

# State Initiatives *in* End-of-Life Care

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Focus: Education

## Preparing Future Nurses and Doctors to Care for the Dying

Access to good end-of-life care depends on the availability of trained health care professionals. While there are a handful of medical and nursing schools that share a commitment to producing future practitioners who are familiar with the basic tenets of palliative care (see “Introduction to Death and Dying,” pages 3–4), comprehensive coverage of end-of-life issues in health care curricula remains the exception.

According to a 1998 survey conducted by the Association of American Medical Colleges, fewer than 40% of medical schools offer an elective course that deals with palliative care, and even fewer have made such a course a requirement. Death and dying are touched upon in the core curriculum at virtually every school, but treatment is often limited to a single lecture, a brief class discussion, or a series of assigned readings.

Citing a lack of consistency and accountability, critics claim that the educational system as a whole fails to guarantee that front-line medical and nursing graduates possess a solid grounding in the science and art of providing good end-of-life care. Fortunately, broad-based efforts are under way to effect systemic change through accreditation, curricular reform, and licensing and certification.

This publication highlights some areas in which state-level policymakers are getting involved, identifies a few national-level initiatives that are altering the landscape, and considers a few of the challenges and opportunities involved in preparing future doctors and nurses to care for the dying.



David Eulitt

*In homes, hospitals and long-term care facilities across the country, health professionals confront death and dying everyday. Efforts are now under way to ensure that medical and nursing students get the special training they need to provide high quality end-of-life care.*

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## Accreditation and Curricular Reform

Accreditation represents an obvious mechanism for improving the quality of end-of-life preparation. Through the policies of accrediting bodies, educational institutions are held accountable for the training they provide.

Accreditation of baccalaureate and graduate degree nursing programs is carried out by the Commission on Collegiate Nursing Education (CCNE), a private, national organization recognized by the U.S. Secretary of Education. CCNE evaluates programs on the basis of broad standards it has established to determine program quality and effectiveness.

State boards of nursing, however, retain significant influence over curricular issues because even accredited nursing programs require state “approval” in order to operate. Criteria for approval vary considerably from one state to another.

The New Jersey Board of Nursing is in the process of revamping its standards to ensure that nursing students are exposed to issues of death and dying. “Under the new regulations,” says Patricia A. Polansky, R.N., M.S., C.N.A.A., executive director, “all nursing education programs will have to include pain management and end-of-life care in their curricula in a formal way in order to be approved by us.” Her board’s decision to pursue these changes coincided with the state



legislature’s introduction of “patient first” legislation requiring that doctors and nurses ask patients about pain. “There is no question about whether this is good public policy—it is absolutely essential for us to be concerned about it,” says Polansky.

Like nursing schools, medical schools are also accredited by a national, private organization. The Liaison Committee on Medical Education (LCME) is an entity of the American Medical Association and the American Association of Medical Colleges. Every seven years, institutions are evaluated by an LCME team of educators, administrators and practitioners. The audit is preceded by 18 months of comprehensive self-study during which the school examines its curriculum and develops strategies to address any deficiencies.

Recently, a group of individuals interested in improving the quality of care for the dying approached the LCME about adding references to pain management and palliative care to the clinical instruction standard. In response, a new standard was drafted, debated, and revised during public hearings, and adopted in April 2000. It states that “...[c]linical instruction should cover all organ systems, and must include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.” The new standard goes into effect immediately but could take up to seven years to produce its full effect because of the length of the accreditation cycle.

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Liaison Committee on Medical Education clinical instruction accreditation standard

Medical schools are not subject to state approval, so state policy makers do not have as much leverage in this arena. They can, however, still exert some influence. In Florida, for example, a new advance directive law includes a provision calling for the Chancellor of the State University System to convene a workgroup on end-of-life care curricula. Rather than establish specific educational mandates, the law promotes discussion and draws attention to the subject. This was the intent, says State Senator Ron Klein, one of the authors. “Over the years I have certainly heard from constituents about end-of-life issues. Since we have such a large aging population, we need to be on top of these issues. But I am not a doctor. I don’t have the specialty training to make decisions about the content of the curriculum. I am more comfortable letting the medical community establish the guidelines.”

State-wide curricular reform is under way in New York, meanwhile, without any government intervention whatsoever. Under the leadership of the New York Academy of Medicine, all fourteen medical schools are participating in a voluntary project to improve the quality of end-of-life training. Using a self-assessment tool developed by the Academy, each school has identified opportunities to infuse additional con-

## Licensing and Certification

tent throughout its curriculum. “There has been no sense of competition whatsoever,” says Robert Milch, M.D., associate professor at the SUNY Buffalo School of Medicine and medical director of the Center for Hospice and Palliative Care in Buffalo, NY. “Actually, there has been a willingness to collaborate, compare notes, take bright ideas from one another, and move forward. It helps that we have been on neutral turf. The Academy of Medicine has a reputation for fairness and brings a broad view of the landscape.” The Association of American Medical Colleges is interested in replicating the Academy’s model nationwide.



*Florida State Senator Ron Klein authored legislation to improve the quality of end-of-life care training for health care providers.*

Encouraging educational institutions to supply students with end-of-life content addresses just one end of the educational continuum. A complementary strategy is to provide incentives for medical and nursing graduates to master the content and assimilate it into their professional practice. Licensing and certification represent two such incentives.

The authority to grant licenses is vested in state boards of medicine and nursing. However, these boards rely, at least in part, on national tests to determine which candidates are qualified to practice. The United States Medical Licensing Examination (USLME) is administered by the National Board of Medical Examiners (NBME), while the National Council Licensure Examination (NCLEX) is administered by the National Council of State Boards of Nursing (NCSBN).

Both the NBME and the NCSBN dedicate considerable effort to ensuring that their tests are relevant and fair. “We strive to reflect what is taught [in medical schools], as well as to drive the educational process towards excellence,” says Donald E. Melnick, M.D., director of the NBME. USLME questions are developed by experts in the field—faculty

members, experienced practitioners, and licensing board affiliates. The NBME staff, trained in the principles of test construction, makes any necessary modifications and then forwards proposed questions to review committees for consideration. Those that are deemed satisfactory end up in the “active item pool” of test questions, subject to periodic review.

Recently, with support from The Robert Wood Johnson Foundation, the NBME developed additional questions to test graduates’ knowledge of end-of-life care. While Melnick admits that the ultimate impact on practice will be difficult to measure, “the licensure exam is a great motivator for students,” he says.

Betty R. Ferrell, R.N., Ph.D., F.A.A.N., research scientist at the City of Hope National Medical Center, is spearheading a similar effort at the NCSBN. NCLEX questions are derived from job analysis surveys that reveal the types of skills and knowledge nurses actually need to discharge their duties. As part of the “Strengthening Nursing Education in End-of-Life Care” project, Ferrell and her colleagues incorporated new questions into that survey so they could demonstrate the extent to which

## Introduction to Death and Dying

Over the past several years, several medical and nursing schools have developed opportunities for students to acquire the requisite skills, knowledge and attitudes to care for the dying. Harvard medical students enrolled in “Living with a Life-Threatening Illness,” for example, participate in a series of structured visits with terminally ill patients through which they gain insight and provide support. The experience is often transforming, says Susan Block, MD, associate professor of

psychiatry. “When students come in, they are scared about caring for dying patients. They are afraid of the suffering,” she says. Over the course of the semester, they learn about strength and courage and the ability to be hopeful in the face of imminent death. They see the various roles that family members play in supporting their loved ones. In the tradition of palliative care, they come to grasp the value of good communication skills and effective pain management. “The course helps students

see caring for the dying as a positive rather than a negative aspect of specialties like oncology,” says Block. Ultimately, she would like to see the popular elective become a requirement for all Harvard medical students.

A few professional schools have already mandated such training, incorporating end-of-life components into the required core curriculum:

nurses are involved in caring for the dying. The next step was to help recruit test question writers with expertise in this area. Questions are currently being developed. “All nurses should be knowledgeable about end-of-life care, regardless of the clinical setting they plan to work in,” says Ferrell.

While California requires medical students to pass the USLME, the legislature has established additional criteria to ensure that they are prepared to help terminally ill patients. A recent law requires candidates for licensure to demonstrate that they have completed a medical school curriculum that included pain management and end-of-life care. This law is intended to address inadequacies and inconsistencies in medical education revealed in the Institute of Medicine’s 1997 report, *Beyond Death: Improving Care at the End of Life*, as well as in a state survey conducted by the Medical Board of California.

By establishing curricular requirements for physicians, this law blurs the distinction between licensure—the domain of the state



*The National Council of State Boards of Nursing administers the National Council Licensure Examination (NCLEX) and reports scores to the state boards of nursing.*

medical board—and accreditation—the responsibility of the LCME. But California has a history of intervening in curricular affairs. In fact, the California Business and Professions Code, which was amended under the new law, specifies more than 20 subjects which medical students must study in order to be licensed.

Once health professionals are licensed, state boards of medicine and nursing can provide incentives for them to stay up-to-date on developments in pain management and end-of-life care through continuing education requirements. Florida, for example, allows doctors to substitute a

course on palliative care for the AIDS/HIV or domestic abuse continuing education requirement.

Unlike licensure, certification is conferred on practitioners by non-governmental entities rather than by state boards and indicates a mastery of a specialized body of knowledge. Becoming a certified oncology nurse, for example, entails passing an exam administered by the Oncology Nursing Certification Corporation. This organization, committed to improving the quality of care for patients with cancer, is spearheading an effort to encourage other specialty nursing associations to add end-of-life content to their

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- Every student at Ursuline College’s Breen School of Nursing in Ohio spends twelve hours at the Hospice of the Western Reserve, working under the guidance of a hospice nurse. The trainees are encouraged to converse directly with the patients, asking questions about their perspectives on dying and the care they would like to receive. The model is unusual in that faculty members are on-site to facilitate learning and help students reflect on their experiences.
- Students at the University of New England’s College of Osteopathic Medicine in Maine accompany a hospice nurse or trained volunteer on at least one patient home visit and then participate in an interdisciplinary care plan meeting.
- The University of Hawaii’s John A. Burns School of Medicine incorporates a mandatory hospice experience into “Social Aspects of Doctoring,” a required course for all first-year medical students.

Advocates hope that changes in accreditation and licensing standards will lead to replication of these and other innovative models at schools across the country.

## Licensing and Certification Continued

respective certification exams. The organization hosted a conference in April 2000 for representatives of the certifying boards for each specialty, and provided a range of resources. “These exams really drive the education process, as well as the standards for practice,” says Cynthia Miller Murphy, R.N., M.S.N., C.A.E., executive director.

Recently, some educators have expressed interest in creating an advanced nursing certification in palliative care. Representatives from Ursuline College in Ohio, New York University, the American Association of Colleges of Nursing, and the Hospice and Palliative Nurses Association have convened an ad hoc group to explore this possibility. Ursuline College and NYU already offer graduate programs for nurses in palliative care and are familiar with the resources needed for this kind of training. ■



Joseph W. Darval

*Ursuline College in Ohio is the only school offering a graduate degree program for clinical nurse specialists in palliative care. Here, a student discusses a patient's plan of care with her preceptor as part of her clinical rotation in the Cleveland Clinic Foundation's Palliative Care Program.*

# Overcoming Barriers to Educational Change

While these initiatives are being carried out by separate entities that operate, for the most part, independently of one another, together they comprise a movement. The foundation for change has already been laid by their combined leadership of policy-makers, educators, and dedicated practitioners.

Much of the hard work, however, still lies ahead. Success will ultimately depend on the ability of students and institutions to live up to the high standards that have been established.

A number of potential barriers have been identified:

- Since end-of-life care is a relatively new discipline, the number of faculty members prepared to teach the material is limited.
- Content needed to support a comprehensive, integrated curriculum has been largely absent from major medical and nursing textbooks.
- Medical and nursing curricula are already overcrowded, making it particularly challenging to find room for the resource-intensive teaching models often associated with end-of-life care training. According to Milch, “nurturing the skills that are desirable involves mentoring and modeling, particularly at the bedside, and that is where resources become very scarce.”
- Because end-of-life content is interdisciplinary, it does not align itself well with the organizational structure of most professional training schools. “It isn't that there is some inherent resistance or objection to introducing the content,” says Michael E. Whitcomb, M.D., senior vice president for medical education at the Association of American Medical Colleges. “When you have an ‘orphan’ topic, where no single department is the owner, it is difficult to identify responsibility and accountability.”

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*UCSF and the City of Hope are working with authors, editors, and publishers of medical and nursing textbooks to increase the quality and quantity of end-of-life content.*

Overcoming Barriers to Educational Change  
*Continued*

The Robert Wood Johnson Foundation is supporting faculty development programs at Harvard, Stanford, and the University of Washington to address the lack of training among medical and nursing educators. The Education for Physicians in End-of-Life Care (EPEC) curriculum, developed by the American Medical Association, represents an additional resource for medical faculty, although its primary audience is practicing physicians. Nursing leaders at the City of Hope National Medical Center, meanwhile, have joined forces with the Association of American Colleges of Nursing to develop a comprehensive end-of-life nursing education curriculum (ELNEC) for nursing faculty and continuing education instructors.

To address the dearth of adequate medical and nursing textbooks, the University of California at San Francisco Medical School and the City of Hope National Medical Center are working with authors, editors, and publishers to increase the quality and quantity of end-of-life content. Awards will be given for the best chapter and best textbook.

Alan R. Fleischman, M.D., senior vice president of the New York Academy of Medicine, believes that the constraints associated with an overcrowded curriculum can be mitigated by integrating end-of-life content into existing courses rather than creating new ones. A simple approach might be to address pain management in a pharmacology course, or discuss advance care planning in an ethics course.



*Robert T. Watson, M.D., senior associate dean for educational affairs at the University of Florida College of Medicine, reminds each incoming class of students of the old adage that physicians can “cure sometimes, relieve often, and comfort always.”*

The “standardized patient model,” meanwhile, offers opportunities for educators to address interdisciplinary topics like palliative care. The University of Florida College of Medicine’s standardized patient program, for example, includes a 54-year old woman who has just learned that she has cancer. Through this hypothetical patient, students are exposed to some of the medical and psychosocial aspects of end-of-life care.

Professional training will, no doubt, be more thorough and consistent when the value of palliation is more widely affirmed. This sort of cultural change, however, is more difficult to achieve than the enactment of a new law or the introduction of a new standard. Fortunately, there are pioneers out there like Robert T. Watson, M.D., senior associate dean for educational affairs at the University of Florida College of Medicine, who reminds each incoming class of students of the old adage that physicians can “cure sometimes, relieve often, and comfort always.” ■

# State Initiatives in End-of-Life Care

## Information About the Series

“Education: Preparing Future Nurses and Doctors to Care for the Dying” is the tenth in a series of briefs profiling promising policies and practices in end-of-life care.

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*A national coalition to improve  
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*Last Acts is a coalition of more than 500 national and local organizations dedicated to improving end-of-life care. For more information about the Last Acts campaign, contact*

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