

**Title:** Exploring Training Gaps in Goals of Care Discussions: Perspectives of Medical Students and Medical Residents

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**Introduction:** The communication skills required to effectively lead these discussions are complex and can be challenging, particularly for junior learners.<sup>2</sup> Conducting a goals of care discussion (GOC) is a core competency for some residency programs, but it is unclear how this is being taught and evaluated. Our objectives were to explore barriers to conducting effective goals of care discussions, training gaps in developing communication skills required for advanced care planning, and identify potential educational interventions that can improve education of these skills for medical undergraduate and postgraduate medical education.

**Method:** After obtaining approval from the Research Ethics Board, the authors conducted focus groups with a total of 38 participants recruited through Queen's University. Resident participants were recruited from different programs, 31 (81.6%) were core internal medicine (IM) residents and twenty (52.6%) were in PGY1. Participants attended a variety of institutions for their undergraduate medical education. Focus groups were facilitated, recorded and transcribed by the authors after obtaining informed consent from participants. Participants were asked to describe the experiences they had in their undergraduate and postgraduate training that advanced their communication skills in advanced care planning and to highlight perceived gaps in knowledge and skills. A thematic analysis was subsequently conducted using Nvivo® software.

**Results:** 3 major themes were identified in the thematic analysis of our discussions: barriers to conducting effective GOC discussion, heterogeneity in how these skills are taught, acquired and assessed and recommendations on how learners can acquire these skills. Barriers included knowledge gaps, time restrictions and high clinical volume and ambiguity of a patient's prognosis. Learners mostly rely on experiential learning and role modelling to develop advanced care planning skills. Educational interventions that learners recommended included didactic teaching on the key elements that should be included in a GOC discussion, observing experienced clinicians, conducting simulated patient conversations and receiving feedback from experienced clinicians.

**Discussion:** Junior learners are most often the healthcare team members establishing a patient's GOC, despite limited education and experience in ACP. A structured curriculum for teaching these communication skills should be implemented, and appropriate assessment should be mandatory. Potential educational interventions that could improve acquisition of these skills include a combination of didactic teaching, simulation, and feedback from role models, peers and/or patients