Using Group Visits To Teach Residents About Advance Care Planning

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Dear Editor:

Residents are expected to have advance care planning (ACP) conversations with patients, but often feel inadequately prepared.^{1,2} Exposure to high-quality ACP conversations increases resident comfort and confidence with these conversations.^{2,3} ACP group visits in primary care settings are feasible and increased ACP conversations among older adults.⁴ Here we demonstrate effective education of internal medicine residents through patient ACP group visits.

In this clinical demonstration project, we conducted 19 ACP group visits, called the Conversation Group Medical Visits. Groups of 3–11 patients met to discuss ACP in two 2-hour sessions facilitated by a geriatrician and a social worker.

Internal medicine residents observed at least one session during their geriatrics rotation. Residents were encouraged to actively listen and participate. For example, a patient might directly ask the residents' perspective as a physician. Afterward, residents answered a seven-question survey and two free-text questions evaluating the experience and its effectiveness for ACP education. Two authors performed a thematic analysis of two free-text responses.

Thirty-six residents participated in an ACP group visit. Residents positively rated the Conversation Group Medical Visit as an effective way to learn about ACP (94%) and to remember ACP details (86%) (Fig. 1). Participants felt the sessions were not difficult to schedule (89%). They did not

FIG. 1. Resident responses to group visit evaluation ($n = 36$).

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prefer clinic compared with group visits (89%) and felt comfortable in the setting (88%). Residents had mixed feelings about the value of their contribution to the group; 56% of residents reported they did not feel they were a valuable addition to the group and 42% reported that they did add value.

Qualitatively, residents described the value of learning about ACP through group visits from the perspectives of value to themselves or to patients. Four themes emerged regarding residents' perspectives on usefulness of the care model for their learning:

- (1) Hearing diverse patient perspectives—"It was so valuable to hear different patient perspectives and to hear the different stages they are in thinking about end of life decisions. It is much more relevant and salient to match these theoretical ideas and considerations to real people having real conversations."
- (2) Modeling clinical interaction—"I think this was a valuable experience and will [allow] me [to] have similar conversations in the future."
- (3) Clarifying ACP process
 - (a) Helpful for learning—"...it was helpful as a trainee to hear the components of advance care planning."
 - (b) Insufficient for learning—"For trainees, more pointed focus on what MOST entails, Colorado law regarding MDPOA, and ethics of end of life [would improve ACP education]."
- (4) Maximizing clinician time—"Can counsel several patients at once and answer FAQs [in a group visit]."

In conclusion, resident participation in ACP group visits is a promising method of educating and modeling person-centered ACP. Residents positively rated their experience with this novel model of care. Additional efforts are warranted to expand effective ways to educate residents about ACP conversations, including participation in ACP group visits. Residents involved in innovative efforts to improve ACP may be well positioned to lead future ACP initiatives.

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