Improving residents’ end-of-life communication skills with a short retreat: a randomized controlled trial.

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**ABSTRACT**

**BACKGROUND:** Internal medicine residents are largely unprepared to carry out end-of-life (EOL) conversations. There is evidence that these skills can be taught, but data from randomized controlled trials are lacking.

**PURPOSE:** We studied whether a day-long communication skills training retreat would lead to enhanced performance of and confidence with specific EOL conversations. We also studied the effect of the retreat on residents’ ability to respond to patient emotions.

**METHODS:** PGY-2 resident volunteers were randomly assigned to a retreat group or a control group. The retreat involved a combination of teaching styles and skills practice with standardized patients. All participants completed questionnaires and were evaluated carrying out two types of conversations (breaking bad news or discussing direction of care) with a standardized patient before (T1) and after (T2) the intervention phase. Conversations were audio-taped and later rated by a researcher blinded to group assignment and time of assessment.

**RESULTS:** Forty-nine residents agreed to randomization (88%) with 23 residents randomized to the retreat group and 26 to the control group. Compared to controls, retreat participants demonstrated higher T2 scores for breaking bad news, discussing direction of care, and responding to emotion. Comparing T2 to T1, the retreat group’s improvement in responding to emotion was statistically significant. The retreat group’s confidence improved significantly only for the breaking bad news construct.

**CONCLUSIONS:** A short course for residents can significantly improve specific elements of resident EOL conversation performance, including the ability to respond to emotional cues.

**STRENGTHS**

- Randomized, controlled, single blinded trial
- Controlled for gender and primary care
- Assessment took place at similar time in the residency training for all participants (R2)
- Blinded assessment of OSCE with standardized patients and structured, objective scoring

**WEAKNESSES**

- Small number of participants (49) from a single institution (Brigham Young)
- Short time after intervention to assessment (14 ± 11.7 weeks)
- Feedback was provided by a palliative care team member after each OSCE, so retreat effect is possibly underestimated

**RELEVANCE TO PALLIATIVE CARE**

- The TCPU at the GNH is a busy teaching unit. As the authors suggest, it might be interesting to explore other ways of delivering important communication skills such as the ones developed in this study.