

Proposal Cover Page

1. Date Submitted: April 29, 2009
2. Project Title: Online Advance Care Planning Through Social Networking
3. Project Theme: Promote innovative teaching techniques/Enhance use of learning technologies

4. **Applicant/Project Director Name:**
Name Craig M. Klugman, Ph.D.
Department/Title: Medicine, Center for Medical Humanities & Ethics/Associate Professor
Address: MC 7730
Campus Phone: 7-1365 Email: Klugman@uthscsa.edu Fax: 7-0805

5. **Name and Title of Co-Project Directors:**
Name Jennifer Peel, Ph.D.
Department/Title: Anesthesiology/Associate Professor/Research
Address: MC7838
Campus Phone: 7-4431 Email: peelj@uthscsa.edu Fax: 7-0153

6. **Name of Administrative Staff Contact:**
Name Stephanie McClain
Department/Title: Center for Medical Humanities & Ethics/Senior Project Manager
Address: MC 7730
Campus Phone: 7-0810 Email: mcclains@uthscsa.edu Fax: 7-0805

7. **Requested dollar amount (up to \$5,000 is available):** \$5,000

Proposal Narrative

1. Project Title

Online Advance Care Planning Through Social Networking

2. Description of the problem / Statement of need

In 1997, the Institute of Medicine report, “Approaching Death: Improving Care at the End of Life,” suggested that health practitioners needed to do a better job at end-of-life care (Field & Cassel, 1997). ED 13 of the LCME Educational Objectives says that medical school content should cover end-of-life care (Liaison Committee on Medical Education, 2008). According to a study funded by the Robert Wood Johnson Foundation, 84 percent of medical school deans believed that education in end-of-life issues was important for medical students, and 67 percent believed that insufficient time was devoted to such efforts (Sullivan et al., 2004). However, most deans opposed additional required courses (59%) or clerkships (70%) on end-of-life care (Sullivan et al., 2004). Most medical schools do not include end-of-life and palliative care in their curricula (Dickinson & Field, 2002), and for those that do include it, studies show the amount in the curriculum is not enough to satisfy student and resident desires for competency in this area. In addition, more than half of medical students and residents felt unprepared to teach about or care for dying patients (Sullivan, Lakoma, & Block, 2003).

The need to include end-of-life advance care planning in both undergraduate and graduate medical curricula has been studied and is generally accepted. How this competency should be incorporated into the curriculum is not as widely known. Haq, et al. (2004) have suggested that students need opportunities throughout the curriculum to learn and practice these skills. The UT Health Science Center San Antonio recently introduced a 4-hour program in the first year to teach students about end-of-life care and grieving. This program uses lectures on physiology and psychology of death and dying as well as meetings with families of deceased patients. While important, such an effort is limited, relies on traditional techniques and tends to neglect hands on training (such as completing directive to physician & family, medical power of attorney, and do not resuscitate orders). Gallagher, et al. (1999) reported success with developing a curriculum on advance directives that resulted in increased student conversations about end-of-life issues with standardized patients.

Recent literature also discusses the need for medical education to incorporate new technologies in teaching, as pressure increases for faculty productivity and available faculty teaching time decreases (Ozuah, 2002). Web-based tools such as wikis, blogs, podcasts and social networking sites are being touted as effective tools to create interactive learning environments that can bring people together in the clinical and educational environments. In addition, such tools are relatively easy to use and can help center the learning experience (Boulos, Maramba, & Wheeler, 2006). In particular, social networking with Facebook may be a strong tool for teaching professionalism not only on the undergraduate medical level, but the graduate as well. As of 2008, over 64% of medical students use Facebook frequently (Thompson et al., 2008). While some work has looked at privacy settings and appearing professional on social networking sites (Thompson et al., 2008), the idea of using the same tools for teaching medical students and house staff remains relatively unexplored.

The purpose of the “Online Advance Care Planning through Social Networking” project is to provide information on the effectiveness of using innovative new technologies—such as flash modules and online social networking sites—to teach required material for which there is little

time in the traditional medical curriculum. This project could be replicated for other health care schools.

3. Design of the project & Resources contributed

This project proposes to make use of innovative Web-based technology to fill the gap of undergraduate and graduate medical teaching on advance directives. This will occur through a multi-part educational method.

1. In required ethics & professionalism classes (INTD 1005 & INTD 4106—On Becoming A Doctor for first and fourth year medical students), medical students will be required to complete this program. Dr. Klugman is the course director for both of these courses and will include information about this course requirement and about accessing the program through the syllabi for these classes.
2. Graduate house staff will be encouraged to complete this training. They will be informed about the program through orientation talks as well as during required ethics & professionalism training modules. Dr. Peel will inform house staff about the availability of these programs and encourage their participation. Pens and brochures will be distributed as a reminder. Students and house staff will also be provided with business cards which say “I have a TexasLivingWill from texaslivingwill.org.” On the back, the card will have space for writing in where a signed and witnessed copy of that advance directive can be found. These cards can be kept in a wallet, near the driver’s license in case of emergency.
3. The first part of training will ask participants to view a flash media module for about 10 minutes. This module will present an interview panel of medical students and house staff as well as one or two expert professionals. The segment will be a question and answer session regarding what advance directives are, why they are important, who should have one, how they can be completed, and where they should be kept. While viewing the interview module, users will also see a PowerPoint presentation which will emphasize the important points brought up in the panel conversation. Drs. Klugman and Peel will provide the interview panelists and will serve as the experts for the segment. The work of creating this module will be undertaken by Academic Technology Services, with whom we have already spoken and received a bid. This module will be housed on a server leased by the Center for Medical Humanities & Ethics.
4. The educational module will have two links. The first is www.texaslivingwill.org. This online advance directive program assists individuals in completing their advance directives. The website also houses information on frequently asked questions revolving around advance directives as well as definitions of medical and other terms that relate to these documents. Students and house staff will be encouraged at the end of the flash module to complete their own advance directive. Since the document saved on the website lacks a personal signature and witnesses signatures, it is not considered a legal advance directive. Rather, this is a website to complete an advance directive and store an unsigned copy (which can be edited and printed at any time). In the 2009 On Becoming A Doctor course for fourth year medical students, many of the students found completing an advance directive to be a useful activity since many had never thought about their own deaths before. They also indicated that completing the document helped them to be more empathetic and understanding of a patient’s perspective, experiences that they felt would make them better at talking with patients about end-of-life issues. This website has been created by the Center for Medical Humanities & Ethics, funded by a grant from AT&T. The site was publicly available as of May 1, 2009.

5. The second link at the end of the flash module will be a link to “My Texas Advance Directive” group on Facebook—the group will be created as part of this project. This group will have links to the training module and to texaslivingwill.org. People will be encouraged to learn about advance directives, to complete their advance directives, and to invite their friends, colleagues and family members to become members of the group and to complete their own advance directives. They will even be shown examples of how to store an advance directive on Facebook (since an advance directive is not considered private health information, this is possible). The goal here is to have students and house staff assist in getting the word out and providing educational opportunities for others. We hope that the effect of information traveling quickly within social networking groups and other people seeing the notice on their friends’ Facebook pages will encourage individuals to learn about advance directives and complete them. We will also purchase ad space on Facebook that will inform people about the existence of this group and of the services provided by the training module and texaslivingwill.org. Thus, in addition to learning about advance directives and completing their own advance directives, students and house staff will be placed in the position of teaching others in the community about these documents. There is also the element of peer support in seeing and encouraging your peers in medicine to complete the same training. Dr. Klugman and the staff at the Center for Medical Humanities & Ethics will create and maintain this Facebook group.

4. Potential Impact

As demonstrated in the logic model, in the short term, we will increase education and completion of advance directives among medical students and house staff at UTHSCSA, University Hospital, and the VA. This short term goal should assist us in reaching the intermediate goal of creating physicians who are empathetic to and competent in discussing advance care planning. The long term goal is to improve end-of-life care from preparation (advance care planning) to execution.

In addition, we believe that using multiple methods (required course assignment, online social networking, online learning module, and online advance directive program) is an innovative teaching and learning approach that will contribute to the acquisition of new knowledge and may be a model for instruction that falls outside the traditional curriculum.

5. Evaluation Plan

Success of this plan will be evaluated using several methods. First, an evaluation survey of texaslivingwill.org will look at effectiveness and usability of that website. Medical students will answer specific evaluation questions about this program at the end of their courses. House staff will complete evaluations at the end of educational programs that tell them about these online opportunities. In addition, we will collect data on the number of people who create an advance directive on texaslivingwill.org, on the number of people who view the flash module, and on the number of people who join the Facebook group. Thus, we will be able to ascertain how many people are completing advance directives, how many people are using the online learning modules, the effectiveness of online social networking on getting the word out, and how well all of these segments work (through the evaluation surveys). What we will not be able to evaluate is whether this improves end-of-life care. However, we would like to conduct a future research study that examines this hoped for outcome.

6. Plan for Continuation/Budget Plan/Cost Sharing

The major cost needed for this project is for the creation of the flash module. That is a one-time expense. We have asked for support for webhosting, a cost that will be absorbed into the operating budget of the Center for Medical Humanities & Ethics after the initial year. We also plan on creating informational outreach materials through pens (that have the website information for texaslivingwill.org and the learning module) and the business cards with advance directive location information. In addition, we are requesting assistance for an initial advertising on Facebook of the group and the overall program. Since the cost for this program is greater than the allowable budget, we will be providing in-kind services by drawing on a small fund of marketing money available from an AT&T Technology grant that was used to develop the texaslivingwill.org website. The budget is outlined in Appendix D. After the one year of this budget, the continuing costs are much smaller (webhosting, advance directive business cards, informational materials) and will be absorbed in the teaching budget of the Center for Medical Humanities & Ethics. The costs for which we need assistance include producing the initial flash module and developing the informational outreach materials in the first year.

Timeline

Months	Activities
September-January	Develop & create online learning module; develop informational outreach materials
February-April	Educational & informational outreach outreach to students
May-August	Evaluate methods. Conduct additional educational sessions. Write/submit project to journal as a model curriculum and approach.

Bibliography

- Boulos, M. N., Maramba, I., & Wheeler, S. (2006). Wikis, blogs and podcasts: a new generation of Web-based tools for virtual collaborative clinical practice and education. *BMC Medical Education*, 6, 41.
- Dickinson, G. E., & Field, D. (2002). Teaching end-of-life issues: current status in United Kingdom and United States medical schools. *American Journal of Hospice & Palliative Care*, 19(3), 181-186.
- Field, M. J., & Cassel, C. K. (Eds.). (1997). *Approaching Death: Improving Care at the End of Life*. Washington DC: National Academy Press.
- Gallagher, T. H., Pantilat, S. Z., Lo, B., & Papdakis, M. A. (1999). Teaching medical students to discuss advance directives: A standardized patient curriculum. *Teaching and Learning in Medicine*, 11(3), 142-147.
- Haq, C., Steele, D. J., Marchand, L., Seibert, C., & Brody, D. (2004). Integrating the art and science of medical practice: innovations in teaching medical communication skills. *Family Medicine*, 36 Suppl, S43-50.
- Liaison Committee on Medical Education. (2008). LCME Accreditation Standards [Electronic Version]. Retrieved April 28, 2009 from <http://www.lcme.org/functionslist.htm>.
- Ozuah, P. O. (2002). Undergraduate medical education: thoughts on future challenges. *BMC Medical Education*, 2, 8.
- Sullivan, A. M., Lakoma, M. D., & Block, S. D. (2003). The status of medical education in end-of-life care: a national report. *Journal of General Internal Medicine*, 18(9), 685-695.
- Sullivan, A. M., Warren, A. G., Lakoma, M. D., Liaw, K. R., Hwang, D., & Block, S. D. (2004). End-of-life care in the curriculum: a national study of medical education deans. *Academic Medicine*, 79(8), 760-768.
- Thompson, L. A., Dawson, K., Ferdig, R., Black, E. W., Boyer, J., Coutts, J., et al. (2008). The intersection of online social networking with medical professionalism. *Journal of General Internal Medicine*, 23(7), 954-957.

ONLINE ADVANCE CARE PLANNING THROUGH SOCIAL NETWORKING
PROJECT LOGIC MODEL

TARGET POPULATION	UNDERLYING ASSUMPTIONS	INPUTS/RESOURCES & CHALLENGES	ACTIVITIES	OUTPUTS	OUTCOMES
<u>Program Serves:</u> <ul style="list-style-type: none"> • Medical Students • Residents 	<ul style="list-style-type: none"> • Educating medical students & residents will improve advance care planning • Physicians are a source/motivator for patients to complete advance directives • Completing advance directives will improve end-of-life care 	<u>Resources:</u> <ul style="list-style-type: none"> • Texaslivingwill.org • Center for Medical Humanities & Ethics staff • Graduate Medical Education office • Facebook 	<ul style="list-style-type: none"> • Develop online training program (10-12 minutes) • Develop Facebook advance care planning interest group • Require students to participate (as part of OBD 1 & OBD 4) 	<ul style="list-style-type: none"> • 50% of the 1st and 4th year clear complete advance directives • Record 200 viewings of the online broadcast by July 2010 • Reach 200 Facebook group members • Evaluation survey (survey monkey) 	<u>Short Term:</u> <ul style="list-style-type: none"> • Increase education in and completion of advance directives • Demonstrate effectiveness of online & social networking teaching methods
<u>Program Benefits:</u> <ul style="list-style-type: none"> • Patients • Medical students • Residents 		<u>Challenges:</u> <ul style="list-style-type: none"> • Informational outreach materials • Time for education in the curriculum 			<u>Intermediate:</u> Produce physicians who can assist patients in advance care planning
					<u>Long Term:</u> Improve end-of-life care

Proposal Budget Worksheet

Name of Project: Online Advance Care Planning Through Social Networking

Name of Applicant/Project Director: Craig Klugman, PhD

Date Submitted: April 29, 2009

Budget Category: Non-Personnel	Budget Justification	STG	Cost Sharing *	Amount
Project Supplies				
Purchased Services (i.e. Academic Technology Services)	Academic Technology Services - Multimedia Flash Programming Services	\$3,490	\$800	\$4,290
Transportation/Travel				
Printing and Duplication			500	500
Publications and Periodicals			4,000	4,000
Equipment				
Other: Recognition	Pens, wallet cards, volunteer recognition	1,000		1,000
Other:	Texaslivingwill.org on Facebook	500		500
Other:	Web/module maintenance, hosting	10		10
Miscellaneous/Contingency				
TOTAL BUDGET --- Project Request		\$5,000	\$5,300	\$10,300

Cost Sharing * ---- identify other cash or in-kind funding resources available to implement to the proposed project