Original Article

'Goals of Care' Discussion in Surgical Settings: A Pilot Curriculum for the Training of the Faculty Members and Residents under Faculty of Surgery

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ABSTRACT

Early consideration and communication about goals, values, and treatment preferences in the surgical settings can prevent patients (who are suffering from incurable disease e.g., terminal stages of cancer) from undergoing unwanted and unnecessary interventions and help them discuss their priorities (themselves, or along with family members or through surrogate decision-makers). However, there is no (bio)ethics curriculum/training in clinical education in Bangladesh to address the specific needs of the professionals to gain knowledge and skills in 'goals of care' discussion. Hence, this (bio)ethics education and training is intended to train surgical faculties and residents to enhance their knowledge, skills, and attitude towards 'goals of care' (GOC) conversations (near end of life). Ethics and values play crucial roles in 'goals of care' discussion. High quality care can only be achieved when a patient's care is aligned with their goals, preferences, and values. Physicians do have thoroughly entrenched values like promoting health and reducing suffering, while patients may have some values of life, family connections, and religious or cultural beliefs. The prominent ethical principles behind the 'goals of care' discussion are: patient's autonomy (patient's choices and preferences based on his/her values of life, engagement of family members, or living in according with religious beliefs or cultural norms), beneficence (care planning aligning with patient's disease course and prognosis), non-maleficence (avoiding unnecessary and unwanted interventions in terms of surgery or other therapies and resuscitation procedures) and distributive justice (in terms of resource allocation, e.g., unnecessary occupancy of hospital bed/ICU). This curriculum has been designed in a way that it is expected to enhance awareness about those ethical challenges based on 'principlism', and ways to overcome those challenges, which will ultimately lead to better communication skill, physician-patient relationship, improve patient safety and outcomes, and optimize the cost-effectiveness of organizational resources.

Keywords: *Goals of care, effective communication, ethics and professionalism, surgical training, ethics education, medical education*

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INTRODUCTION

Early consideration and communication about goals, values, and treatment preferences in the surgical outpatient and inpatient settings can prevent patients (who are suffering from incurable disease e.g., terminal stages of cancer) from undergoing unwanted and unnecessary interventions and help them discuss their priorities (themselves, or along with family members or through surrogate decision-makers).[1,2] This curriculum is expected to provide a useful and effective education and training on "goals of care discussion" by giving an opportunity of practicing communication skills and techniques in a safe environment to the faculty members and the residents working under the Faculty of Surgery. Communication is key to good healthcare practice in

any setting and that necessary skills can be achieved and enhanced through effective knowledge, training and practice opportunities.[3-5] This curriculum is to initiate better practice into that direction and builds insights and understanding of the specific situation, its challenges, and ways to overcome those challenges. Such practice of communication skills is essential for better performance in assessing patients, conducting 'goals of care' (GOC) discussion with the patients (and/their family members or surrogate decision-maker) including disease course and prognosis and care planning ranging from decisions about specific treatments to planning for future care needs (e.g., advance directive, hospice care, etc.).[6,7]

For a better understanding of our readers we would like to elaborate a bit on 'goals of care' discussion. In the developed countries, 'goals of care' discussions happen throughout patint's hospital stay. He/she may first have a brief discussion with the attending doctor around 'goals of care' on admission. Afterwards, the healthcare team will approach the patient and his/her surrogate decision-makers (SDMs) during hospital stay to continue the conversation. 'Goals of care' discussions may involve (but not limited to) the following points:[8-11]

i) Exploring current health condition: Attending doctor(s), along with the healthcare team, talk to the patient and/ SDM(s) about medical conditions;

ii) Reflecting on patient's values: The healthcare team talks to the patient and/ SDM(s) regarding patient's wishes, values, and beliefs. They will make sure that any future medical recommendations must align with them;

iii) Defining specific 'goals of care': Together with the doctor and healthcare team, a patient and/ SDM(s) can make 'goals of care' decisions, reflecting patient's current condition and his/ her values, wishes, and beliefs.

iv) Documenting the 'goals of care' discussions: The healthcare team will document the details of these conversations in your health record.

However, we must remember that patient's 'goals of care' are not set in stone; they can change as his/her health conditions change. The patient is be able to revisit his/her 'goals of care' with the healthcare team as needed.[7]

Our proposed curriculum has specific goals and objectives. This curriculum is intended to educate and train surgical faculties and residents in Bangladesh.

Goal: To enhance their knowledge, skills, and attitude towards goals of care conversations (near end of life) with the patients and families.

Objectives: By the end of this training, participants will be able to:

1. Describe when and how to engage in goals-of-care conversations with the patient (or substitute decision-maker) based on prognosis, persistent suffering, and illness milestones requiring decision-making;
2. Demonstrate a structured approach for goals-of-care conversations;
3. Convey a mindful presence during the conversation, utilizing active listening and empathetic behaviors;
4. Provide and accept feedback; and
5. Incorporate suggestions and recommend a treatment plan to the patient and/ family members which is aligned with patient's preferences and values.

METHODS

Ethical foundation of the curriculum: Ethics and values play crucial roles in 'goals of care' (GOC) discussion. Engaging patients and their families in meaningful goals-of-care discussions is critical to providing patient-centered, individualized care. High quality care can only be achieved when a patient's care is aligned with their goals, preferences, and values. Physicians do have thoroughly entrenched values like promoting health and reducing suffering, while patients may have some values of life, family connections, and religious or cultural beliefs.[7] In most of the patient care scenarios, patient and physician values are concordant. However, since outcomes are uncertain or the burden of treatment increases in an incurable disease, ethical conflicts between clinician and patient values ensue.[1,7,8] Resources like ethics consultation or 'goals of care' discussion may be valuable in such cases.[6,12] The prominent ethical principles behind the 'goals of care' discussion are: *patient's autonomy* (patient's choices and preferences based on his/her values of life, engagement of family members, or living in according with religious beliefs or cultural norms), *beneficence* (care planning aligning with patient's disease course and prognosis), *non-maleficence* (avoiding unnecessary and unwanted interventions in terms of surgery or other therapies and resuscitation procedures) and *distributive justice* (in terms of resource allocation, e.g., unnecessary occupancy of hospital bed/ICU).[1,12,13] Figure 1 depicts the process, objectives and outcomes of 'goals of care' conversations.

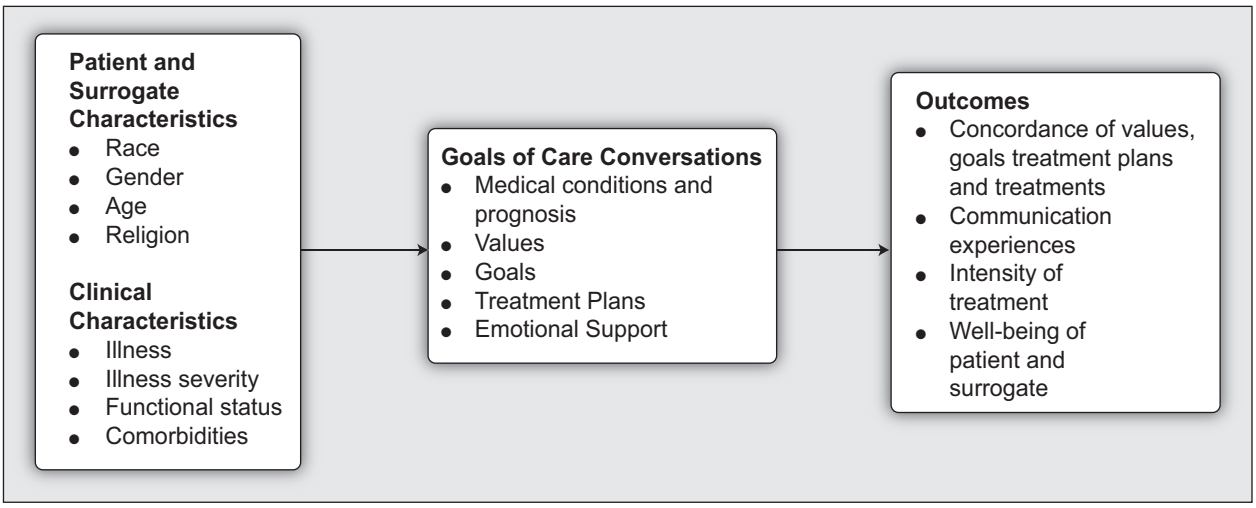

Fig. 1: *Model of the process, objectives and outcomes of goals of care conversations in a surgical setting (Modified from Comer, Fettig & Torke, 2020)*[1]

Target audience and the educational context: As a pilot project, it was decided by the hospital governing body that this training would be intended for the faculty members and residents working in surgical specialties (including general surgery, urology, colorectal surgery, thoracic surgery, orthopedic surgery, gynecological and surgical oncology and neurosurgery). After conducting a needs assessment among those disciplines, which was considered as an essential step in such a planning process, we found gaps in knowledge, skills and attitude of the faculties and residents in 'goals of care' (GOC) discussion process in the clinical settings. Based on our needs assessment, we learned that none of the faculty members and residents ever received structured GOC communication skills training. We also identified the points of intervention and decided to pilot this curriculum and ensure that the curriculum design would enhance learning outcomes that might lead to better communication, physician-patient relationship, improve patient safety and outcomes, and optimize the cost-effectiveness of organizational resources.[14] It may be mentioned that there is no (bio)ethics curriculum/training in clinical education in Bangladesh to address the specific needs of the professionals to gain knowledge and skills in 'goals of care' discussion with the patients and their families. Introducing such (bio)ethics education/training on 'goals of care' discussion in our hospitals will enhance understanding and learning how to organize (bio)ethics education/training program step-wise as well as bring benefit to our colleagues and residents in near future.

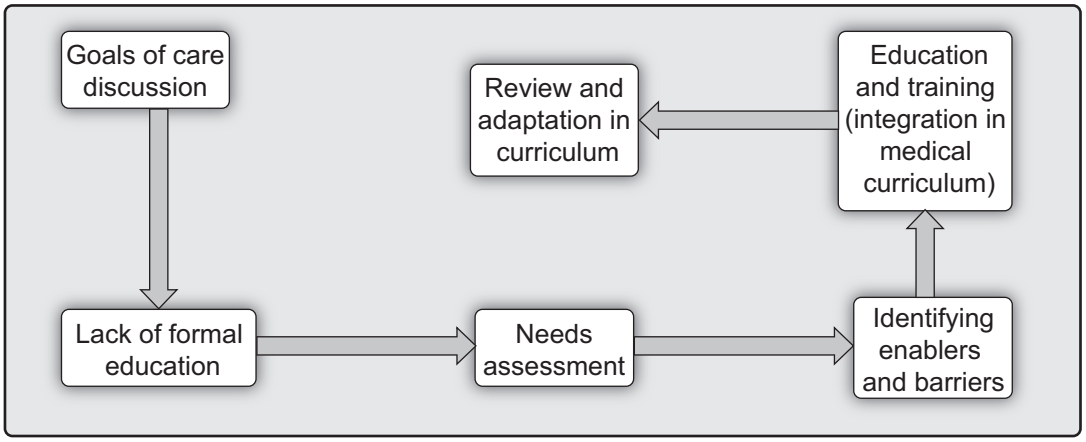

Fig. 2: *Concept map of (bio)ethics education/training (on goals of care discussion)*

RESULTS AND DISCUSSION

Session topics and teaching formats: In the proposed curriculum, we introduced 5 modules with specific learning objectives, lesson plan and procedure as well as additional resources for each module. Teaching formats include lectures, video show, interactive discussion and role play.

Module 1 – Introduction to Biomedical Ethics: The first lesson sets the background to sensitize the learners about the four 'principles of bioethics': respect for persons (autonomy), maximizing benefits (Beneficence), minimizing harms (Non maleficence), and justice (mainly distributive justice). Intuitively, those principles in current usage in healthcare settings seem to be of self-evident value and of clear application.[1,12,13,15]

Module 2 – Values and Ethics in Healthcare: Since the four principles are most celebrated and operational in healthcare ethics, differences in values, religious and social norms, and beliefs are different among ethnicities.[12,15] We have experienced a continuing pattern in non-western societies as the physician discloses the information to the family and not to the patient. The likely reasons for resistance of physicians to convey bad news are concern that it may cause anxiety and loss of hope, some uncertainty on the outcome, or belief that the patient would not be able to understand the information or may not want to know. Moreover, in our society, in soft paternalism, the physician acts on grounds of beneficence (and, at times, nonmaleficence), as the patient's autonomy is sometimes ignored – those issues we would like to discuss in this module.

Module 3 – Introduction to Goals of Care Discussion: In this module, definition, scope, procedure, framework and institutional policies regarding 'goals of care' discussion are discussed including (but not limited to) in what situation such discussion takes places, why engaging patients and families in the discussion is important, goals, values, and treatment preferences as discussed with patients (or surrogate decision maker) and documented as well as creating a favorable environment in the hospital to initiate such discussions.[9]

Module 4 – Steps of Goals of Care Discussion: This lesson is intended to provide a framework (step-by-step approach) including some sample 'scripts' to assist the participants with engaging patients and/or their substitute decision makers (in the case of an incapacitated patient) in goals of care conversations that lead to medical orders for the use or non-use of life-sustaining treatments. Since there is no standard for how to do a goals of care discussion, we have used the 'REMAP' framework[16] for facilitating goals of care discussion in surgical settings (communication between physician and patient (and/family).

Module 5 – Role Play: Goals of Care Discussion in A Surgical Setting: Role plays empower participants to sketch problems, try out to develop solutions, and get feedback from their peers.[5] This would help learners demonstrate necessary communication skills[5,17] for 'goals of care' discussion in surgical settings. Such innovative and interactive pattern of training helps them communicating through dialogues that "consist of (i) understanding patient's story, including perspective of the medical situation within the larger personal narrative with sensitivity to language and values; ii) discussing medical opinion in simple language and big picture terms; and iii) making shared decisions within context of patient's story, language, values, and receptivity".[18]

Evaluation (Assessment): We have proposed pre- and post-tests as evaluation (assessment) of the participants. Here pre- and post- tests are adopted with a 5-point Likert scale to see the improvement of the participants in terms of their knowledge, skills and attitudes towards 'goals of care' discussion in their clinical settings.

Strengths: We have tried to make a well-designed lesson plan with the help of the senior medical educators of the hospital, available evidence and online resources that seems helpful for the participants to understand the goals of those instructional modules, and for facilitators easy to translate the curriculum into learning activities in the classroom. Moreover, those instructional materials align with the assessment and evaluation. Again, we have tried to align the assessment with the learning goals.

Limitations: As a pilot study, this curriculum for training is restricted to the participants from surgical specialties. We could not engage all other stakeholders e.g., nurses, technicians, administrators and above all, patients and their families. Moreover, it is based on western method of training and may sometimes fail to address and integrate many of the cultural norms and values from the local perspective. We could not avail a co-creation model for this

curriculum (which could be more effective),[19] because of time and budget constraints and top-down approach during curriculum development.

CONCLUSION

This pilot curriculum tends to provide education and training for the faculty members (as professional development) and residents (as part of postgraduate medical education) on goals of care (GOC) discussion that explores the values, beliefs, and priorities of the seriously ill patients in the context of the clinical situation, with the aim of providing goal concordant care in surgical specialties. This curriculum has been designed in a way that it is expected to enhance awareness about those ethical challenges based on 'principlism', and ways to overcome those challenges, which will ultimately lead to better communication skill, physician-patient relationship, improve patient safety and outcomes, and optimize the cost-effectiveness of organizational resources. Besides, such curricular innovation and implementation might be helpful for our residents to attain their mandated goals, including the Bangladesh Medical Education Accreditation Council's (BMEAC) required standard pertaining to postgraduate medical education and training.

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