

Improving Advance Directive Rates in a Resident Practice

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OBJECTIVE

- Provide Internal Medicine residents with skills in discussing and documenting ADs with clinic patients to shrink the gap in AD planning and documentation

BACKGROUND

- Growing national emphasis on advanced directives (AD) and end-of-life care
- Internal Medicine residents are often not specifically trained in ADs and may experience multiple barriers to successful completion of AD documents with patients
- **Barriers to AD completion:**
 - Time constraints
 - Lack of knowledge
 - Billing and coding issues
 - Technology hurdles
- In 2010, only 20-30% of Americans report having an AD, with lack of awareness as the most frequently reported reason
- Only 25% of physicians knew their patients had ADs on file

METHODS

- Resident Inclusion Criteria:
 - IM, Med-Peds, IM-EM residents assigned to University Health Clinic (UHC) PGY-2 or above
- Retrospective chart review of baseline AD completion rate at UHC
- **Development of Advance Directive curriculum** covering:
 - Legal documents
 - Approach to patient
 - Challenges and barriers
 - Roles of interdisciplinary team members
- Development of **evaluation instruments**
 - Advance Directive Discussion Self-Efficacy Scale (ADDSES):
 - **Pre and post assessment of resident comfort/confidence**
 - Resident assessment tools for resident, social worker, patient
- Scheduling of **inter-disciplinary clinic sessions** with IM resident, clinic social worker and patient
- Completion of clinic sessions followed by post assessment evaluations

Evaluation of Resident Competency
Patient: Val with Social Worker

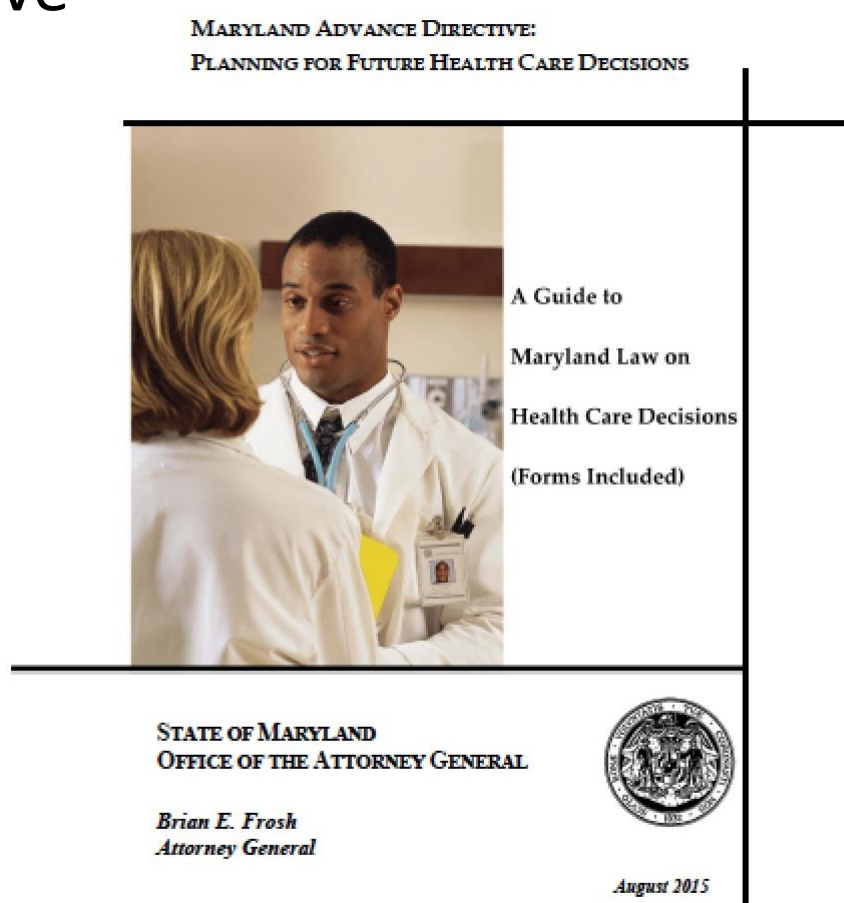
Resident name: _____ POE [] [12] [13] [14] [15]

Rate the resident's observed skills in the following areas:
3 = Demonstrated strong skills
2 = Expected average skills
1 = Needs improvement

	3	2	1	Not observed
The resident included me in conversation when appropriate				
Resident showed good leadership skills and was able to lead the discussion, including all members of the conversation when appropriate				
The resident communicated what an advance directive is at a level the patient could understand				
Resident was able to assess the patient's level of education at the advanced directive discussion and guide the meeting appropriately				
Resident was able to explain the difference between full code, DNR, and DNI, as well as hospice thoroughly and at a level the patient could understand				
The resident showed respect for me during the discussion				
Resident provided emotional support and discussed the patient's fears and desires				
Resident was compassionate, sensitive, kind, and thoughtful throughout the discussion				
Resident demonstrated professionalism, including respect, compassion, integrity, and honesty				
Resident demonstrated interpersonal and communication skills through listening, writing, and nonverbal communication				
Resident created a supportive atmosphere and ensured that patient understood they did not have to make a decision during this meeting				
The patient left with a thorough understanding of what an advance directive is				
What strengths did the resident demonstrate?				
Provide suggestions as to how the resident could improve further skills.				
Evaluator (Signature): _____				

RESULTS

- Very poor baseline AD completion rate and accessibility on retrospective chart review (1.11%)
- Nineteen residents have completed sessions to date (total N=36)
- Confidence rated on 100 point scale
- **Residents' self-identified comfort increased in 10 of 12 categories** (p<0.05; see Table 1 and Graph 1)
- **Residents rated highly in all categories by patients**
- **Social worker rated residents as demonstrating high overall competency** in facilitating the AD discussion (100% rated at or above "expected/average skills")



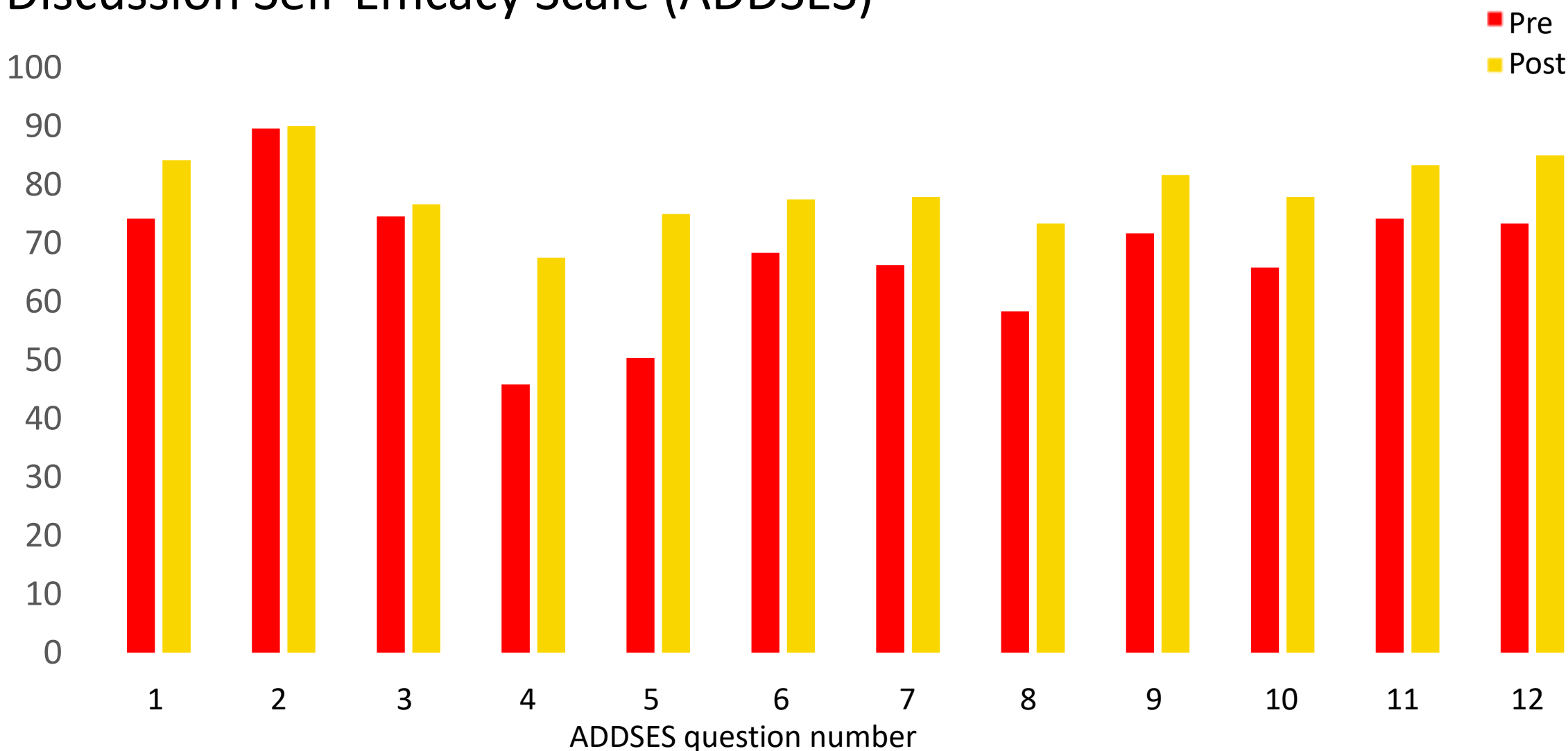
CONCLUSIONS

- Advance care planning is recognized as an extremely valuable element of patient care but numerous factors result in a lower rate of AD completion than ideal
- Identified barriers to AD completion can be addressed with training
- **An interdisciplinary patient-centered curriculum implemented in an Internal Medicine resident clinic has promising initial results as a means to improve the rate of advance care planning discussion and completion:**
 - Resident self-confidence and comfort level in AD management improved
 - Residents gained insights into patients' understanding of ADs
 - Patients experienced AD discussion as a positive interaction with their primary care physicians
 - Residents had the opportunity to work on interdisciplinary teams that included a social worker

Table 1. Residents' Self-identified comfort on Advance Directive Discussion Self-Efficacy Scale (ADDSES)

	Pre	Post	Difference
1. Addressing end of life topics with patients	74	84	10 ‡
2. Explaining the difference between full code, do not intubate, do not resuscitate and comfort care	90	90	0
3. Identifying appropriate patients and situations to initiate end of life discussions	75	77	2
4. Ability to allocate enough time to discuss advance directives in clinic	46	68	22 ‡*
5. Scheduling patients for an appointment solely dedicated to discussing advanced directives and end of life planning	50	75	25 ‡*
6. Assessing patient literacy and education level	68	78	10 ‡*
7. Evaluating how well the patient understands advanced directives	66	78	12 ‡*
8. Identifying and working through cultural barriers to end of life discussions	58	74	16 ‡*
9. Understanding the role of physician on an interdisciplinary team	72	82	10 ‡
10. Understanding the role of social worker on an interdisciplinary team	66	78	12 ‡*
11. Working with a social worker in patient care settings	74	83	9 ‡
12. Collaborating effectively with a social worker to address advanced care planning	73	85	12 ‡*
Mean comfort/confidence	68	80	12 ‡*
‡p < 0.05, *p < 0.01			

Graph 1. Residents' Self-identified comfort on Advanced Directive Discussion Self-Efficacy Scale (ADDSES)



“It was one of the best educational exposures to advanced care planning I’ve had.”

- Internal Medicine PGY-3