

End-of-Life Education: Resident Reflections from The 3 Wishes Project

J Centofanti, MD 1

M Swinton, MSc 2

J Dionne, MD 3

A Barefah, MD 3

A Boyle, BScN MD 3,4,5

A Woods, MD, MDiv 3,4,5

M Shears, BSc 2

D Cook MD 2,3,5

Background: During residency training, palliative care education may not be as well profiled as knowledge and skill acquisition in other areas. The objectives of this study were to describe residents' experiences with end-of-life (EOL) education prior to and during their rotation in the intensive care unit (ICU), and to understand the influence of a project on personalizing the dying process.

Methods: In a 21 bed medical-surgical ICU we enrolled dying patients, their families and 1-3 of their clinicians in the 3 Wishes Project (3W), eliciting and honouring a set of 3 wishes to bring peace to the final days of a patient's life, and ease the grieving process for families. We conducted semi-structured interviews with 33 residents who cared for 50 dying patients, to learn about their experiences and perspectives. Interviews were recorded, transcribed verbatim, and analyzed using a qualitative descriptive approach.

Results: Residents were aged 28.6 (SD=3.4) years from 3 core programs: internal medicine (24, 72.7%), anesthesia (8, 24.2%) and laboratory medicine (1, 3.0%) in postgraduate years 1-3 consented to participate. Three categories and associated themes emerged. (1) EOL Care is a Challenging & Crucial Component of Training in that a) EOL education is inadequate, b) personal connection with dying patients is difficult in the ICU, and c) EOL skills are valued by residents. (2) The 3W Reframes the Dying Process by a) humanizing this aspect of practice, b) identifying the central role of family engagement, c) increasing emotional awareness, and d) showing how care for patients shifts, not stops. (3) The 3W Offers Experiential Education by a) facilitating role-modeling, b) normalizing EOL dialogue, c) empowering residents to care in a tangible way, and d) encouraging reflection.

Conclusions: Residents working in the ICU desire more effective EOL education. The 3 Wishes Project reframed the dying process for trainees, and provided many forms of experiential education. Practice-based rather than classroom-based programs may facilitate learning and engage training physicians in developing their EOL skills, which could translate into future practice settings.

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