.ca/wp-content/uploads/2014/10/Backgrounder-Palliative-Medicine-Education.pdf>.  
Accessed September 23, 2016.

Holmboe ES, Ward DS, Reznick RK, et al. Faculty development in assessment: the missing link in competency-based medical education. *Acad Med*. 2011;86(4):460-467.