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

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)

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

Mean comfort/confidence

(p < 0.05, * p < 0.01)

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