SERIOUS NEWS: OSCE ASSESSMENT OF STUDENTS' PALLIATIVE CARE COMMUNICATION SKILLS

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Background

- The number of people living with serious illness is increasing[1]
- All clinicians caring for the seriously ill should have competence in "primary" palliative care skills[1,2]
- Undergraduate palliative care education is highly variable[3] and leaves students & residents feeling unprepared[4]
- The Massachusetts Coalition for Serious Illness Care aims to improve clinician education in serious illness communication

MASSACHUSETTS COALITION FOR SERIOUS ILLNESS CARE

- Four MA medical schools have developed **shared competencies** (maseriouscare.org)
- Baseline competence of medical students is unknown
- The objective structured clinical examination (OSCE) is a widely accepted method for assessing medical student competency[5], but only one palliative care OSCE has been reported[6]

Objectives

- Develop and pilot a palliative care OSCE case for final year medical students to assess serious illness conversation skills
- Determine the correlation between students' performance in history-taking skills and *overall* communication, and their ability to address various aspects of serious illness conversations

Methods

- Created an end-of-life case & 26-item performance checklist
  - Included 10 items central to serious illness conversations
- Performance on history-taking was judged by trained faculty; performance on overall communication was judged by trained standardized patients (SPs)
- Cohort scores on the 10 serious illness items (grouped as one variable) were compared to history-taking scores and overall communication scores
  - Pearson's correlation used to analyze relationships between these communication variables

Serious illness conversation checklist:

- ❑ Explores patient's understanding of illness severity and prognosis
- ❑ Explores patient's goals and values
- ❑ Explores patient's worries
- ❑ Explores advance care planning needs (health care proxy designation, etc.)
- ❑ Explores patient's understanding of palliative care
- ❑ Explores patient's financial concerns
- ❑ Explores patient's coping and support systems (family, religious/spiritual beliefs)
- ❑ Discusses ongoing symptom management and care
- ❑ Expresses empathy for patient's concerns and worries
- ❑ Asks about impact of illness

Results

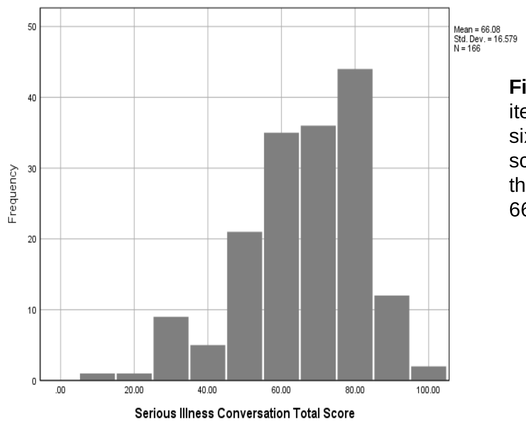

Figure 1: Serious illness conversation items score distribution. One hundred sixty-six Harvard medical students' scores were compiled. Average score on the 10 serious illness item group was 66% (SD=16.6).

Table 1: Mean score and standard deviation on serious illness items compared to other aspects of history-taking data collection.

	Mean score (%)	Standard deviation
Serious illness items	**66.08**	**16.579**
General introduction	68.91	29.103
History of present illness	89.34	16.046
Review of systems	41.62	24.068
Past medical history	83.22	28.065
Family history	14.47	35.184
Social history/habits	48.87	29.568

Correlations:

- No significant correlation between students' performance on the serious illness items and history-taking scores (r = 0.042; p = 0.592)
- A weak, positive correlation between students' performance on the serious illness items and overall communication scores as rated by SPs (r = 0.156; p = 0.045)
- Overall performance did not correlate with serious illness item performance: better performing students did not score more highly on serious illness items

Discussion

- A pilot palliative care OSCE case designed to assess students' serious illness conversation skills was feasible
- OSCE checklist items stem from new shared MA Coalition competencies involving:
  - Exploring illness understanding, concerns, goals, values
  - Exploring and responding to emotion
  - Exploring pain and symptom burden
  - Understanding philosophy/role of palliative care & hospice
- Why is there a correlation between serious illness item performance and *overall* communication performance?
  - Some general communication skills (asking open-ended questions, exploring patient perspectives/concerns, expressing empathy, etc.) are applicable when discussing serious illness and end-of-life care
- Why isn't there a correlation between serious illness item performance and general history-taking performance?
  - Some aspects of serious illness conversations are part of a unique skillset, differing from more foundational, concrete history-taking skills
  - There is no formal training in serious illness conversations at most medical schools (changing at HMS as of 2019)
  - Medical students' exposure to palliative care is highly variable, dependent on clerkship sites, student interest
- OSCE may be a useful tool to *teach* (as well as assess) these communication skills with direct observation and feedback

Image from maseriouscare.org

References

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