

Education in Home Dialysis

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conference report. *Am J Kidney Dis* 2020; 75:926–934. doi: 10.1053/j.ajkd.2019.11.007

8. Accreditation Council for Graduate Medical Educa-

tion. ACGME Program Requirements for Graduate Medical Education in Nephrology. July 1, 2020. Accessed May 25, 2021. https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/148_Nephrology_2020.pdf?ver=2020-06-29-162357-583

9. American Board of Internal Medicine. Nephrology Certification Examination Blueprint. Accessed May

25, 2021. <https://www.abim.org/Media/iohh2ahg/nephrology.pdf>

10. American Board of Internal Medicine. Nephrology Policies–Training and Procedure Requirements. Accessed May 25, 2021. <https://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/nephrology/>

Education in Palliative Care during Nephrology Fellowship: Where Are We?

By Tripta Kaur and Holly M. Koncicki

Patients with advanced kidney disease are increasingly older with multiple comorbidities and cognitive and functional impairments and have a limited life expectancy (1). They experience high symptom burden and recurrent hospitalizations and undergo aggressive medical interventions at the end of life with high inpatient mortality and low utilization of hospice services (2). Palliative care, which focuses on the optimization of quality of life, can be delivered alongside chronic kidney disease care. Primary palliative care skills that all nephrology providers should use (2–4) include the following:

- 1) education of overall medical condition,
- 2) evaluation and communication of prognosis,
- 3) basic goals of care discussions that elicit values and medical wishes to guide consistent treatment plans,
- 4) advance care planning,
- 5) identification and management of physical and psychological symptoms, and
- 6) identification of clinical changes near the end of life.

Nephrology palliative care is a developing subspecialty of nephrology that addresses the more complex needs of patients with advanced kidney disease, including managing complex symptoms, difficult conversations, and discourse over treatment preferences among patients, families, or other providers. There are several barriers in providing nephrology palliative care, ranging from broad misconceptions about the field to healthcare policies limiting feasibility of this care (5, 6). Strikingly, the most fundamental barriers are 1) inconsistent general nephrology education in primary palliative care skills and 2) limited nephrology palliative care specialists. Online nationwide survey-based studies conducted in 2012 and 2013 on second- and third-year nephrology fellows highlighted the lack of primary palliative care training in US nephrology fellowship programs. The majority of nephrology fellows expressed discomfort with primary palliative care due to their lack of educational exposure and

felt they would benefit from formal palliative care rotations with a structured curriculum during fellowship (7, 8).

The integration of primary palliative care in general nephrology fellowships is in development. Formal curriculum or palliative care electives have been created in some institutions through collaboration with palliative care, geriatric, and nephrology faculty and are taught by interprofessional (physicians, social workers, and pharmacists) teams (9). There are also several online and in-person training programs including *NephroTalk Conservative Care Curriculum*, *VitalTalk*, *Center to Advance Palliative Care (CAPC) Clinical Training*, *Stanford Palliative Care Training Portal*, and *Coalition for Supportive Care of Kidney Patients* webinar series (10, 11). We believe that institution-based nephrology palliative care curriculums should be incorporated into general nephrology fellowship training programs. An ideal curriculum includes the following: 1) didactics on fundamental concepts of nephrology palliative care, 2) interactive serious illness communication workshops, 3) individualized exposure through active participation and rounding with palliative care teams, and 4) guided implementation of conservative kidney care.

To subspecialize in nephrology palliative care, there are several pathways to obtain dual board eligibility. Currently, there are several 3-year integrated nephrology and hospice and palliative medicine (HPM) fellowship programs, including Mount Sinai Hospital and Stanford University. Starting in July 2021, the University of Pennsylvania, Yale University, and The University of North Carolina are initiating an Accreditation Council for Graduate Medical Education (ACGME) combined 2-year nephrology and HPM fellowship program. Last, the option to pursue an independent HPM fellowship following completion of general nephrology fellowship is available.

With the advancement of medicine, patients with advanced kidney disease are aging and presenting greater med-

ical complexity. The role of the nephrologist is evolving. In order to adapt into this new role, education in nephrology palliative care must continue to grow through awareness, integration into general nephrology fellowships, research, and most important, the willingness to step out of our comfort zones and have difficult conversations. ■

Tripta Kaur, MD, is a Hospice and Palliative Medicine Fellow with the Division of Palliative Medicine, Aventura Hospital and Medical Center, Aventura, FL. Holly M. Koncicki, MD, is an Associate Professor with the Division of Nephrology, Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, NY.

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References

1. Gelfand SL, et al. Kidney supportive care: Core curriculum 2020. *Am J Kidney Dis* 2020; 75:793–806. doi: 10.1053/j.ajkd.2019.10.016
2. Koncicki HM, Schell JO. Communication skills and decision making for elderly patients with advanced kidney disease: A guide for nephrologists. *Am J Kidney Dis* 2015; 67:688–695. doi: 10.1053/j.ajkd.2015.09.032
3. Lam DY, et al. A conceptual framework of palliative care across the continuum of advanced kidney disease. *Clin J Am Soc Nephrol* 2019; 14:635–641. doi: 10.2215/CJN.09330818
4. Ramer SJ, Koncicki HM. The nephrologist's responsibility for advance care planning. *Kidney Med* 2020; 2:102–104. doi: 10.1016/j.xkme.2020.02.002
5. Mendu ML, Weiner DE. Health policy and kidney care in the United States: Core curriculum 2020. *Am J Kidney Dis* 2020; 76:720–730. doi: 10.1053/j.ajkd.2020.03.028
6. Kurella Tamura M, et al. Palliative care disincentives in CKD: Changing policy to improve CKD care. *Am J Kidney Dis* 2017; 71:866–873. doi: 10.1053/j.ajkd.2017.12.017
7. Combs SA, et al. Update on end-of-life care training during nephrology fellowship: A cross-sectional national survey of fellows. *Am J Kidney Dis* 2015; 65:233–239. doi: 10.1053/j.ajkd.2014.07.018
8. Shah HH, et al. Palliative care experience of US adult nephrology fellows: A national survey. *Ren Fail* 2014; 36:39–45. doi: 10.3109/0886022X.2013.831718
9. Fulton AT, et al. A novel interprofessional palliative care and geriatrics curriculum for nephrology teams. *Am J Hosp Palliat Care* 2020; 37:913–917. doi: 10.1177/1049909120915462
10. Schell JO, et al. NephroTalk: Evaluation of a palliative care communication curriculum for nephrology fellows. *J Pain Symptom Manage* 2018; 56:767–773.e2. doi: 10.1016/j.jpainsymman.2018.08.002
11. Gelfand SL, et al. Palliative care in nephrology: The work and the workforce. *Adv Chronic Kidney Dis* 2020; 27:350–355.e1. doi: 10.1053/j.ackd.2020.02.007

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ASN KidneyNews

Nephrology Palliative Care

Addresses complex needs of the patient

- CKD/ESKD
- Complex symptoms
- Difficult conversations
- Family's expectations

Barriers Encountered

- Inconsistent education opportunities
- Limited specialists
- Lack of training
- Lack of confidence

Integration of palliative care into nephrology

- Formal Training
- Electives
- Collaboration

Online & in-person training programs

- NephroTalk
- capc

Fellowship/sub-specialization

- All programs should prioritize training in Hospice & Palliative Medicine (HPM) regardless of career trajectory of trainee
- Integrated neph + HPM programs (2-3 years)
- Independent HPM fellowship programs

Conclusion: With medical advancements and rise in advanced CKD population, for a nephrologist to assume the role of palliative care physician, awareness, education, and integration of palliative care into general nephrology fellowship are needed.

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