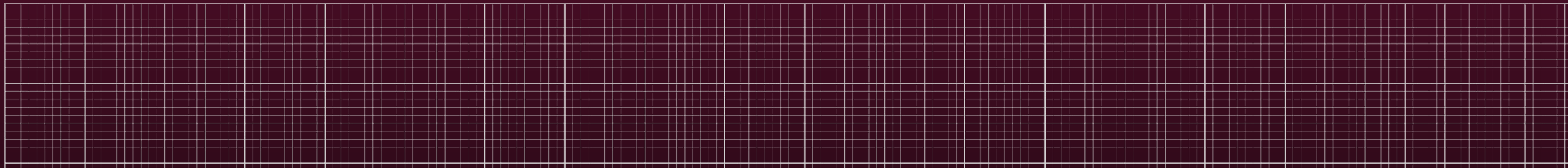


Assessing Medical Student Perspectives on Participation in End of Life Care Through VitalTalk Training Intervention

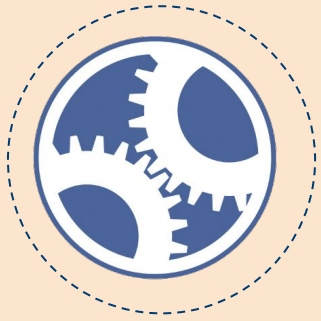
October 8th, 2022

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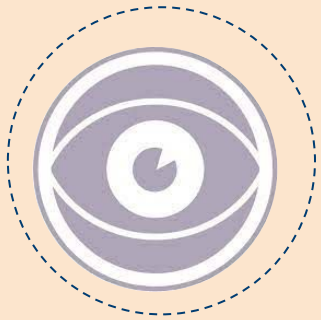
Research Team



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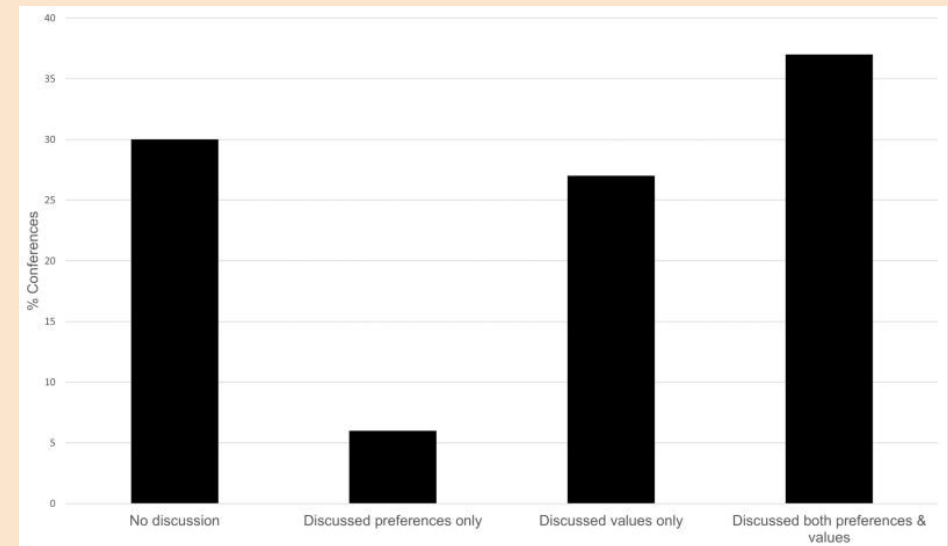


EOL Care in the United States

- EOL conversations happen too late, too infrequently, or not at all

Months between diagnosis and death	N	Days between EOL discussion and death Median (IQR)	Proportion for whom discussion occurred < 1 month prior to death
<1	165	14 (7, 23)	N/A
1 to 3	258	34 (14, 54)	47
3 to 6	222	53 (19, 97)	34
6 to 9	126	47 (16, 162)	42
9 to 12	99	54 (15, 223)	36
> 12	89	69 (23, 244)	29
Overall	959	33 (13, 75)	N/A

Mack et al. 2013



Scheunemann et al. 2015

Research Questions:

- How can we better prepare our physician workforce to engage in conversations about end-of-life care?
- At what point in medical education is it best to intervene?

VitalTalk

- 4-hour training with certified VitalTalk facilitators
- Hands-on simulation in a safe space
- Evidence-based
 - Can be codified, taught, and has been shown to improve outcomes (Back et al. 2007, Markin et al. 2015, Weill et al. 2022)



NURSE

STATEMENTS FOR ARTICULATING EMPATHY

STEP	EXAMPLE	NOTES
NAME	<i>"It sounds like you are frustrated."</i>	In general, turn down the intensity a notch when you name the emotion.
UNDERSTAND	<i>"This helps me understand what you are thinking."</i>	Think of this as another kind of acknowledgment. Stop short of suggesting that you understand everything (you don't).
RESPECT	<i>"I can see that you've really been trying to follow our instructions."</i>	Praise also fits in here: e.g. <i>"I think you have done a great job with this."</i>
SUPPORT	<i>"I will do my best to make sure you have what you need."</i>	Making this kind of commitment is a powerful statement.
EXPLORE	<i>"Could you say more about what you mean when you say that..."</i>	Asking a focused question prevents this from seeming too obvious.

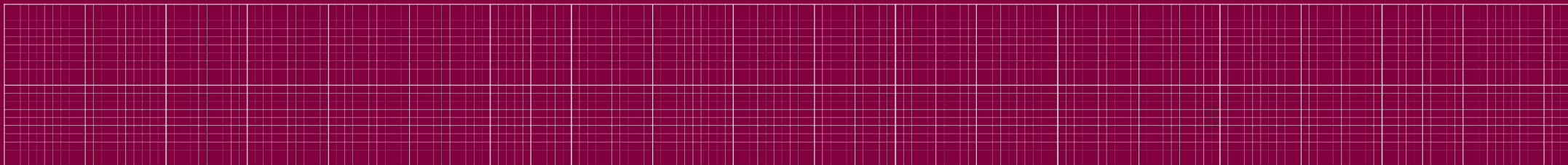
GUIDE

FOR DISCUSSING SERIOUS NEWS

STEP	NOTES
GET READY Info, People, Place	<i>Make sure you have all the information you need at hand</i> <i>Make sure you have all the right people in the room</i> <i>Find a place with some privacy</i>
UNDERSTAND What the patient knows	<i>"What have other clinicians told you is going on?"</i> <i>"This helps me understand what you are thinking."</i>
INFORM Starting with a headline	<i>"The cancer has come back."</i> <i>Give the information clearly and to the point with a one-sentence headline of the most important piece of information you want them to take away</i> <i>Avoid jargon</i> <i>After the headline you will need to give more information, but after giving the headline, STOP!</i>
DEMONSTRATE EMPATHY Respond directly to emotion	<i>"I can see this news is not what you were hoping for."</i> <i>Expect the patient's first response to be emotion</i> <i>Acknowledge the emotion explicitly.</i>
EQUIP The patient for the next step	<i>"Is there anything I could do to make this a little easier?"</i> <i>"I want you to be prepared for the next step. Can I explain..."</i> <i>Don't dismiss concerns or say that everything will be fine.</i>

- Increases likelihood of patients sharing concerns, hopes, & values
- Increases patients' levels of trust in their medical team
- Improves physician communication with patient family members

Hypothesis: Medical students who have undergone formal VitalTalk training will report increased preparedness to engage in EOL conversations, improved personal attitudes about EOL care, and improved strength of the therapeutic alliance than students who have not been trained in VitalTalk.

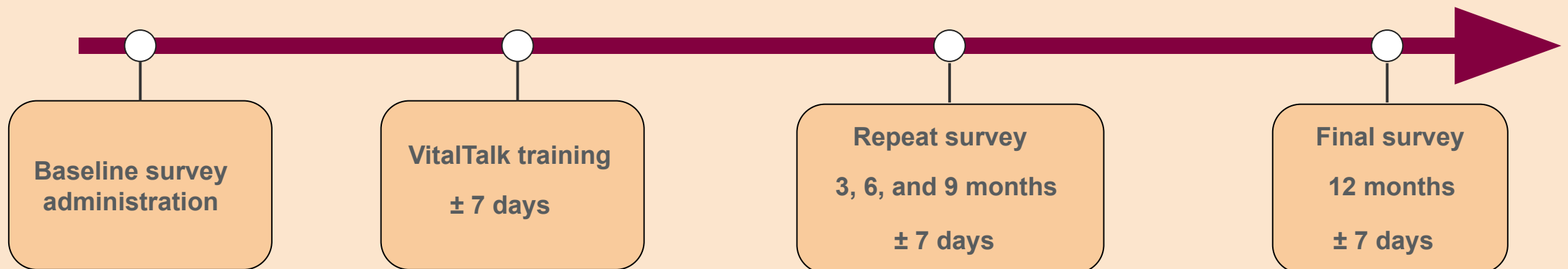


Study Design

- Quasi-experimental
- Participants recruited from VTCSOM classes of 2024, 2025, and 2026
 - Enrollment at start of M3 clerkships
 - Per cohort: Maximum of 12 students in intervention arm

Instrument & Data Analysis

- Survey adapted from “Medical Education in End-of-Life Care: A Fourth Year Student Survey” (Billings et al. 2010)
 - Domains include past experiences, preparedness, culture, attitudes, and demographics
- Mixed methods approach
 - Descriptive statistics for demographic analysis
 - Friedman test & Wilcoxon rank-sum test for survey results
 - Narrative summary of experiences



Progress & Future Directions



Progress to Date

- Carilion Clinic IRB approval December 7th, 2021
- First training May 6th, 2022
 - 100% response rate so far
- Will begin recruitment of next cohort January 2023

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Questions?