PROACTive:
Palliative care and clinical Reasoning Online learning resource for Anaesthetic and surgical Core Trainees

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Context

• Clinical education fellow in palliative care
  • OOPE
  • Production of educational resources in palliative care for anaesthetic and surgical trainees

• Background study: ‘How do doctors make decisions about surgery in frail patients?’
  • Master’s project
  • Qualitative study
Background Study Findings

• 4 key themes:
  • Concepts around frailty
  • Shared decision-making
  • Learning
  • Factors in decision-making

• Challenging areas:
  • Sharing decisions with other clinicians
  • Gaining consent
  • Advance care planning
  • Communication
Background

• Only 50% of surgical trainees in the USA think they receive adequate palliative care training through clinical experience alone (Bradley et al. 2009)

• UK surgical and anaesthetic clinicians describe minimal education in working with frail patients and think that they could benefit from more (Kitchen et al. 2014)
Development of Resource

• E-learning resource
• Case-based resource; each based around a surgical dilemma
• Aimed to capture the complexity of clinical decision-making in this context
• Each case peer-reviewed
Each Case

- Pre-case resources (podcasts, Powerpoint presentations)
- Case stem
- Production of a problem list
- Symptom control questions
- Assimilation of viewpoints to generate a management plan (podcast, transcript)
  - Surgeon
  - Anaesthetist
  - Palliative care physician/elderly care physician
  - Patient/family
- Case summary
- Pre- and post-case questions to allow calibration between trainees’ self-reported confidence and competence
- Feedback
Resources

Palliative Care Services - Podcast

Download Palliative Care Services - PowerPoint Presentation

Nausea and Vomiting - Podcast

Download Nausea and Vomiting - PowerPoint Presentation
i. History and Examination (1/2)

Presenting complaint

You are asked to review Bushra Rehman, a 58-year-old lady on the oncology ward, who was admitted three days ago with a lower respiratory tract infection. She has locally recurrent ovarian cancer and has now developed colicky abdominal pain, vomiting and constipation. Mrs Rehman is not passing wind PR. An abdominal x-ray has shown a dilated loop of small bowel. Prior to admission Mrs Rehman had a performance status of two on the Eastern Co-operative Oncology Group (ECOG) scale. She has completed three (out of six) cycles of palliative chemotherapy, her last cycle being two weeks ago (her bloods show she is not neutropenic).

Past medical history

Mrs Rehman has no other past medical history.

Drug history

- Amoxicillin 500mg TDS PO (completed three days of treatment)
- Morphine sulphate MR 36mg BD PO
- Ondansetron 8mg PRN PO
- Oramorph 10mg PRN PO
- Paracetamol 1gram PRN PO
- Sodium docusate 200mg BD PO
Mrs Rehman has no known allergies.

Social history

Mrs Rehman is a non-smoker and doesn’t drink alcohol.
Mrs Rehman lives with her husband in a house.
Mrs Rehman was fully independent of her activities of daily living prior to admission to hospital, though she does get fatigued easily. She has an exercise tolerance of 100 yards walking on the flat, limited by fatigue.
Reflective Thinking

1. How confident or sure are you feeling that you can manage this situation?

2. What are you thinking as you begin to manage this case?

   Input your answer here

3. Do you have any goals in mind when approaching this case?

   Input your answer here
1. Bushra Rehman is 58 years old.

ii. Case Tasks (1/2)

1. Symptom Control
   - You decide that Mrs. Rehman requires an anti-emetic in a syringe driver. Which anti-emetic is most useful and which anti-emetic is contra-indicated in this case?
   - What other medications may be helpful in a patient with bowel obstruction?
iii. Case Tasks (2/2)

Decision Making
You are considering a surgical procedure for this patient. Please listen to the following four opinions about this, reflect upon each opinion, and bearing these in mind construct a comprehensive management plan. The plan should include a decision about whether to offer the patient surgery.

- Surgical Opinion - Case 1
  Download Surgical Opinion - Case 1 (transcript)

- Anaesthetic Opinion - Case 1
  Download Anaesthetic Opinion - Case 1 (transcript)

- Palliative Care Opinion - Case 1
  Download Palliative Care Opinion - Case 1 (transcript)

- Patient Opinion - Case 1
Conclusions

• An e-learning resource has been developed to facilitate the development of complex clinical decision-making skills among anaesthetic and surgical trainees
• Technology can enhance learning using multiple clinical perspectives
• PROACTive can enable the learning of these skills in the absence of face to face teaching
Next Steps

• Assess the impact of the resource on trainee performance
  • Simulated patients

• Evaluation of the effectiveness of the resource across the educational continuum
  • Medical students

• Use of multiple perspectives in different contexts
Transferability to Undergraduates

• Medical students are unprepared for the complexity of clinical decision-making (McGregor et al. 2007)
• Palliative care education important to medical students (Centeno et al. 2014)

• Changes
  • Adaption to an appropriate level e.g. symptom control questions
  • ‘Multiple viewpoint’ concept used for complex decision making in other contexts
References


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