



# National Resource for Faculty Development in Palliative Care Set up in New Center at Harvard Medical School

## Palliative care education center

### SUMMARY

Faculty and staff at the General Hospital Corporation-Massachusetts General Hospital, in collaboration with colleagues at the Dana Farber Cancer Institute, established the [Harvard Medical School Center for Palliative Care](#), a national resource for faculty development in palliative care, a specialty that focuses on preventing and relieving suffering and improving quality of life for people with severe and often terminal illnesses.

The center, established in 2000, prepares health care providers and educators to develop educational initiatives and programs in palliative care at their own institutions.

### Key Results

- Developed the [Program in Palliative Care Education and Practice](#) (PCEP), the center's primary curriculum to teach medical faculty from around the country how to develop a palliative care education program at their own institutions.
- Trained approximately 500 U.S. health care providers in palliative care.
- Revised the primary curriculum, added a pediatric track, developed two additional course offerings and began sponsoring a monthly Harvard Medical School Palliative Care Faculty Seminar.

### Key Findings

- In a follow-up survey of program participants, respondents said they substantially increased their time in palliative care practice (to 47 percent postprogram from 38 percent preprogram) and improved their use of palliative care best practices. (*Journal of General Internal Medicine*, 21: 907–914, 2006.)
- In the same survey, 90 percent of respondents reported launching palliative care programs at their own institutions, saying participation in the program was a key impetus.

## Funding

The Robert Wood Johnson Foundation (RWJF) supported the project with two grants totaling \$1,394,346 from March 1999 to December 2006. These grants were made as part of RWJF's *Targeted End-of-Life Projects Initiative*.

## THE PROBLEM

In the late 1990s, several major reports documented shortcomings in end-of-life care and deficiencies in the way medical students and faculty were trained in palliative care, which focuses on preventing and relieving suffering and improving quality of life for people with severe and often terminal illnesses.

For example:

- In a 1998 report, "The Urgent Need for Faculty Development in Palliative Care," the RWJF-sponsored *Last Acts Provider Education Task Force* concluded that few medical educators received training in end-of-life care.
- In a 1997 review of palliative care education in undergraduate medical education, published in the *Journal of the American Medical Association*, J. Andrew Billings, M.D., and Susan D. Block, M.D., found that nearly all medical schools offered some formal teaching about end-of-life care, but that current training was inadequate, most strikingly in the clinical years.

Palliative care was a growing field, Billings said, but few faculty in medical schools and teaching hospitals had the experience and expertise to teach that care effectively.

## CONTEXT

RWJF made these grants as part of its *Targeted End-of-Life Initiative* to improve care at the end of life. RWJF had three strategic objectives in its end-of-life grantmaking:

1. To improve the knowledge and capacity of health care professionals and others to care for the dying.
2. To improve the institutional environment in health care institutions and in public policies and regulatory apparatus to enable better care of the dying.
3. To engage the public and professionals in efforts to improve end-of-life care.

This project fell within the first of these objectives.

## THE PROJECT

Under these two grants, faculty and staff at the General Hospital Corporation-Massachusetts General Hospital, collaborating closely with colleagues at the Dana Farber

Cancer Institute, established the Harvard Medical School Center for Palliative Care and worked to enable it to become a self-sustaining entity.

During the first grant (ID# 034352), project staff established the center and developed the Program in Palliative Care Education and Practice (PCEP), the center's primary curriculum.

During the second grant (ID# 042971), the center:

- Worked to implement a fee schedule that would permit it to become self-sustaining, while at the same time enabling institutions without adequate financial resources to participate. The program gives a significant amount of scholarship money (about 18 percent of participants receive partial scholarships). (See [Lessons Learned](#).)
- Revised the primary curriculum, added a pediatric track and developed two additional course offerings. (See [Results](#).)

### **Program in Palliative Care Education and Practice**

The primary course offering, [Program in Palliative Care Education and Practice](#) (PCEP), is a three-section curriculum:

- Attendees first travel to Boston for a seven-day, intensive interdisciplinary study program.
- They return to their own institutions to work on individual projects and contribute to weekly e-mail discussions of problematic clinical, educational and program development cases presented by other participants.
- After a six-month period, they return for the second half of the course, which includes continued experiential learning and training focused on communication, teaching methods, teamwork and leadership. The program is based on adult learning principles that focus on connecting the teaching to what the participants see as the problems that they would like to address.

### **PCEP Curriculum**

The PCEP curriculum features:

- Teaching the fundamentals of palliative care, including:
  - Assessment of physical causes of distress.
  - Psychosocial and spiritual assessment.
  - Ethical and cultural issues.
  - Palliative care in geriatric and pediatric populations.

- Depression.
- Bereavement.
- Teaching about communication at the end of life, including:
  - Understanding the experience of life-threatening illness.
  - Breaking bad news.
  - Communicating across cultural barriers.
  - Conducting family meetings.
  - Providing feedback to learners.
- Managing challenges in palliative care education, including:
  - Principles of adult learning.
  - Learning styles.
  - New teaching methodologies.
- Developing and promoting clinical and educational programs in palliative care, including:
  - Assessing institutional structure and culture.
  - Evaluating readiness to change.
  - Dealing with resistance.
  - Developing and financing palliative care programs.
  - Developing fund-raising strategies.

PCEP and all other courses offered by the center are designed to be interactive and learner centered. There are few, if any, "lectures" or didactic presentations. Instead, learning takes place in small groups, large group discussions, demonstration interviews and panel discussions. Participants have the opportunity to develop action plans for change at their institutions and to practice and receive feedback about their teaching and change strategies.

## RESULTS

- **From 2000 to 2007, approximately 500 U.S. health care providers received training at the center.** The 2007 class, with 64 participants, was the program's largest to date. The center also has provided palliative care education in Germany and Vietnam.

- **In addition to the PCEP curriculum, the center developed three additional courses:**
  - Practical Aspects of Palliative Medicine: Integrating Palliative Care Into Clinical Practice, a three-day course designed to offer physicians and other clinicians the core information and skills they need to provide palliative care in their practice settings.
  - The Art and Science of Palliative Care Nursing, developed by nurses for nurses and focusing on essential concepts in end-of-life care, including communication and pain and symptom management, along with ethics.
  - The Harvard Medical School Palliative Care Faculty Seminar, a case-based monthly discussion of key issues in the field, attended by Boston palliative care clinicians and students.

## Key Findings

- **In a follow-up survey of program participants, respondents said they substantially increased the time they devoted to providing palliative care (to 47 percent postprogram from 38 percent preprogram).** (*Journal of General Internal Medicine*, 21: 907–914, 2006.)
- **Some 90 percent of respondents said they had launched palliative care programs at their own institutions, saying participation in the program was a key impetus.**
- **In addition, respondents reported:**
  - Using a wider range of interactive, learner-centered teaching methods.
  - Greatly expanding their repertoires of palliative care topics taught.
  - Greater confidence in their preparedness to teach and provide end-of-life care.
  - The course provided a transformative experience for participants.

## VOICES OF PARTICIPANTS

Two previous participants in the PCEP course discussed their experiences with the program and described how it changed the practice of palliative care at their own institution:

### **Robert Macaulay, MD, Director of Medical Ethics, Fletcher Allen Health Care and the University of Vermont College of Medicine**

*Fletcher Allen has had an adult palliative care program for nearly a decade, but until Robert Macaulay, MD, participated in PCEP in 2006, it did not have a pediatric palliative care program.*

*Macaulay used the six-month interim period between his two PCEP sessions to launch the Pediatric Advanced Care Team (PACT). Within eight months of its inception, Macaulay said, PACT had become the established source for pain and end-of-life care management for the hospital's pediatric patients.*

*Within 18 months, residents had begun doing end-of-life care rotations with PACT. To date, about 20 percent of residents have chosen to rotate through the program.*

*Even faculty who think they know a great deal about palliative care have much to learn from PCEP, Macaulay said.*

*"I'm a priest as well as a physician, and I've worked through the process of helping someone understand that they're dying many times. But after we role-played this situation, one of the other participants said afterward, 'I love what you have to say, but I just wish you would shut up sometimes.'*

*"I don't think I'll ever forget that. She put into words what I was afraid of doing: to stop talking, to stop trying to fix things with words.*

*"I did seven years of graduate school and three years of residency, and the two weeks at PCEP were by far the best educational experience I've ever had," Macaulay said.*

**Kathy Selvaggi, MD, Director of Palliative Medicine Services, West Penn Hospital, Western Pennsylvania-Allegheny Health System, Pittsburgh, Pa.**

*Kathy Selvaggi, MD, believes she was suffering from some "physician burnout" when she took the PCEP course in 2005.*

*"It helped me reinvigorate myself as to why I went into medicine," she said. "I found like-minded people interested not only in the diseases per se but in taking care of the whole person, really honing in on pain and symptom management as well as dealing with psychosocial and existential pain."*

*After completing the PCEP course, Selvaggi took a sabbatical and returned to Boston for a palliative medicine fellowship. When she returned to Pittsburgh in August 2006, she launched a new palliative care program at West Penn Hospital, part of the Allegheny Health System. Prior to this, there was no formal palliative care program anywhere within the system. Selvaggi's ultimate goal is to create a systemwide palliative care program.*

*In a hospital of about 500 beds, usually serving about 300 to 340 patients at any given time, Selvaggi anticipated about 175 patient consultations for the*

*palliative care program in its first year. Instead, they more than doubled that expectation, with 389 consults.*

*Selvaggi also prompted Allegheny to hire its first medical director for Forbes Hospice, a 12-bed freestanding hospice that it owns. In addition, she has established rotations within the West Penn Hospital palliative care service for medical students and residents at Temple University, where she is on the faculty.*

*Soon, she expects to be recruiting palliative medicine physicians and nurses for Allegheny General, another major hospital within the system.*

*"The training at PCEP gave me the tools I needed to make this happen," Selvaggi says. "When I finished my medical training in 1991, there was nothing like this. It was not part of what we did."*

## LESSONS LEARNED

1. **Managing finances for a program such as this presents a challenge and can take time to control.** Costs for items such as meeting space were higher than projected, and although the intensive costs of initial program development ultimately abate, the small-group nature of the program with a very high faculty-to-student ratio means ongoing, unavoidable costs. (Project Director/Billings)
2. **Anticipate demand for scholarships.** The program also gives a significant amount of scholarship money (assisting about 18% of participants); determining how to sustain and allocate such support is challenging. Nonetheless, to date only one participant for whom cost was a barrier could not be accommodated through scholarship funding. (Project Director/Billings)
3. **Recruitment of faculty leadership for palliative care programs is challenging.** There is a significant national demand for experienced palliative care physicians and nurses, but a small pool of available applicants. (Project Director/Billings)
4. **Expect to take a significant amount of time to develop a satisfactory curriculum.** Project staff members were surprised by how long it took to formulate a course that they were happy with, and by the amount of "tweaking" required during the first few years to establish the curriculum they wanted. (Project Director/ Billings)

## AFTERWARD

The Center for Palliative Care currently has three course offerings—PCEP, Practical Aspects of Palliative Care Practice, and The Art and Science of Palliative Care Nursing. Project staff is seeking outside funding to help develop clinical preceptorships for PCEP alumni to complement the primary PCEP course.

---

**Prepared by: Gina Shaw**

Reviewed by: Richard Camer and Marian Bass

Program Officer: Rosemary Gibson

---

## **BIBLIOGRAPHY**

*(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)*

### **Articles**

Billings JA and Block S. "Palliative Care in Undergraduate Medical Education. Status Report and Future Directions." *Journal of the American Medical Association*, 278(9): 733–738, 1997. Available [online](#).

Sullivan AM, Lakoma MD, Billings JA, Peters AS and Block SD. "Creating Enduring Change: Demonstrating the Long-Term Impact of a Faculty Development Program in Palliative Care." *Journal of General Internal Medicine*, 21: 907–914, 2006.

Sullivan AM, Lakoma MD, Billings JA, Peters AS and Block SD. "Teaching and Learning End-of-Life Care: Evaluation of a Faculty Development Program in Palliative Care." *Academic Medicine*, 80(7): 657–668, 2005. Available [online](#).