Developing a MAiD Curriculum in Specialty Residency Training Programs

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Agenda

• Purpose of study
• Method
• Results
• Conclusion
• Next steps
Purpose

To explore perspectives of preceptors and residents at one Canadian postgraduate medical education program regarding MAID

(Deccan Chronicle, 2016)
Method

• Cross sectional exploratory
  • November 2017 – April 2018

• Data Collection: Surveys

• Data Analysis
  • Descriptive
  • Inferential

• HSREB approval
Results

- Knowledge & past experience
- Comfort & confidence
- Willingness & readiness to learn/teach
- Conscientious objection
- Collegiality & vulnerability
- Curriculum & resident education
Knowledge & Past Experience

Supreme Court of Canada

CHALLENGES TO CHOICE:
BILL C-14
ONE YEAR LATER

(Dying With Dignity Canada, 2019/Credit: Barabas Attila-Adobe Stock)
Comfort & Competence

I feel competent to discuss and explore MAID with a patient

- Preceptors: 63.20%
- Residents: 26.23%

I feel comfortable to discuss and explore MAID with a patient

- Preceptors: 64.15%
- Residents: 44.27%

I feel comfortable to (observe preceptor have / model for resident) a discussion of MAID...

- Preceptors: 49.06%
- Residents: 88.52%
Willingness & Readiness to participate

(I want to be present as part of/I am willing to be) the first or second physician in MAID assessment

- Preceptors: 31.13%
- Residents: 49.17%

I want to be part of clinical team providing MAID by prescribing oral medication

- Preceptors: 3.81%
- Residents: 36.67%

I want to be part of clinical team providing MAID via administering intravenous medications

- Preceptors: 7.62%
- Residents: 33.33%
<table>
<thead>
<tr>
<th>Response</th>
<th>Preceptor (%)</th>
<th>Resident (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14.6</td>
<td>6.8</td>
</tr>
<tr>
<td>No</td>
<td>77.7</td>
<td>79.7</td>
</tr>
<tr>
<td>Depends on the case</td>
<td>4.9</td>
<td>10.2</td>
</tr>
<tr>
<td>I have not yet decided about my participation in MAID, in general</td>
<td>2.9</td>
<td>0</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>0</td>
<td>3.4</td>
</tr>
</tbody>
</table>

*p<0.05*
## Collegiately & vulnerability

<table>
<thead>
<tr>
<th>Question</th>
<th>Percent responding safe/very safe</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preceptors</td>
<td>Residents</td>
</tr>
<tr>
<td>Residents in other specialties for whom you are a preceptor/your preceptors in other specialties</td>
<td>70.3</td>
<td>56.8</td>
</tr>
<tr>
<td>Other regulated health professionals in your/your preceptors’ practice group</td>
<td>76.2</td>
<td>57.6</td>
</tr>
<tr>
<td>Other non-clinical staff in your/your preceptors’ immediate medical practice group</td>
<td>68.3</td>
<td>45.8</td>
</tr>
</tbody>
</table>

*α = 0.05
**significant
## Curriculum & Resident Education

<table>
<thead>
<tr>
<th>Topic</th>
<th>Preceptors</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion with patients</td>
<td>79.6%</td>
<td>73.5%</td>
</tr>
<tr>
<td>Collegiality and team relationships</td>
<td>73.5%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Resident and preceptor challenges/involvement</td>
<td>76.5%</td>
<td>77.4%</td>
</tr>
<tr>
<td>Specifics such as dosing protocols</td>
<td>37.8%</td>
<td>65.2%</td>
</tr>
<tr>
<td>General overview of processes and protocols</td>
<td>62.2%</td>
<td>85.2%</td>
</tr>
<tr>
<td>History and evolution of MAID</td>
<td>44.9%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Ethical issues</td>
<td>84.7%</td>
<td>85.2%</td>
</tr>
<tr>
<td>Regulations and legal aspects</td>
<td>84.7%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Advanced Care Planning/EOL Planning</td>
<td>82.7%</td>
<td>87.0%</td>
</tr>
</tbody>
</table>

- Preceptors: Red
- Residents: Blue

Significance Levels:
- **p<0.05**
- **p<0.001**

*Note: The data represents the percentage of respondents who believe each topic was adequately covered in the curriculum.*
Conclusion

1. MAID should be integrated into the curriculum for relevant specialty residency programs.

2. Given residents desire to be part of MAID assessment and clinical teams and there are fewer conscientious objectors; this may ease some of the currently reported challenges with timely access.
Next Steps

1. Develop MAID learning outcomes (LOs)
2. Map MAID LOs to present curricula and EPAs
3. Integrate MAID curriculum into specialty programs
Questions

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