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2006-11

## Residents Report on the Importance of an Undergraduate End of Life Interclerkship

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### Repository Citation

Kadish SJ, Zanetti ML, Sefton LA, Barrett SV, Clay M, Clive DM, Jonassen JA, Pugnaire MP. (2006). Residents Report on the Importance of an Undergraduate End of Life Interclerkship. Office of Institutional Research, Evaluation, and Assessment Publications and Presentations. Retrieved from [https://escholarship.umassmed.edu/res\\_eval/8](https://escholarship.umassmed.edu/res_eval/8)

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# Residents Report on the Importance of an Undergraduate End of Life Interclerkship

Kadish, SJ, Zanetti, ML, Sefton, LA, Barrett SV, Clay, M, Clive, DM, Jonassen, JA, Pugnaire, MP  
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## Background

Does the perceived value of a third year End of Life (EOL) Interclerkship change after medical students complete their first year of residency? Several research studies indicate students' perceptions about specific learning experiences change after graduating from medical school.

*One study found that over 40% of the interns surveyed, recalled having no formal teaching in end-of-life communication, specifically, of how to discuss prognosis, give bad news, or counsel patient's families. Respondents reported little direct clinical experience communicating with or caring for dying patients during medical school.*

Ury, W.A., Berkman, C.S., Weber, C.M., Pignotti, M.G., Leipzig, R.M. (2003). Assessing Medical Students' Training in End-of-life Communication: A Survey of Interns at One Urban Teaching Hospital. Academic Medicine, 78(5), 530-537.

## End of Life Interclerkship

This one day required third year interclerkship is designed to prepare students to:

- recognize the appropriate time for shifting the care plan from curing disease to providing palliative care;
- understand resources available to the dying patient within the hospital and the community;
- participate in interdisciplinary care of the dying patient;
- develop an approach to managing common symptoms at the end of life;
- understand the physician's role in addressing the needs of the dying patient, the patient's family, and society, and
- begin reflecting on the physician's personal reactions to the care of patients with terminal illness. (Clay et al., 2001)

Clay, M., Jonassen, J., & Nemitz, A. (2001). A One-day Interclerkship on End-of-life Care. Academic Medicine, 76(5), 517-518.

*"This interclerkship was invaluable for its ability to provide a forum for discussion of death, a topic pervasive throughout health care."*

- Anonymous UMMS student comment, 2001 cohort\*

\*Extracted from respective 2000-2002 EOL Interclerkship Evaluations

## Method

Matched data from three cohorts (n=138) was used to measure changes in medical students' usefulness ratings of the EOL interclerkship. Ratings were compared over the time period immediately prior to students' graduation (graduate plans survey is the pre measure) and then subsequent to completion of their first year in a residency program (one year out survey is the post measure). Changes in the average ratings were analyzed two ways, first by a paired samples t-test and second by examining the proportion of "very useful" ratings by using the approximation of the binomial distribution.

## Results

Results indicate statistically significant increases in the average usefulness ratings in the combined cohort 2001-2003 (p < .01) and in the individual cohorts of 2002 (p < .05) and 2003 (p < .01). Statistically significant increases (p < .05) were found in the proportion of "very useful" ratings for the combined cohort 2001-2003 (27% to 49%), and in the individual cohorts of 2001 (19% to 50%) and 2003 (31% to 53%). The 2002 cohort had borderline significance (p < .10) (26% to 44%).

*"The symptoms management session was helpful because it was directed to teach us specific medical therapy for pain, nausea and constipation. This is a skill I had not been taught before and will use in the future."*

- Anonymous UMMS student comment, 2002 cohort\*

### Usefulness Ratings of EOL Interclerkship: Prior to Graduation and After First Year of Residency

Survey items:

Graduate Plans - Please rate how useful you found the EOL interclerkship.

One Year Out - Please rate the usefulness of the EOL interclerkship in preparing you for your residency.

COHORTS	Average 'Useful' Ratings		Proportion of 'Very Useful' Ratings		
	Graduate Plans Survey <sup>^</sup>	One Year Out Survey <sup>^</sup>	Graduate Plans Survey	One Year Out Survey	PERCENT CHANGE
2001	3.88	3.96	19%	50%	+31%*
2002	3.80	4.13*	26%	44%	+18%
2003	3.70	4.36**	31%	53%	+22%*
2001-2003 Combined	3.77	4.20**	27%	49%	+22%**

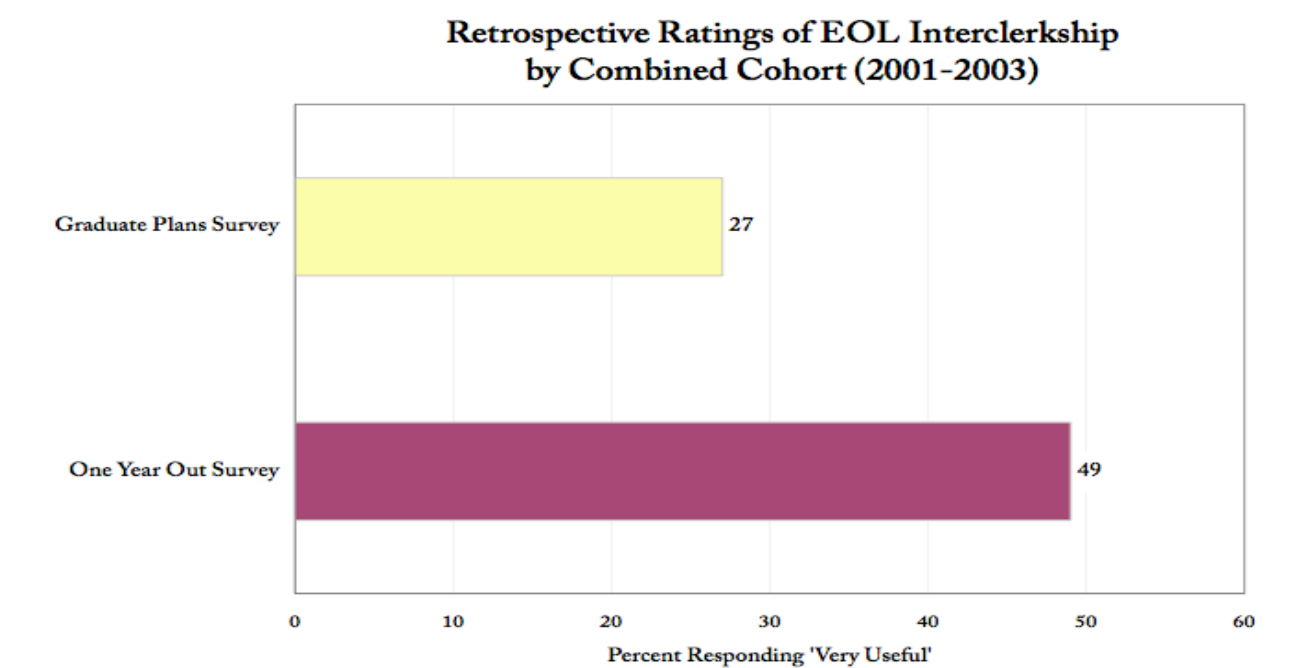
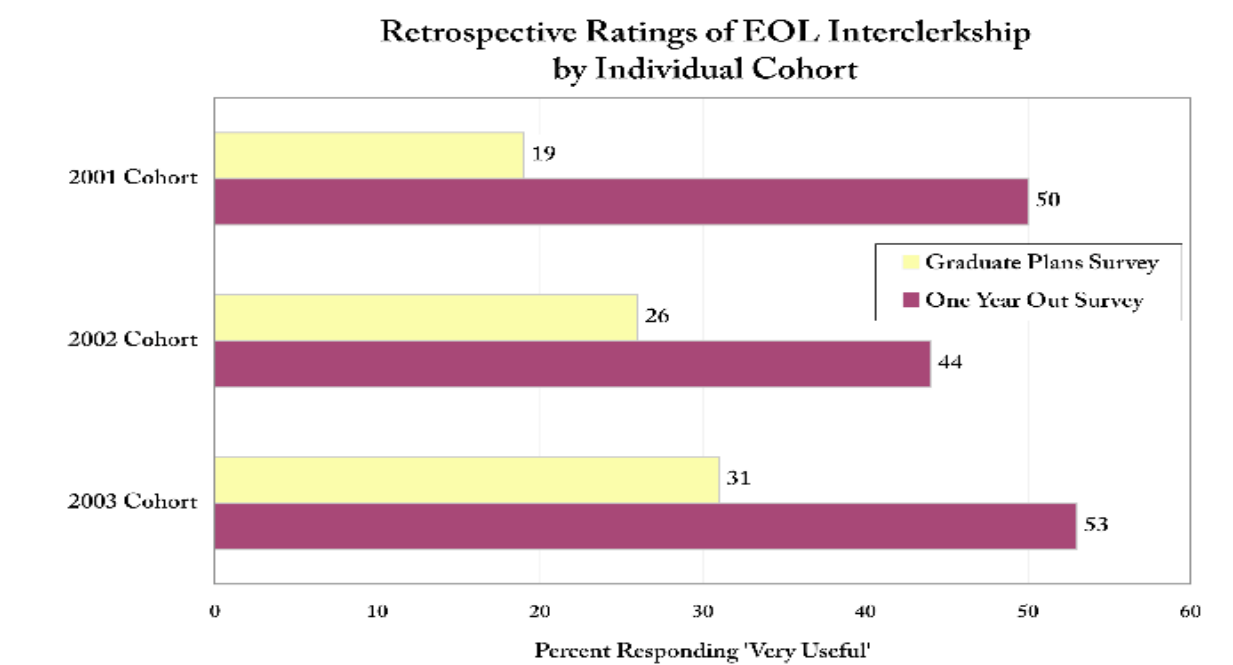
\*Significant difference at the p < .05 level

\*\*Significant difference at the p < .01 level

<sup>^</sup>Rating scale for both surveys: 1 = 'Not at all Useful', 5 = 'Very Useful'

*"I love having real patients come in to talk to us - they really improve the whole experience."*

- Anonymous UMMS student comment, 2003 cohort\*



## Conclusion

The value that medical students put on their education of end of life issues increases after they leave medical school. This finding highlights the importance of teaching end of life issues to undergraduate medical students.