

# Helping Medical Students Cope with Death and Dying

Reynolds Interprofessional Geriatric Education and Training - In Texas Programs



Texas College of Osteopathic Medicine | Institute for Healthy Aging | Center for Geriatrics

The Reynolds Geriatrics Education and Training in Texas (GET-IT) Program was originally created to strengthen physicians' training in geriatrics. The goal was achieved by integrating geriatrics curriculum throughout undergraduate osteopathic medical education, integrating geriatric curriculum during osteopathic residency, establishing a geriatrics faculty development program for training directors and rural faculty, and providing continuing education programs for practicing physicians. Some years later, in a second grant and in response to information from various national meetings and changing accreditation standards in medical education, an interprofessional education approach was added. The second grant promoted geriatric content through interdisciplinary experiential and online learning, and the program became known as the Reynolds *Interprofessional Geriatric Education and Training in Texas Program (IGET-IT)*. Principal Investigator, Dr. Janice Knebl; faculty for the didactic, Dr. Roy Martin; Program Director, Dr. Sandra Marquez-Hall; and Research Assistant Jennifer Hsu were contributors to this study.

**I. Overview:** Medical students often struggle with end-of-life issues. To address this need, two educational sessions about death and dying were implemented into a fourth-year mandatory geriatric rotation. The didactic used generative strategies, which include facilitated discussion and reflective writing, to help students identify and cope with their feelings about death and dying. In a review of student essays, common themes emerged. Many students, as viewed through their essays, struggle to identify their role as a health professional in the death experience. This study explored the impact of helping students reflect on their personal experience of death and understanding their professional role in dealing with death and dying of patients in real world setting.

**II. Background:** The idea for this project originated from the results of a previous study conducted in 2011 by the Reynolds Geriatric Education and Training in Texas (GET-IT) program. The goals of the GET-IT Program were to develop and implement an innovative and sustainable program to strengthen physicians' training in geriatrics. A pre- and post-survey was administered to fourth-year students ( $n = 805$ ) prior to the start, and again at the end, of the 4 week Core Geriatric Clerkship. The survey found that students felt less comfortable discussing palliative care and end-of-life issues even after exposure to the GET-IT program (pre-test mean: 4.20, post-test mean: 3.59,  $p < 0.001$ ). The results were surprising because it was believed that increased geriatric exposure would have increased student comfort levels with end-of-life experience.

A didactic was added to the geriatric clerkship focused on end-of-life issues to help students cope with the topic of death and dying. The learning objectives for the two sessions were:

1. To gain knowledge about the ethical challenges and emotional stress experienced by families and providers during end-of-life events.
2. To develop emotional awareness and the ability to recognize and respect the features and feelings associated with grief, and to develop the ability to respond personally and professionally.
3. To identify and utilize available resources for families and students related to end-of-life decisions.

Students may have had limited exposure to death and dying, or have not had opportunity to explore the complex emotions that may emerge during end-of-life interactions. It was believed that how the topic was presented, and how the learner would process the information, would be important to meaningful learning. Mayer's strategy, known as "generative strategy", was selected as a learning methodology. The strategy helps learners integrate incoming material with existing knowledge to enable the building of internal and external connections (p. 413). Generative strategies include summarizing, questioning, and self-regulating; the learner takes responsibility for processing new information. These instructional techniques help learners build internal connections with the new content.

This study has been funded, in part by a generous donation from the Donald W. Reynolds Foundation. Original Reynolds GET-IT Grant was awarded in 2009. The Reynolds GET-IT Program received additional funding in 2013 and added an interprofessional approach to the Geriatric Education and Training (GET-IT) education initiatives.

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**III: Geriatric Clerkship Lecture Series:** The educational sessions were designed to target fourth-year medical students. The module consisted of two 75-90 minute sessions as schedules permitted. Students were divided into small groups, ideally consisting of 10-12 students. Each session was preceded by self-study content and followed by lecture, discussion, reflection, and personal integration of a previous experience with death and dying. The final reflective essay topic required students to express how the student had developed their understanding of the experience of death, loss and grief. Faculty and staff of the Reynolds IGET-IT program served as facilitators. Written surveys were the primary means for gathering data and feedback for the study.

*Session One (75 minutes)*

This session served as an introduction to the ethical challenges and emotional stress experienced by patients, their families, and providers as they face end-of-life decisions. Students received a resource packet of case examples and handouts. Case Study topics:

- Nursing home
- Hospital setting
- In-home setting
- Emergency room (patient alert)
- Emergency room (patient unconscious)

*Session Two (75 minutes)*

Before the second meeting, students wrote essays recalling one of three scenarios. Depending on the student's own experience one of three topics could be selected:

- Create a fictional narrative based on case studies
- A patient's death observed over time
- Personal experience with familial death and the dynamic of the family's experience

During class, students presented their essays and spoke about how the experience of death and dying was handled. Students who had experienced a patient or family death described their personal experience with the death and their feelings about the event. Students who had not experienced a death were required to imagine how they would react to such an event. Then, they were prompted to summarize their experience and describe subsequent responses by the patient, the patient's family, and the physician. In this reflective activity, they build internal and external connections that enabled them to transfer the learning experience to new situations. This assignment, and a serious reflection in their essays, contributed to the formation of their professional identity.

**IV. Survey & Results:** As part of their core geriatrics clerkship, fourth year medical students were required to attend two sessions on end-of-life care that included lecture, guided discussion, community resources, and a reflective writing assignment. Students were asked to self-assess their competency before and after the clerkship. For each of the competencies students were asked to rate their perception of the ability to perform/execute the competency in the question according to a scale of 1-4; with 1 representing no ability, and, 4 representing complete ability. The survey results used in this study are self-report and therefore reflect the students' beliefs in their own competency.

**V. Findings:** Pre-clerkship students had consistently felt uncomfortable with end-of-life subjects, averaging 1.97 over four years. The average student felt that they had less than "some ability" on end-of-life topics before attending the lecture series; and, after participation in the revised curriculum, students reported an average of 3.06 over four years. This shows that the average student now feels they have "significant ability" to talk about end-of-life issues. In subsequent surveys, the category with the greatest improved competency was end-of-life care.

**VI. Conclusions:** Fourth-year medical students at UNTHSC were found to have struggled with communication related to palliative care and end-of-life issues. By providing a safe platform for review and communication, this study found that students reported improved confidence in the ability to cope with death and dying. While 150 minutes of instruction cannot fully prepare students to cope with difficult and sensitive issues, students can gain confidence in this area of their professional role as future physicians. Through peer support and faculty feedback, the generative strategies increased students' belief in their own competence, freeing them to use their unique life experiences and skills to cope with death and dying.

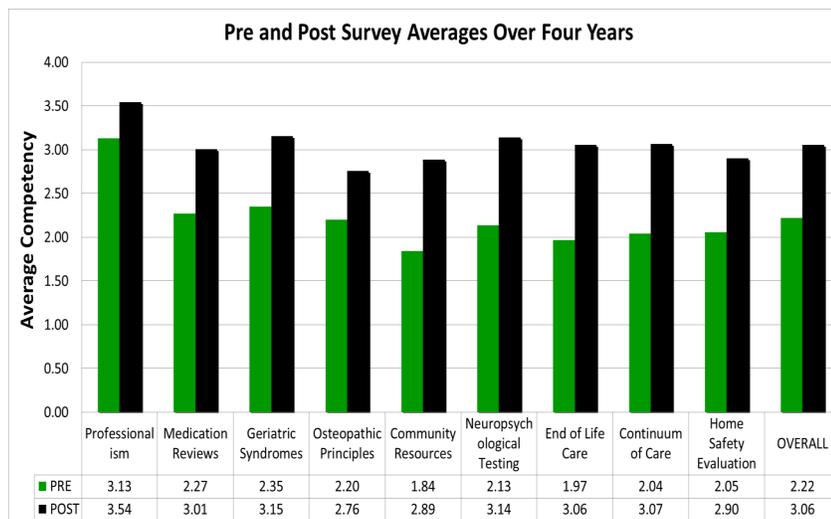
*Facilitated Discussion:* Students had varied responses to discussions on death and dying. Some students were unable to speak if their experience was recent or extremely painful. Others found that speaking about their experience helped them cope and achieve closure. Students were not pressured to share more than they were comfortable.

*Reflective Writing:* Students approached the three essay topics in different ways. Students who wrote about a personal experience with familial death focused on their emotions and their families' emotions. In contrast, students who wrote about a patient focused on the physician-patient relationship. Both of these reactions are important for a physician to learn. The essays also served as a way for medical students to reflect on and learn from their own unique experiences with death.

*Recommendations:* In future studies, reflection by the faculty on their views on student growth may provide insight on the learning process of students in regards to end-of-life care. A review of the students' essays using qualitative analysis may also demonstrate common themes regarding professional identity and self-efficacy.

## IV. Survey & Results

1. Demonstrate professionalism and a caring attitude in working with older adults and in particular frail elderly
2. Conduct medication reviews and evaluate appropriateness considering creatinine clearance, medications interactions and side effects
3. Describe geriatric syndromes: dementia, polypharmacy, incontinence, dementia versus delirium, depression, iatrogenic problems including prolonged bed rest, Foley catheter use, falls, osteoporosis, sensory impairment including hearing loss, visual impairment, immobility and gait impairment, failure to thrive, pressure ulcers, osteoarthritis, and functional capacity
4. Integrate osteopathic principles and practice into the care of geriatric patients
5. Demonstrate knowledge about the community resources available for older adults to assist with caregiving
6. Demonstrate understanding of when it is appropriate to refer for counseling and neuropsychological testing
7. Demonstrate knowledge regarding end-of-life care and be able to discuss the use of feeding tube, appropriate hospice referral and pain therapy
8. Describe the continuum of care, including nursing homes, assisted living, skilled nursing unit and home care services
9. Perform a home safety evaluation to assess the danger posed by throw rugs, furniture, unsafe floor plan, etc.



		2011	2012	2013	2014
<b>Professionalism</b>	Pre	3.16	3.30	3.07	3.02
	Post	3.63	3.53	3.53	3.50
<b>Geriatric Syndromes</b>	Pre	2.26	2.30	2.45	2.37
	Post	3.22	3.17	3.13	3.12
<b>End of Life Care</b>	Pre	1.95	2.03	1.96	1.93
	Post	3.14	3.12	3.00	2.99

### References

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**VIII: Updates from the Reynolds IGET-IT Program  
Interprofessional Geriatric Grand Rounds:**

- September 2, 2015: *The Nexus: Aligning Interprofessional Education and Transforming Healthcare*—Dr. Barbara Brandt, Director and Associate Vice President for Education; National Center for Interprofessional Practice and Education, University of Minnesota



Barbara Brandt, PhD

- October 28, 2015: *Hormonal Therapy for the Aging Woman* – Dr. Meharavan Singh, Dr. Kellie Flood-Schaffer, and Dr. Ralph Anderson; UNTHSC
- February 24, 2016: *An Overview of High Quality Transitional Care Programs* — presented by UNTHSC STEP Team Panel: Kathlene Camp, PT, Dr. Shara Elrod, Quante Greenlee, PA, Valerie Johnson, PT, and Steven Martinez, SW
- March 30, 2016: *Saving Vision: View from the Community*—Dr. Ann Ranelle and Kevin Higgins; Lighthouse for the Blind

**Reynolds Grantee Meeting—St. Louis:** The University of North Texas Health Science Center displayed their manual at the Education Showcase at the Reynolds Grantee Meeting on October 14-16, 2015. The manual is an interprofessional team-based booklet intended for audiences of first and second year graduate healthcare students.

**AGS Education Product Showcase Abstract:**

The University of North Texas Health Science Center, Reynolds Interprofessional Geriatric Education and Training in Texas Program has developed a formative assessment tool for Elder Safety on the topics of Falls Risk and Elder Mistreatment. The modules use an interdisciplinary approach for the care of elderly patients.

Content was developed by a team of faculty consisting of the following professions: physicians, physical therapists, physician assistants, nursing, social work and dietetics. The team collaborated to provide a model of interprofessional education and practice. The modules are well suited for developing an interdisciplinary formative assessment review and/or continuing professional development that can be used by residents and practicing physicians.

The online learning Elder Safety Modules include the following elements: 1. Pre-test administration; 2. Content that includes objectives, exemplar and video demonstrations, reference materials, and links to websites related to the topic; and 3. Post-test administration. The modules are web-based and will be available for viewing and demonstration. Access information for attendees will be provided at no charge to the user.



PASCO Students

**UNTHSC Students Help Patients Face the Reality of Death:** Hospice care for terminally ill patients isn't easy duty. In addition to patients' fear and families' grief, health care professionals must get past a youth-centered cultural bias that denies the reality of death. Yet, dying patients and their families are often in acute need of understanding and support. To meet this need, students in the Texas College of Osteopathic Medicine created an innovative way to serve the community while learning how best to care for dying patients. Last year, they founded a new student group, the first of its kind in the nation: Palliative and Supportive Care Organization (PASCO). The four dozen members have volunteered more than 200 hours at the Community Hospice of Texas in downtown Fort Worth. Their most intense and rewarding work is visiting with patients and families.



[www.unthsc.edu/reynoldsigetit](http://www.unthsc.edu/reynoldsigetit)

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