



Piloting end-of-life care teaching for medical students using small-group activities and games

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Overview



Background



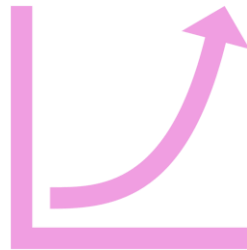
Objectives



**Session
components**



Methods



Results



Conclusions

Background

- Medical students and Foundation doctors report feeling unprepared and unconfident in providing end-of-life care
- Evidence that many teaching interventions, including eLearning and simulation, are effective to improve knowledge and/or confidence in palliative and end-of-life care in a sustained way
- Foundation Programme Curriculum requires Foundation doctors to recognise the dying patient and deliver appropriate care (including communication, prescribing)


Bharmal et al, 2022

Pieters et al, 2019

Boland et al, 2020

Wells et al, 2022

Objectives

1. Pilot end-of-life care workshop into 'Preparation for Practice' course for final-year medical students at University of Oxford, led by early-career doctors
 2. Assess self-reported confidence in providing end-of-life care, immediately following workshop and follow-up into FY1
 3. Evaluate teaching methods for the workshop including small-group practical activities and games
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Session components

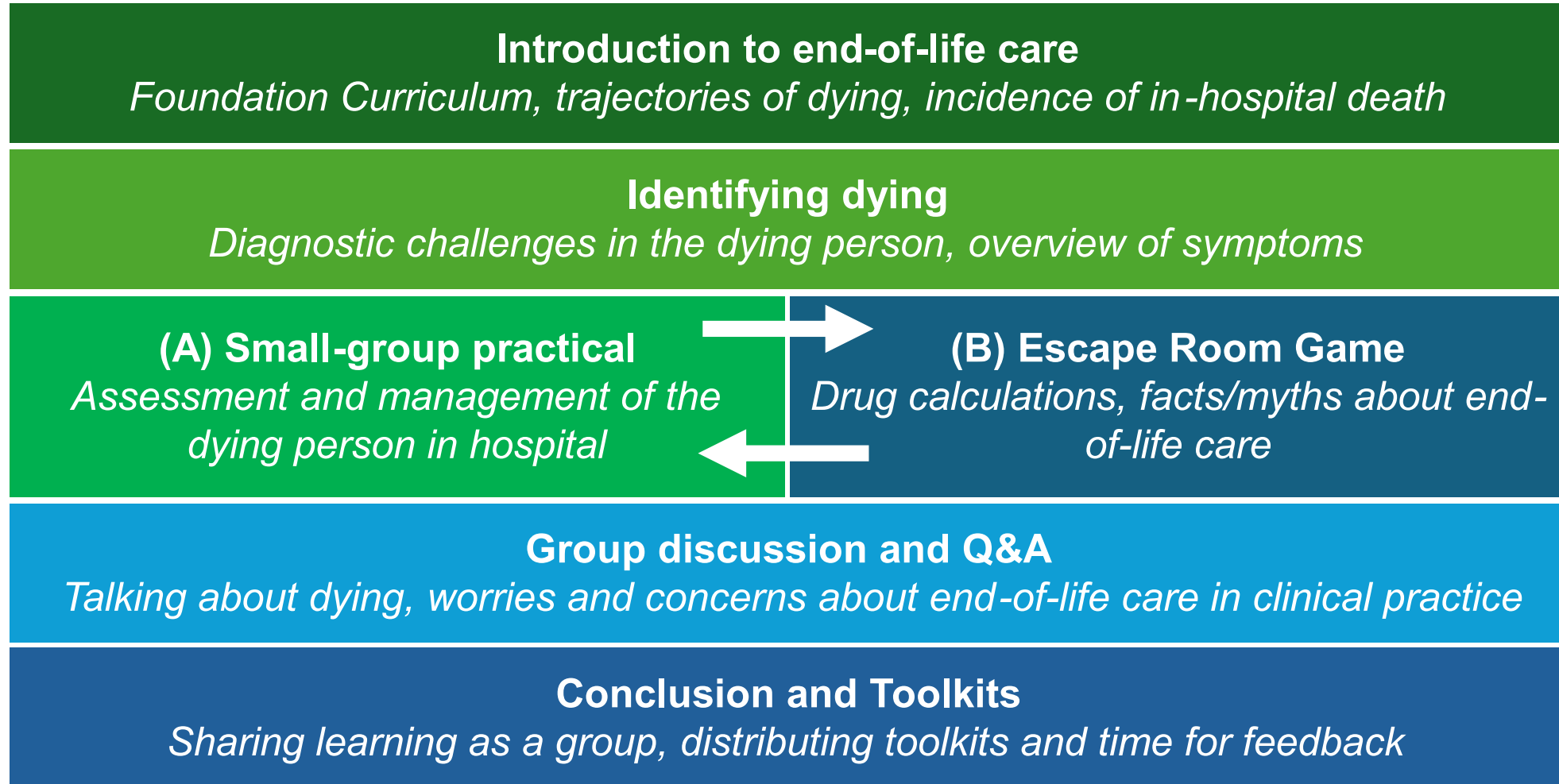


Figure 1: Overview of the 90-minute workshop session. Students spend 30 minutes on each of the small-group activities A and B, then switch over.

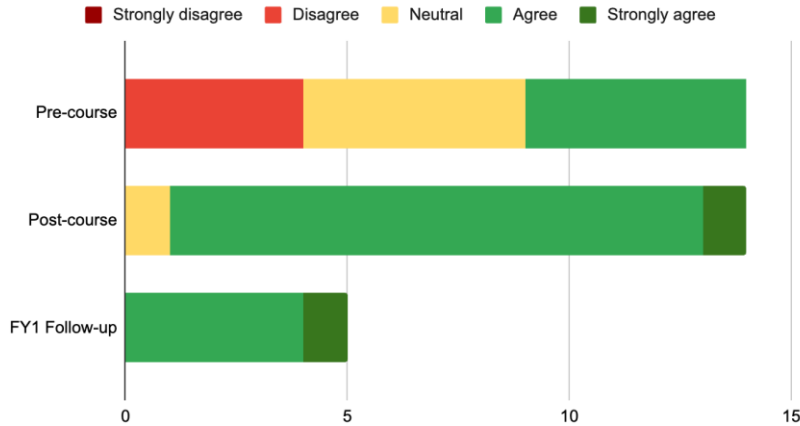


Methods

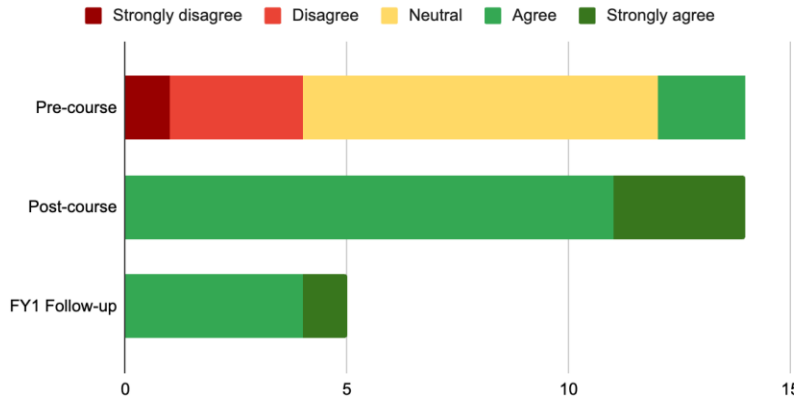
- Self-reported confidence in five domains (related to learning objectives) using five-point Likert scales:
 1. Pre-course
 2. Immediately post-course
 3. 8 weeks into FY1
- Free-text comments for written feedback
- Additional questions during FY1 follow-up:
 - Five-point Likert scale to rank perceived usefulness of session components
 - *‘Considering your experiences in FY1 so far, what changes would you make to the end-of-life care workshop to better meet your needs in practice?’*

Results

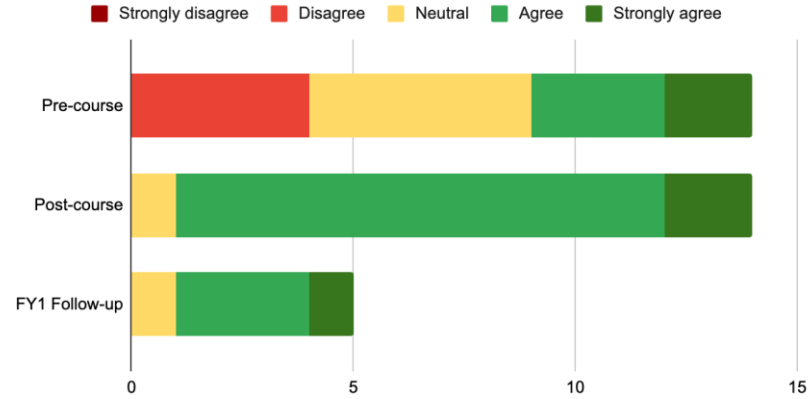
I feel confident identifying patients who may be dying



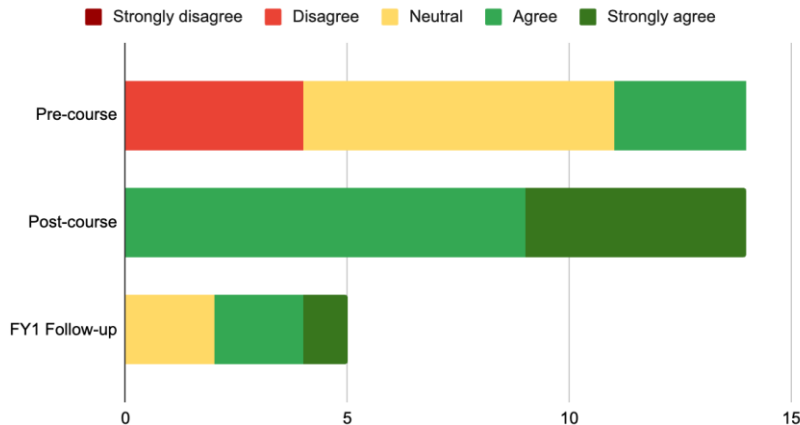
I feel confident to explain changes which occur during the dying process to a patient or relative



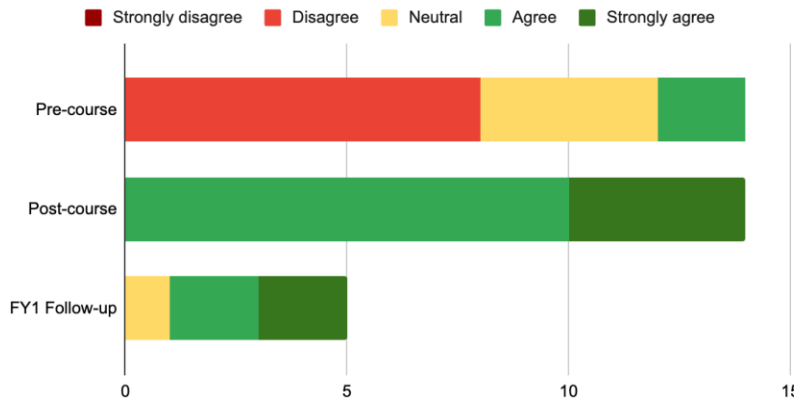
I feel comfortable talking with patients and their relatives about treatment decisions at the end of life



I feel confident assessing dying patients for symptoms



I feel confident with the initial steps of managing uncontrolled symptoms in someone who is dying



Significant loss to follow-up effect during FY1

Figure 2: Likert scale responses for self-reported confidence following the workshop and during FY1 follow-up.

Results

Immediately following workshop



Enjoying the escape room activity as a teaching method



Value of a practical and interactive workshop for covering key skills



Highlighting emotional and spiritual aspects of care at the end of life

FY1 Follow-up



Feelings of confidence and/or empowerment in providing end-of-life care



Enjoyment of escape-room game



Useful to undertake practical activities, especially identifying symptoms in dying people



Could address the challenges of people who die suddenly/acutely



Could provide further guidance on the role of the FY1 in end-of-life care and when to seek help

Quotes from FY1s



'...really helped my confidence when starting FY1 and made me feel more empowered...'




'I feel much more comfortable with managing death and dying now'



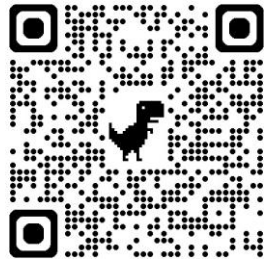
'...remind everyone people may die in distressing ways...'

Conclusions

- Pilot sessions demonstrate this teaching method can be effective
 - minimal resources
 - rapidly implemented
 - can use non-specialist facilitators (and near-peers)
 - enables individual objective-setting to personalise experiences
 - aligned with Foundation Programme curriculum
 - Improvement in self-reported confidence which may be sustained into clinical practice
 - Next steps: is there any change in clinical practice following teaching? How could this be assessed?
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Thank you!

Session Slides



Toolkit Summary



References



With thanks to Dr Anastasia Posner, Dr Beinn Khulusi and the Clinical Skills team at Oxford Medical School