



Building a Culture of Primary Palliative Care through Early Exposure: Clinical Integration with an Emphasis on Surgical Specialties

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Background

- LCME does not mandate palliative care education, though all specialties encounter palliative care related conversations¹.
- Integration of primary palliative care skills throughout medical training enables longitudinal learning and exposure to communication skills.

Goal

- Develop primary palliative care educational experiences through three phases spanning from preclinical years of medical school through residency.

3 Phases

Preclinical Elective (Death & Dying: An Exploration of End-of-Life Care)



Surgical Palliative Care Clerkship Elective



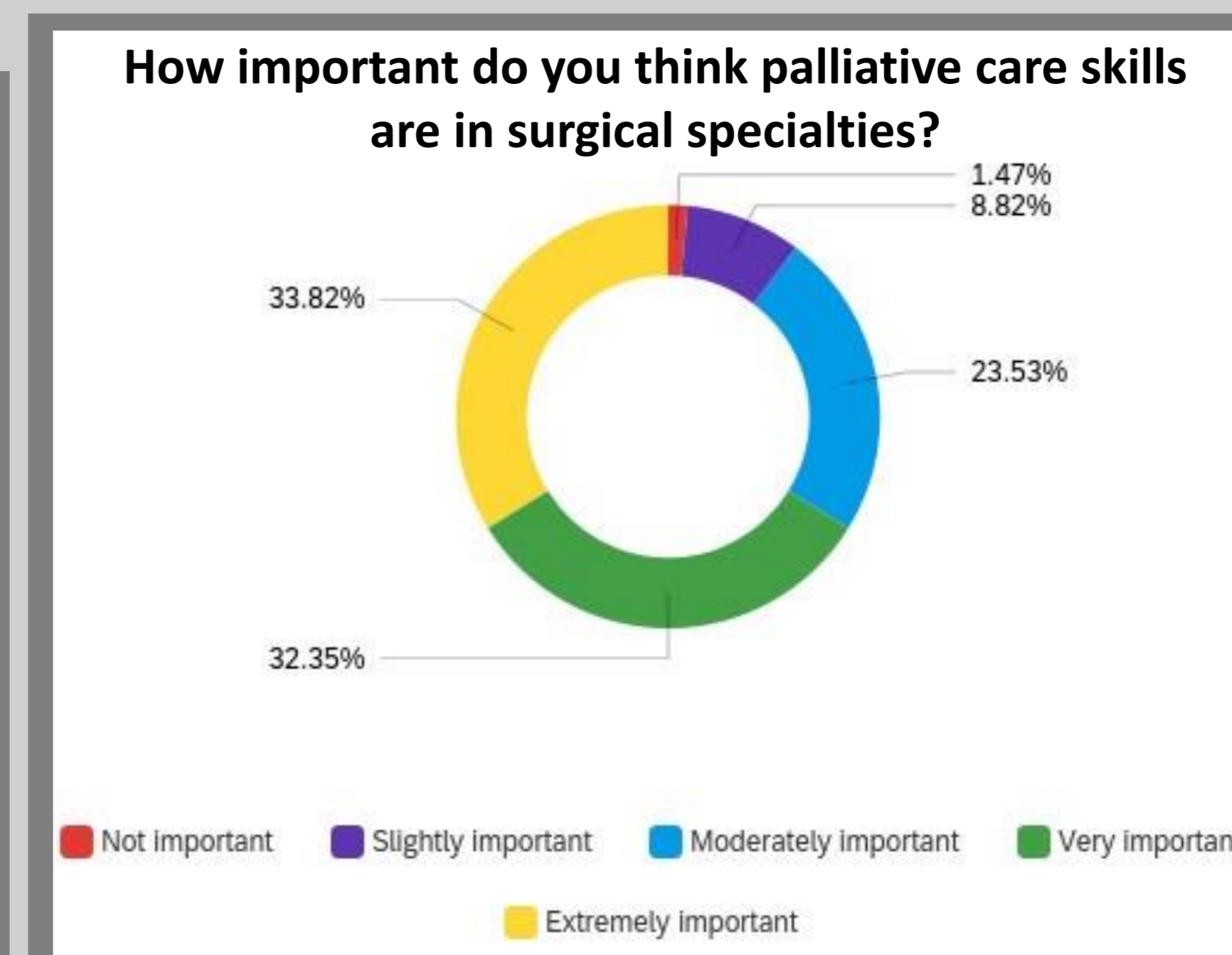
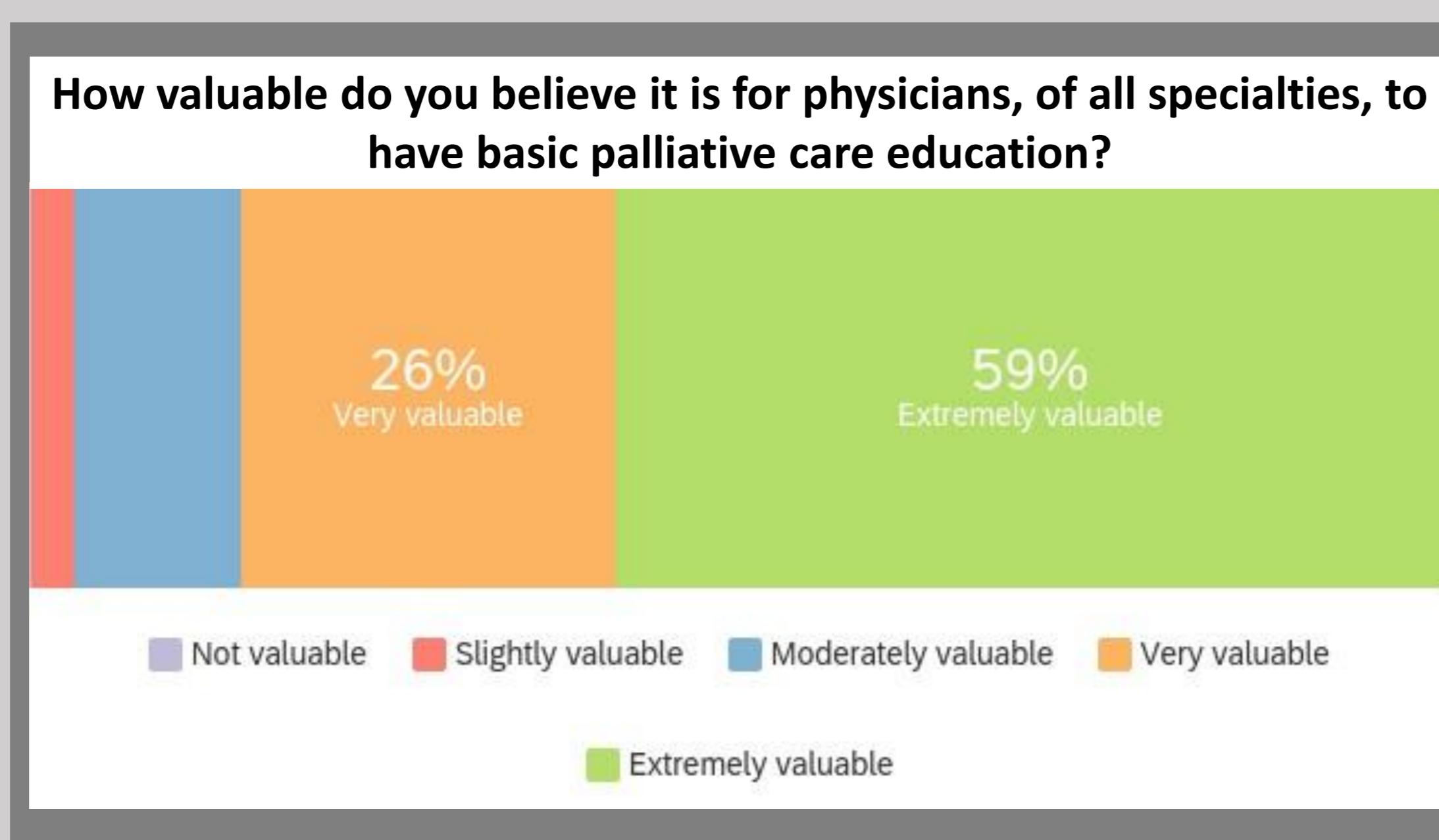
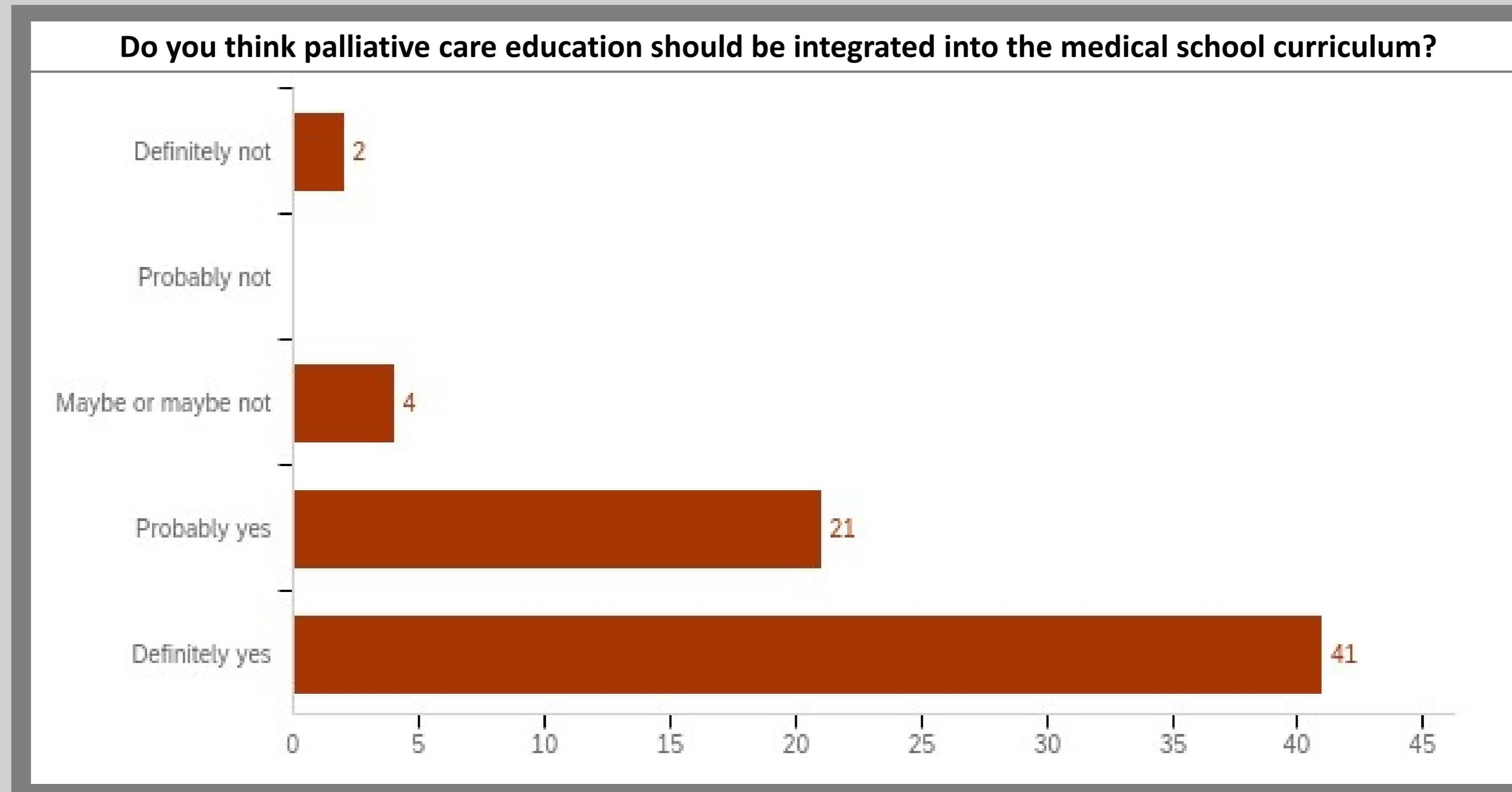
SurgTalk: A Novel Surgical Serious Illness Communication Course

Methods

- Anonymous and voluntary survey emailed to all students at the Warren Alpert Medical School of Brown University

Results

(n=68)



Conclusions

- Students believe palliative care education in medical school is important and should be integrated into the curriculum
- Students believe all physicians should have basic palliative care education
- Students believe palliative care is valuable in surgical specialties

Future Directions

- Enroll students into the clerkship elective and collect data regarding their experience
- Develop and distribute surveys to surgical residents who participated in SurgTalk
- Obtain feedback from the Death and Dying preclinical elective to improve it in the future

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References

1. Horowitz R, Gramling R, Quill T. Palliative care education in U.S. medical schools. *Med Educ.* 2014 Jan;48(1):59-66. doi: 10.1111/medu.12292. PMID: 24330118.