National Study of Medical School Palliative Care Education – Results and Future Studies

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Aims

• Background
• Key findings
• Limitations and unanswered questions
• Where do we go from here?
• Your comments and suggestions
Background

• FY1 doctors will care for approx 40 patients who are dying in their first year of working

  APM, 2014

• Likely to continue through most medical careers

• Room for improvement in care of the dying

  VOICES, 2013
Teaching @ undergraduate level

• Recommended by GMC

• Surveys started by Field & Wee in 1994, and again in 2001
  – Variable across medical schools
  – Appears to be increasing

Field & Wee, 1994, 2002

• Several factors which help and hinder such teaching in UG curricula

Gibbins, 2011
Strengths, weaknesses and areas for improvements: a comparative survey of undergraduate palliative care education across all UK medical schools.

Steven Walker¹,²,³, Jane Gibbins⁴, Stephen Barclay⁵, Astrid Adams⁷, Paul Paes⁸, Madawa Chandratilake¹, Faye Gishen²,⁹, Philip Lodge²,⁹ & Bee Wee⁷

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Aims and methods

Aim:
To explore current PC education for medical students across all UK medical schools and compare results with historical data.

Methods:
An anonymised questionnaire sent to PC course organisers in 30 UK medical schools.

“Actually, you’re my second patient if you count that cadaver in med school.”
Number of hours (N=30)

- Time devoted to PC teaching varied, but appears to be increasing:
  - 2000: mean 20h (6-100h)
  - 2013: mean 36h (7-98h)
Changes since 2000/01

- All deliver teaching on last days of life, death and bereavement
- Now mandatory
- Appears more integrated within the curriculum
- Limited change in core PC topics, teaching methods and faculty
- Few PC topics received comprehensive coverage
- Student assessment of PC learning has increased
  - 2000: 25% of medical schools
  - 2013: 83% of medical schools
- Hospice visits offered by most medical schools (92% vs 90%)
- Limited paediatric PC teaching (33% vs 33%)
### Subjects covered in 2013 and degree of adequacy (%)

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<td>30</td>
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</table>
Duration of contact between students and patients with PC needs offered by UK medical schools in 2013
Organization of PC education at UK medical schools in 2013

- **Course development**
  - Prior planning (43%)
  - Ad-hoc development (33%)
  - Combined approach (23%)

- **Place of PC within curriculum:**
  - ‘Fully integrated within a larger course’ (15 respondents)
  - ‘Formed a module within a larger course’ (17 respondents)

- **Student feedback:** 100%

- **Course review:** 87% of medical schools, 13 % no review

- **Designated course organiser:**
  - 87% of medical schools. 13 % no lead.
  - Time devoted to role/week (N=22): mean 3.9h (median 2.5, <1-16)

- **Academic Department:** 40% of medical schools
Views and concerns (2013)

Most organisers positive about their courses which were highly-rated by medical students

• **Views about their institution:**
  - ‘Important part of the curriculum’ (73%), ‘teaching supported by colleagues’ (70%), ‘good cooperation in delivery’ (67%)

• **Limitations:**
  - Availability of local services for clinical placement (66%)
  - Variation in teaching depending on location (50%)
  - Lack of opportunity to visit a hospice/observe patient care (33%)

• **Concerns:**
  - Does their course prepared junior doctors to care for PC patients (30%)?
  - Delivering quality training (17%)?
  - Fulfilled GMC requirements (7%)?

• **Barriers to delivery:**
  - Need for more PC teachers (73%)
  - An increased number of PC placements (83%)
  - Improved funding for teaching (33%) and placements (30%)

• **Satisfaction with role:** satisfying/not satisfying (90%/10%).
Quotes

• ‘I’ve taught elsewhere, and [ours] is . . . . . focused on the skills they need as FY doctors, and integrated with oncology and general practice. It’s demanding to deliver from a small department, but very rewarding’.

• ‘Effectively, [we have] no meaningful lead in PC education and no time is available within specialist’s job plans to take on this role, even if the university were willing to recognise this position’.

• ‘Those who get exposed to PC teaching rate it very highly, but this is the minority at present’

• ‘Given I have found it impossible to try and get to the bottom of what they actually get (as opposed to what the curriculum says they get), in all honesty I am not sure if we are fulfilling GMC’
Conclusions

PC education for medical students continues to evolve with greater

- Integration
- Use of assessment to drive learning.

A minority of UK medical schools offer limited teaching and patient contact.

Course organization and funding was variable across institutions.

Some PC leads expressed concerns as to whether they were providing appropriate PC training.

? Effect on the care of patients in their role as F1 doctors
What F1 doctors told us . .

- Theory
- Cultures
- Don’t always see what is happening to patients if their role models aren’t explicit about this
- Don’t generally ‘see’ patients who are dying

Gibbins, 2015
What F1 doctors told us

• ‘I didn’t see it in hospital because as a medical student you just don’t see the sick patients . . . you see the patients who are well and bored and can give you a good history.’

• ‘I think there were probably hundreds [of patients] but you weren’t aware of them like that.’
Trends

• Variation remains
• More integration
• ? Patient contact time
• Hospice visits
• Symptom mx & attitudes
• ? Less communication (but capturing of info)
• Increased assessment/exams, including finals
Why repeat the survey?

• Benefits
  – ‘Benchmarking’
  – Help organisers and universities to improve teaching, and courses
  – Hopefully improve care given to patients, and those providing the care
Challenges of capturing the full picture

- Lead contact
- Hidden in the curriculum
- Evolving and changing all the time
- Balance of length vs meaningful
- Contact with patients
- Preparation for F1 role
- Effect on patient care
Future considerations

• Capacity
  – Placement places
  – Clinical teachers & identification
• Funding
• Time in curriculum
• E-learning
Key aspects

• **Comparison**
  – (Raw) number of hours of teaching, Compulsory, Integrated or not, topics, structure of teaching, by whom, contact with patients, assessment and examination, evaluation

• **Innovation**

• **Helping with changes in the future**
  – Funding, placements, teachers, time in the curriculum
Your thoughts
Summary

• PC@UG level appears to be increasing (hours & recognition of importance by medical schools)
• Despite this, can remain challenging to provide
• Teams to drive forward in the future
• Next survey hopes to help . . . .
• Compare with the past and future innovations

Thank you for your suggestions
Supplementary 1: Integration of PC education across UK medical schools in 2000/1 & 2013

<table>
<thead>
<tr>
<th></th>
<th>2001 N=24 programmes</th>
<th>2013 N=30 medical schools</th>
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</thead>
<tbody>
<tr>
<td>Separate course</td>
<td>5 (21%)</td>
<td>0</td>
</tr>
<tr>
<td>Module in a larger course</td>
<td>6 (25%)</td>
<td>6 (20%)</td>
</tr>
<tr>
<td>Covered in 1 or 2 lectures</td>
<td>3 (13%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>Fully integrated in various ways across curriculum</td>
<td>9 (37%)</td>
<td>21 (70%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (5%)</td>
<td>0</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Number of medical schools</td>
<td>18/23 (with 24 programmes)</td>
<td>30/30 Web based</td>
</tr>
<tr>
<td>Teaching time</td>
<td>6–100 h mean 20 h</td>
<td>7–98 h mean 36 h</td>
</tr>
<tr>
<td>Within the curriculum</td>
<td>21% as separate course</td>
<td>0 % as separate course More integration</td>
</tr>
<tr>
<td>Style</td>
<td>Lectures Small groups</td>
<td>Lectures = Small groups = More Elearning + Case discussions - Role play -</td>
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<tr>
<td>Delivered by</td>
<td>Pall care, GPs</td>
<td>Pall Care, GPs</td>
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<td>Hospice visit</td>
<td>22/24 (92%)</td>
<td>27/30 (90%)</td>
</tr>
<tr>
<td>Assessments</td>
<td>6/24 (25%)</td>
<td>25/30 (83%) OSCE, MCQ 14/24 Finals</td>
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<tr>
<td>Topics</td>
<td>Pain, symptom mx, death cert</td>
<td>Similar</td>
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