Implementing a longitudinal communication curriculum in palliative and end-of-life care is necessary and feasible to improve the education of and care provided by future physicians.

**RESULTS**

As the population ages, patients are living longer with complex illnesses. Future physicians of all specialties must be trained to discuss end-of-life (EOL) care with their patients.

- Discussing EOL care issues with patients increases patient satisfaction and quality of life and reduces hospitalizations.7
- Given that communication is rated more poorly among minorities and patients with low socioeconomic status, physicians must learn to ask about how patients’ background and values influence goals of care.3
- Medical students, clinical educators, and accrediting bodies (i.e. American Association of Medical Colleges, AAMC) value palliative care communication training.8
- However, medical students generally lack confidence and feel unprepared to discuss EOL care with their patients.1,4

**OBJECTIVES**

- Identify areas for growth in palliative care communication training in undergraduate medical education (UME)
- Identify models which have been successful in teaching communication skills for EOL care
- Develop a curriculum to teach essential communication skills

**METHODS** (Figure 1)

- Literature review: Students are exposed to key palliative care communication skills but lack opportunities to practice and receive feedback. Multiple teaching models are effective, and most include simulations with role playing or standardized patients.
- Student Needs Assessment: We conducted a survey of ten graduating 4th year medical students in the Training in Urban Medicine and Public Health (TRIUMPH) Program. (Figure 2).1,6,7
- Key Informant Interviews: Clinical faculty reported that students are exposed to EOL communication skills. However, existing curricula lack structured hands-on opportunities for practice and feedback.
- We designed a hands-on, longitudinal curriculum focused on three core clinical skills.

**DISCUSSION**

- Integrating hands-on practice in three clinical skills into medical student curricula is expected to positively impact quality of care provided by trainees as they pursue careers in diverse specialties.
- Pilots are ongoing, and curriculum will be implemented for graduating class of 2021.

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**Implementing a longitudinal communication curriculum**

- **Health Inequities in EOL Care**
  - Interprofessional case-based learning, spring M2

- **Breaking Bad News**
  - Hands-on simulation, spring M2

- **Goals of Care**
  - Hands-on simulation, fall M3

- **Code Status**
  - Hands-on simulation, fall M3

- **Intern Prep Course**
  - Hands-on simulation, spring M4

**Figure 1**: Approach to curriculum design.

- Discussing patients’ goals of care
- Delivering bad news
- Discussing code status
- Discussing advanced directives
- Involved in case with conflict between patient, caregivers, and/or care team
- Caring for patients who are expressing strong emotions
- Identifying patients’ cultural values, beliefs, and practices related to serious illness and end-of-life care

**Figure 2**: Needs assessment survey of 10 TRIUMPH graduates in 2018.

We would like to thank the medical students who have participated in the curriculum as well as the countless faculty and community advisors without whose contributions this work would not be possible.

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**What is TRIUMPH?**

Training In Urban Medicine and Public Health (TRIUMPH) is an educational program for University of Wisconsin School of Medicine and Public Health medical students which integrates clinical, community, personal and leadership skill development in Milwaukee, WI. TRIUMPH prepares students to become community-engaged physician leaders who will promote health equity for people living in urban health professional shortage areas.

Website: [https://www.med.wisc.edu/education/md-program/triumph/](https://www.med.wisc.edu/education/md-program/triumph/)