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Infographic: A Friedman

PALLIATIVE CARE KNOWLEDGE AND SELF-EFFICACY AMONG ANESTHESIOLOGY RESIDENTS:
A MULTI-INSTITUTIONAL CROSS SECTIONAL STUDY

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What is Palliative Care?

Care that provides relief from pain and other symptoms, that supports quality of life, and that is focused on patients with serious advanced illness and their families

Forging a New Path Forward?

Anesthesiologists are uniquely qualified to tackle palliative care due to experience in perioperative medicine, critical care, and end-of-life care

The Problem of Short Supply

There is already a paucity of specialty-trained hospice and palliative medicine physicians, but this deficit will worsen as the population continues to age

The Investigation

Assess anesthesiology residents' baseline palliative care knowledge and their perceived self-efficacy in palliative care competencies through the distribution of a survey

Knowledge Test: Palliative Care Competencies

- Pain and Symptom Management (PSM)
- Communication (COMM)
- Psychosocial, Spiritual, and Cultural Aspects of Care (PSC)
- Terminal Care and Bereavement (TCB)
- Palliative Care Principles and Practice (PCPP)

Self-Efficacy Inventory: Confidence Levels on Palliative Care Tasks

Perceived confidence levels performing specific palliative-care tasks were rated:

1: Never
2: Sometimes
3: Mostly
4: Always

Final Survey Composition

- 15 Knowledge Tests Questions
- 26 Self-Efficacy Inventory Questions

LOOKING BACK, LEARNING FORWARD

SURVEY RESULTS

235 participants invited, 45 total surveys returned

The PSC competency domain was highest among residents, and the PSM scored lowest

The average self-efficacy score was 2.7, corresponding to sometimes/mostly

CONNECTING THE DOTS

Variability in performance across competencies

Self-efficacy, contrary to the hypothesis, did not improve by year of training

Correlation between overall knowledge and self-efficacy was not significant

THE ROAD AHEAD

Curricular interventions may be warranted to ensure progression of knowledge

Assessment of resident perception of the need for palliative care knowledge may inform selection of rotations during the CBY year

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