

Education and training in palliative care: winning hearts and minds



THE FIONA HICKS MEMORIAL LECTURE

ASP CONFERENCE: BELFAST

30TH – 31ST MARCH 2017

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Fiona Hicks

24 September 1962

–

23 October 2015

Overview

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A journey towards palliative care

- Medical school admissions
- Undergraduate training
- **Generalist training**
 - Foundation years
 - Core training
- **Specialist training**
 - Specialty training
- **CPD**

Medical school admissions

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Selecting the right candidates

- Academic ability
- UK-CAT etc versus traditional interview
- Personal attributes
 - Professionalism
 - Compassion
 - Empathy
 - Problem solving ability
 - etc

Medical school admissions

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Can we predict subsequent performance?

- Academic score and clinical aptitude tests predict written and clinical performance
- Early tutor evaluation predicts student outcomes

Medical school admissions: MMIs

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Multiple mini interviews

- Reliability moderate to high
- Scores not associated with academic qualifications
- Scores predict OSCE performance
- Predictive of subsequent performance in written exams
- Can test non-cognitive attributes
 - Professionalism
 - Empathy, moral and ethical reasoning
 - Organisational ability

Undergraduate palliative care: 2013 survey

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Methods

- Web-based questionnaire
- All course leaders at all medical schools
 - Progress and divergence in palliative care education for medical students

Walker S, Gibbins J, Barclay S et al Palliat Med Feb 2016

Undergraduate palliative care: 2013 survey

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- All 30 UK schools deliver teaching on last days of life, death and bereavement
- Core topics covered
- Teaching time 7 – 98 hours, mean 36 hours
- Mean time close to EAPC recommendations
- 90% hospice visits
- 83% students assessed

Walker S, Gibbins J, Barclay S et al. Palliat Med 2016

2013 survey - conclusions

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- All medical schools delivering palliative care teaching
- Teaching increasingly integrated with other specialties
- Increased involvement of patients and carers

Undergraduate medical training

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Increasing use of:

- Required contact with patients at end of life
- Simulation
- Web-based or virtual patients
- Reflection/reflective writing

Undergraduate medical training

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- Medical students' attitudes towards pall care positive
- Core science associated with more negative attitudes
- Clinical subjects associated with more positive attitudes

An important but stressful part of the work:
Medical students attitudes to palliative care throughout their course

Barclay S, Whyte R, Thiemann P et al.
Journal of Pain & Symptom Management 2015

Foundation programme

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Foundation doctors continue to feel unprepared

- ‘I think more than anything else they tried to drum into us what palliative care was about, but not how to do it. That’s all very nice, but that hasn’t helped me as an FY1. In the middle of the night that hasn’t helped me.’

Why are newly qualified doctors unprepared to care for patients at the end of life? Gibbins J, McCoubrie R, Forbes K.

Med Ed 2011

Foundation posts in palliative medicine

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- F1 posts in palliative medicine are viewed positively
- F1 doctors in palliative medicine a resource

Morrison C, Forbes K. Palliat Med 2012

Core medical trainees

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- Enculturation into specialty
- Are assessed on 'breaking bad news' within MRCP
- Many learning outcomes related to end of life

Specialty training

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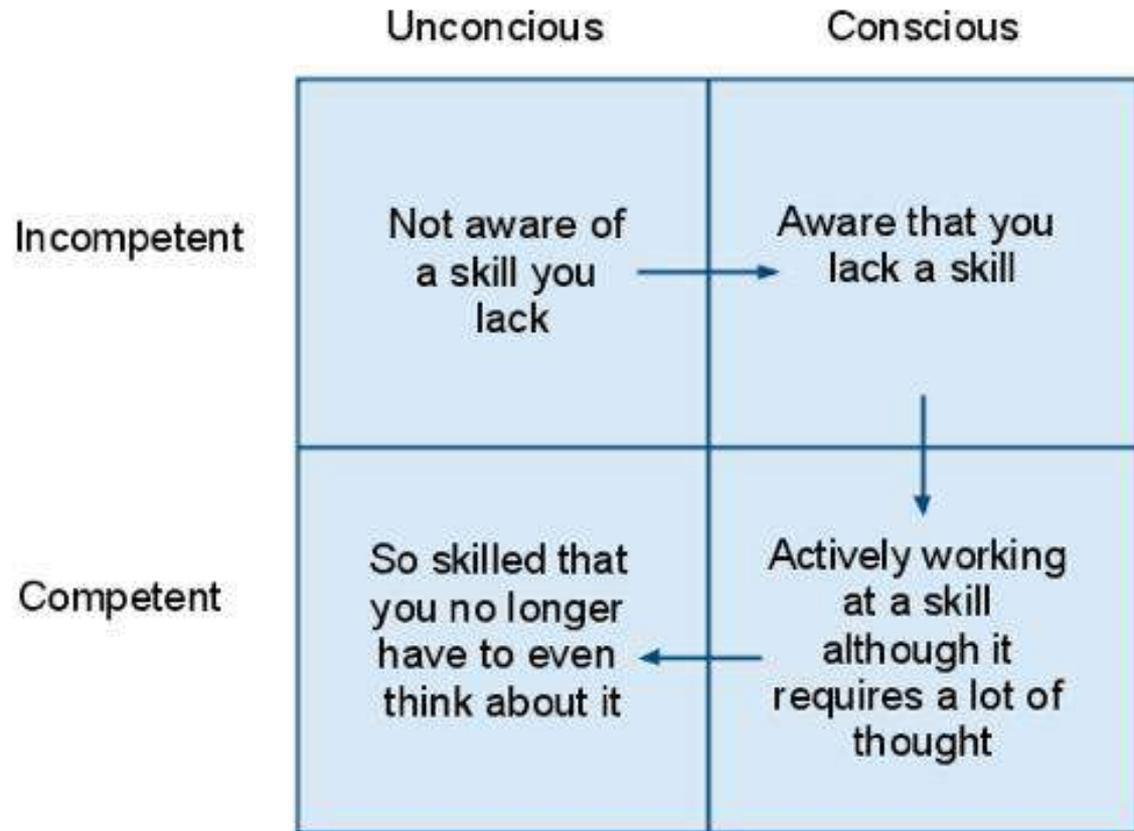
- Inception of specialty 1987
- 2001: Specialty curriculum – Curriculum Working Group of the Association for Palliative Medicine of Great Britain and Ireland (APM)
- 2007: Curriculum updated to be competency-based
May 2007
- 2010: Changed to ensure curriculum met GMC's standards for curricula and assessment

How do we teach palliative care?

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- Teaching
- Learning
- Assessment

The Johari Window model

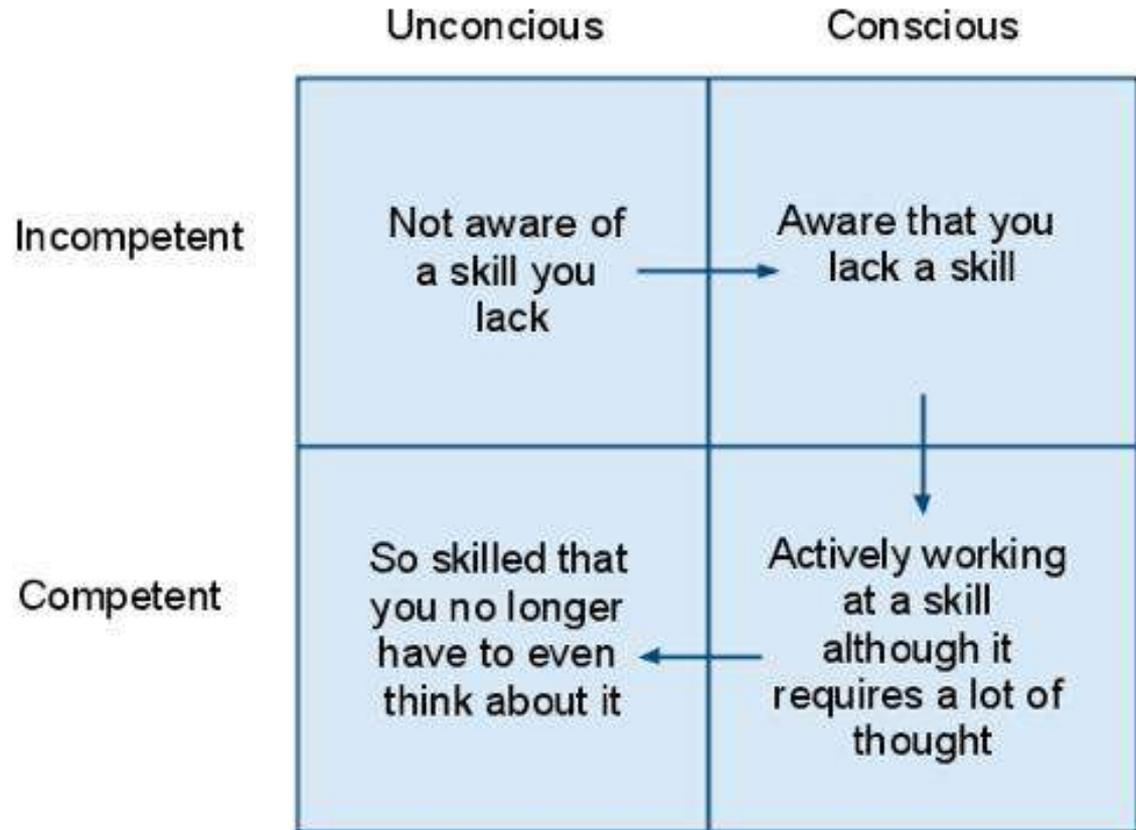


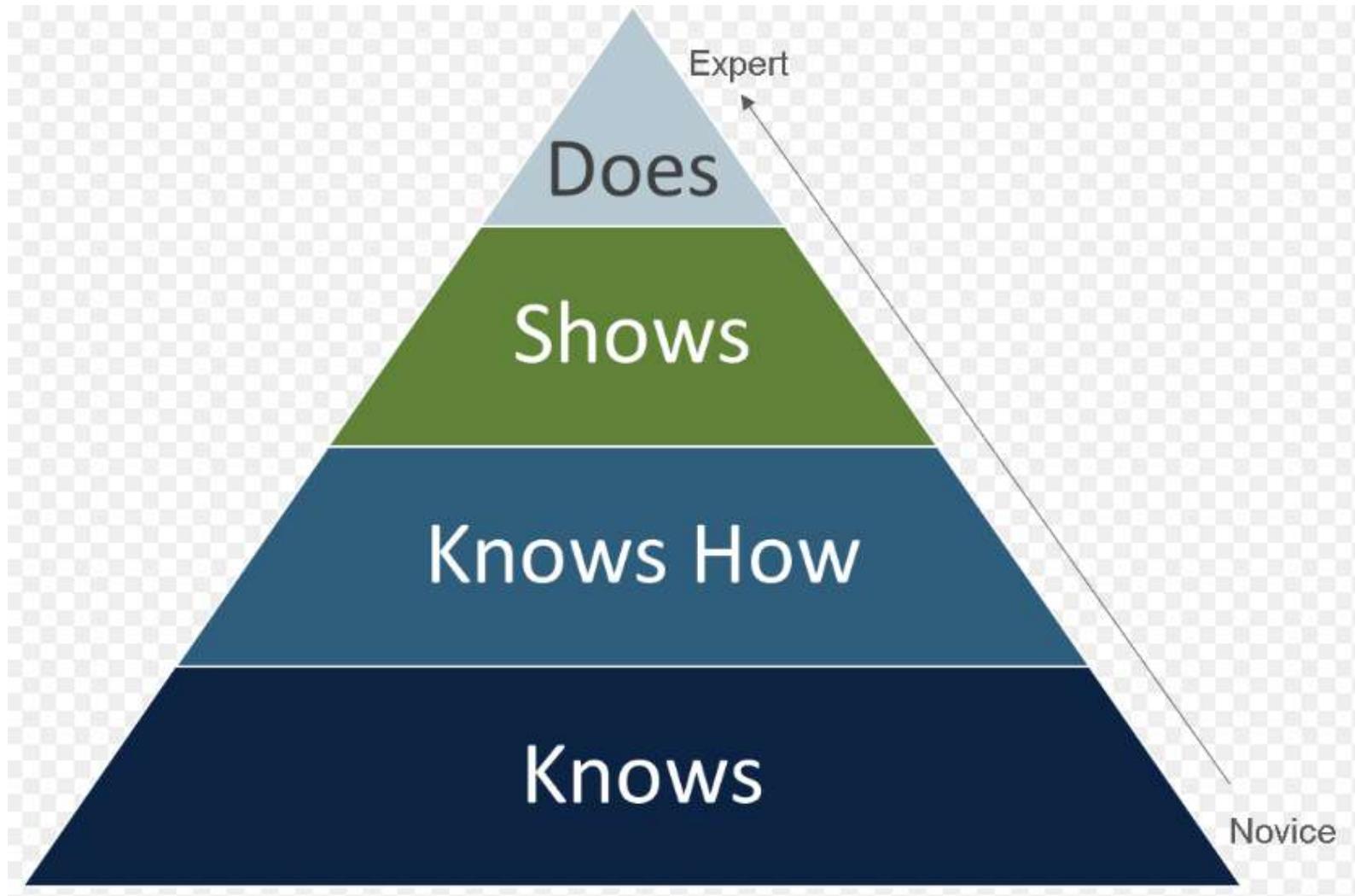
The Johari Window model

Beware converting the unconscious incompetent

into

the confident incompetent





Adapted from Miller GE, the assessment of clinical skills/competence/performance: Acad Med 1990;65:63-67

Palliative care teaching: simulation

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- Low fidelity
 - communication skills
 - prescribing for end of life care
 - advance care planning
 - awareness of multidisciplinary roles
 - appreciation of patient/family perspective

Palliative care teaching: simulation

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- High fidelity
 - opioid toxicity
 - acute left ventricular failure
 - anaphylaxis
 - hypoglycaemia
 - massive haemorrhage

Walker LN, Russon L. BMJ Support Palliat Care 2016

Does

Performance integrated into practice
Assessed by: Portfolio (YR 3/4), WBA

Shows

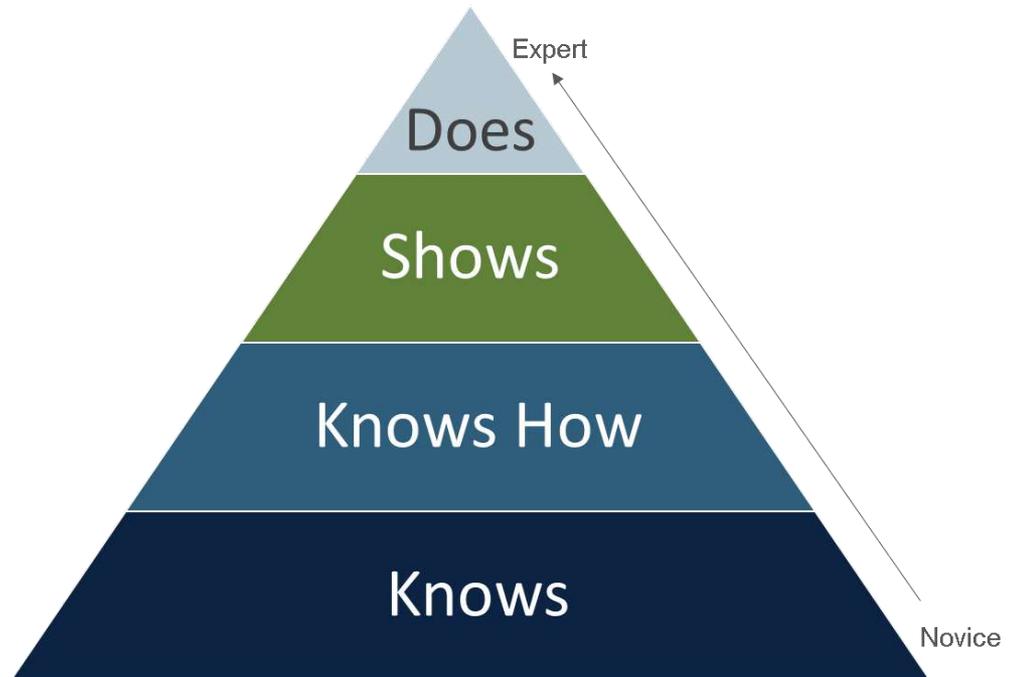
Demonstration of learning and clinical skills
Assessed by: Portfolio, WBA, OSCE

Knows How

Interpretation / Application of knowledge
Assessed by: Portfolio, WBA, OSCE, Written Exams

Knows

Knowledge / Fact gathering
Assessed by: Written Exams



Adapted from Miller GE, the assessment of clinical skills/competence/performance:
Acad Med 1990;65:63-67

How do clinicians learn about palliative care?

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- We need to describe clearly what clinicians need to do and how, and help them attain the skills to achieve this

Specialty training curriculum

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- 2010: Changed to ensure curriculum met GMC's standards for curricula and assessment
- 2017: Currently being altered to incorporate competencies in practice (CiPs)

Entrustable professional activities

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- Allow competency-based decisions on the level of supervision required by trainees
- Not an alternative to competencies
- Translate competencies into clinical practice
- EPAs usually integrate multiple competencies in a holistic way
- Competencies are descriptors of clinicians – EPAs are descriptors of work

Undergraduate EPAs – American Academy Medical Colleges

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- 1: Gather a history and perform a physical examination
- 2: Prioritize a differential diagnosis following a clinical encounter
- 3: Recommend and interpret common diagnostic and screening tests
- 4: Enter and discuss orders and prescriptions
- etc

Bristol MB21 EPAs

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1. Gather a history and perform a mental state and physical examination
2. Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management
4. Recommend and interpret common diagnostic and screening tests
5. Prescribe appropriately and safely
6. Document a clinical encounter in the patient record

Bristol MB21 EPAs

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7. Provide an oral presentation of a clinical encounter
8. Form clinical questions and retrieve evidence to advance patient care and/or population health
9. Give or receive a patient handover to transition care responsibly
10. Communicate clearly and effectively with colleagues verbally and by other means
11. Collaborate as a member of an interprofessional team both clinically and educationally
12. Recognise a patient requiring urgent or emergency care and initiate evaluation and management

Bristol MB21 EPAs

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13. Obtain informed consent for tests, procedures and/or clinical trials
14. Identify system failures and contribute to a culture of safety and improvement
15. Undertake appropriate practical procedures
16. Adhere to GMC guidance on good medical practice and function as an ethical, self caring, resilient and responsible doctor

Band 7 CNS specialist nurse EPAs

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1. Assess a palliative care patient's physical, psychological, social and spiritual needs
2. Prioritise and review a personalised management plan, seeking advice when necessary
3. Communicate clearly, sensitively and effectively with patients, relatives and colleagues (including supporting patients' family/loved ones) verbally and by other means
4. etc

Education and training in palliative medicine

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The challenges remaining - undergraduate

- Faculty load integrating palliative care teaching
- Maintaining palliative care space in increasingly time pressured curricula
- Assessment drives learning
 - knowledge-based assessment in palliative medicine
 - Arguing for OSCE assessment time
 - Further innovation to assess more holistic aspects of care

Education and training in palliative care

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The challenges remaining: core medical trainees

- The 'hidden curriculum'
- Enculturation into specialty
 - the gradual acquisition of the characteristics and norms of a culture or group by a person

Education and training in palliative care

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The challenges remaining – postgraduate

- Many studies documenting low confidence and perceived competence
- Outcome of education often assessed after a short time
- Outcome assessed usually knowledge-based or perceived competence
- Little or no assessment of patient outcomes

Education and training in palliative care

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- Effect of CPD for non specialists unclear
- Many papers demonstrating low confidence in:
 - Knowledge
 - Symptom control
 - Communication skills
 - Ability to approach end of life issues
- Very few papers demonstrating efficacy of CPD

Continuing professional development

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- Teaching, education outreach visits and referral criteria for oncology personnel
- Consults pre-intervention related to end-of-life issues
- Consults for pain management increased significantly post-intervention
- Oncology referrals to PCT increased significantly
 - 24.9% pre-intervention vs 31.5% post-intervention

Education and referral criteria: impact on referral to palliative care

Reville B, Reifsnyder J, McGuire DB et al. J Palliat Med 2013

Education and training in palliative care

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The challenges remaining – postgraduate

- Finding shared aims
- To challenge the culture of cure without challenging our colleagues' 'raison d'être'
- Assessing our education through patient outcomes

