**The Problem**
Massachusetts is replacing DNR/DNI or Comfort Care forms with MOLST (Medical Orders for Life-Sustaining Treatment) forms in an effort to standardize documentation of patient preferences in end of life care. MOLST forms are gaining popularity in many states, sometimes with the name POLST (Physician Orders for Life-Sustaining Treatment), and are considered an actionable medical order for EMS or other healthcare workers in a variety of settings. In addition to addressing resuscitation and ventilation preferences, it includes preferences on hospital transfers, dialysis, and artificial nutrition and hydration.

- An email survey sent to BIDMC Internal Medicine (IM) residents suggested that the majority of housestaff are not familiar with this important form.
- Widespread education on something like MOLST forms is challenging in an environment when attention and time are scarce.
- The results of an earlier survey of a smaller group of IM residents suggested the preferred method of curriculum delivery would be a lecture-based format (such as noon conference).

**Aim/Goal**
To improve Internal Medicine (IM) housestaff knowledge of the MOLST form. Our goal is to provide formal, tailored training to all IM residents on appropriate use of the MOLST form in advanced care planning discussions using well-established principles of adult learning to create an engaging and useful educational tool.

**The Team**
Yesenia Risech-Neyman, MD – Internal Medicine
Alimer Gonzalez, MD – Internal Medicine
Matthew Cohen, MD – Internal Medicine
Philip Song, MD – Internal Medicine, Dermatology
Lauge Sokol-Hessner, MD – Associate Director of Inpatient Quality, MOLST Implementation Leader at BIDMC

**The Interventions**
In September of 2014, we sent out an eight-question survey using Survey Monkey to assess current knowledge of MOLST and preferred educational mediums.
- 76 Residents responded to the survey (48% response rate) within 5 days.
- Only 11% had ever received formal instruction on using the form.
- Of those who had never used the MOLST form (40% of respondents), the most commonly cited concern was Lack of Training/Unfamiliarity.
- Preferred methods of curriculum delivery, from most to least popular, were clinical practice, web-based training, lecture, and small-group session.

**Progress to Date**
Using the survey data, we developed a 45-minute PowerPoint presentation and delivered our talk in front of a small test audience. By incorporating survey data, we were able to address many of Malcolm Knowles’ “Conditions of Adult Learning†.” Most notably, by using the audiences’ own survey answers, we were able to create a sense of relevance and desire to learn about MOLST. Through inclusion of a brief multiple choice quiz at the end of the talk we actively engaged our audience in the learning process and gave them a sense of progress toward their goal of learning about MOLST in a comfortable environment.

**Lessons Learned**
In working to assess and address the issue of lack of MOLST awareness, we learned about the difficulty of eliciting voluntary survey responses, the importance of trying to validate early data with a larger sample size, and about the challenges in creating engaging and successful adult learning experiences.

**Next Steps**
In the next few weeks to months, plans are in place to expand resident and attending knowledge of MOLST.
- The presentation with final touches will be given at a noon conference or similar Internal Medicine teaching conference.
- A group at BIDMC led by Dr. Sokol-Hessner will produce an information packet to accompany MOLST forms at BIDMC.
- Future Stoneman Quality Improvement Rotation residents can repeat a similar email survey in the future to assess for increased familiarity and comfort with the MOLST form.


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