

Medical Students as Assets for Advance Care Planning

Here at ReThink, we envision a UCRV where talking about and planning for end of life is accepted and normal. So we were happy to read about Medicare's proposed regulation that will allow doctors to be paid for the time they spend having conversations with patients about end-of-life care (read more [here](#)). This is certainly a big step in the right direction. But it begs the question: Do doctors know how to have these conversations? To find out more, I talked with Joe O'Donnell, Senior Advising Dean and the Elizabeth DeCamp McInerney Professor of Medicine at Geisel School of Medicine, who told me about a project Geisel implemented last year to prepare and encourage its students to address end-of-life issues.



End-of-life issues aren't a standard part of the curriculum at most US medical schools. And for the majority of first-year medical students, adult life has just begun and the thought of it ending any time soon is hard to grasp. But doctors are in a perfect position to help patients identify their goals for end-of-life care, document these wishes, and make sure that the documents are stored in the right place.

So, I asked Joe O'Donnell, *Senior Advising Dean and the Elizabeth DeCamp McInerney Professor of Medicine at Geisel School of Medicine*: How can we best prepare these future physicians to have conversations with patients about the end of life?

The Living Will Project

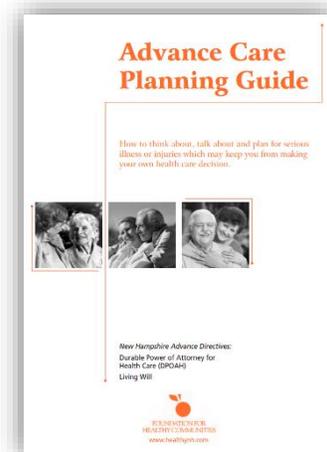
The [Living Will Project](#), funded by the Arnold P. Gold Foundation, provides an opportunity for first-year medical students to **write their own advance directives and to reflect on them throughout their medical training**. According to the Foundation: "The rationale behind the project is that if students are involved in crafting their own Living Will, it will help to facilitate them engaging in conversations with patients on end of life and other difficult topics."

At Geisel, last year's incoming first-year students were encouraged to fill out a living will using an [Advance Directive template](#) produced by the [New Hampshire Foundation for Healthy Communities](#), with the idea that they would be collected and passed back to the students in their 2nd and 3rd years for reflection and revision. Here are 3 things about Geisel's approach to the Living Will Project that took this initiative a step further:

1. Make it a conversation.

Rather than making this project solely about completing a document (i.e., an advance directive), there was a **big emphasis on thinking and discussing** – both key elements of the more general process of *advance care planning (ACP)*. To frame these discussions, they drew on resources from [The Conversation Project](#), a model out of the Institute for Healthcare Improvement that aims to "transform our culture so we shift from not talking about dying to talking about it."

2. Make it personal.



throughout Geisel's curriculum, as well as a theme of compassionate-centered care and an elective on palliative care that is becoming more and more popular among students.

2. *Leverage the power of peers.*

Fourth-year medical students have something first-years do not: **patient experience**. In their end of the year feedback, many students said they would have paid more attention if their older peers had told them it was important based on real-world experience with patients.

Joe says that there's one group of 4th year students at Geisel that is perfect for this. These are students who have gone through training to become ACP facilitators – which means visiting patients who have been admitted to the hospital and who don't have an advance directive, and then using the [Respecting Choices advance care planning model](#) to try to get them to complete one. The students find out firsthand that it's not easy, and that their formal medical training hasn't done a great job preparing them for it. To Geisel's credit, **the Living Will Project is one way to start to change that.**

“An Evolving Process”

Joe believes that training medical students to be ACP facilitators is a great idea, and it fits into his larger dream “for Geisel students to be useful in the redesign of the health care system.” **If ACP facilitation can be one of the skills that physicians bring to the communities they work in, it would undoubtedly make the system a little better.** In addition, med students (and the physicians they become) know how to get completed advance directives into medical records, making them uniquely valuable to ensuring wishes that have been documented are honored.

While the Living Will Project is evolving, Joe says his **ultimate goal is for every student who receives medical training at Geisel to have had some experience reading, thinking, and talking about end-of-life issues** – and to have at least looked at (if not completed) an advance directive.

This year, 92 incoming first-years will receive a different book – [Being Mortal](#) by Atul Gawande – to stimulate thought. Their conversation is set to begin in September.

