



# Symposium on Educational Excellence 2024

## Addressing the need for end-of-life discussions/ palliative care into Medical School curriculum

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### Keywords

Palliative Care; Quality Improvement; Students, Medical; Need for end-of-life discussions;  
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### Abstract

With advancing medical technology, the average human lifespan is increasing, along with the incidence of chronic illness. The World Health Organization suggests that by 2030, 1 in 6 people in the world will be 60 years or older (WHO, 2023). This statistic suggests that by 2050, the world population of people over the age of 60 will be double (2.1 billion) and the number of people 80 years and older will triple. Given these numbers, physicians and medical professionals must be competent to facilitate end-of-life (EoL) and goals of care (GOC) discussions with our patients. Currently there is no standard in preparing medical students or residents to facilitate these discussions (Horowitz, 2014). Students reported that only 18% received any formal courses in EoL with only 9% completing a clerkship in the area. Concerningly, residents and faculty charged with student education felt mostly unprepared to teach complex EoL topics (Sullivan, 2003). This indicates a significant deficit in our educational system.

This project aims to introduce quality improvement to our current medical school curriculum by introducing specific education on EoL/GOC discussions early in medical school training. Our plan is to offer a series of activities including a 3-part enrichment series offered at the end of foundational medicine blocks, building on the understanding of complex pathophysiology students have learned. Part one is an introduction into palliative care and EoL/GOC. We did a pilot run of part one with two different cohorts of medical students and received positive reviews as well as excitement for part two. Part two will be a communication/hands-on activity that will have participants practice using established communication tools in a simulated environment with expert and near-peer feedback. Part three will be an interactive learning experience, providing a realistic environment in problem-solving skills and team collaboration with more advanced medical role-playing scenarios and interprofessional collaboration. These scenarios will include more tools, health resources, racial equity training and a chance to challenge themselves to have hard conversations with simulated patients. This will tie into a palliative care clinical focus built into the surgical core rotation. The goal is to advance this project into the school of medicine's curriculum by adding it as an elective for all medical students. By adding this to the curriculum, we have an opportunity to set our medical students up to provide much needed Goc/EoL conversations in their practice. With the increasing global need for palliative care, we as medical professionals need to embrace this additional training and start that training early.

## Learning Objectives

1. Describe the importance of early palliative care training as a medical student
2. Discuss current barriers to palliative care education
3. Explain the best case/worst case communication tool