

Effect of Palliative Care Education on the Palliative Care Knowledge of Newly Qualified Medical Doctors in Nigeria.

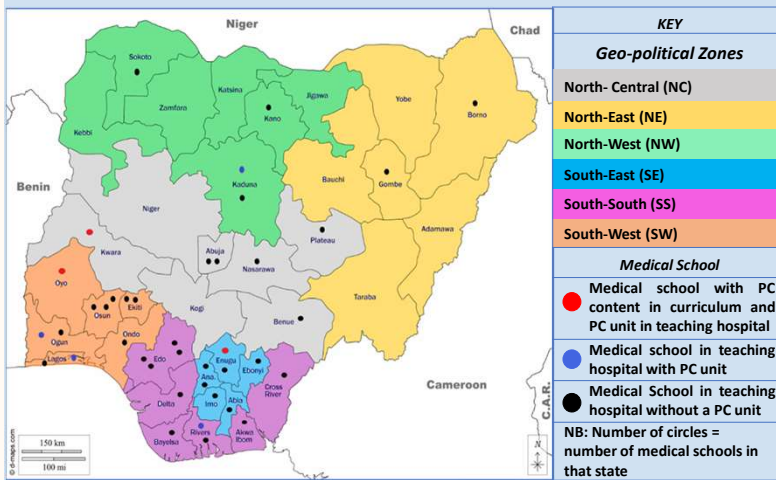
Eunice Tolulope 1, Dr Deans Buchanan 2, Jennifer Watson 3

1. MPH(Palliative care research) student 2. Consultant, Palliative Medicine, Ninewells Hospital and Honorary Lecture 3. Course director, MPH

Background

To increase universal access palliative care services, the WHO recommends that all healthcare workers should have been trained to have general palliative care skills in their undergraduate education.

In Nigeria, Only 3 out of 40 medical schools in Nigeria have clinical palliative care in undergraduate curriculum which is not standardized. Notably, clinical postings in palliative medicine are not mandatory for graduation as a doctor. Currently there is no specialty training for palliative medicine(1) when compared to Scotland and other developed countries.



Aim

To highlight the effect of palliative care content in the undergraduate medical school curriculum on the palliative care knowledge of newly qualified medical doctors

Methodology

Data Collection: We gathered data through an online questionnaire with four subsections. Our survey targeted medical graduates from 14 medical schools across Nigeria, covering all six geo-political zones

Knowledge Assessment: To assess knowledge, a 33-item validated palliative care knowledge test, PEACE-Q(2) was adapted to the Nigerian context with guidance from a palliative care expert. The test covered nine distinct knowledge domain. The median score of 17 determined adequate knowledge.

Data Analysis: IBM's Statistical Package for Social Sciences (IBM SPSS Statistics 28.0.1.1) facilitated the analysis of knowledge scores.

Conclusions

Participants who received palliative care (PC) education, whether through lectures or clinical training, consistently demonstrated higher knowledge scores compared to those who had not received any form of PC education.

Question items and domains with persistently low knowledge levels across all education categories were identified and point out the need for targeted emphasis in PC education to enhance overall knowledge

It ascertains that integrating palliative care education into medical school curricula is crucial, with clinical education having the most significant impact on knowledge base of newly qualified medical doctors

Acknowledgements

To Dr Deans Buchanan, my project supervisor and mentor in the of palliative care research and the NHS Tayside PC team who I have learnt ideal PC practices in the past one year of my studies at the University of Dundee.

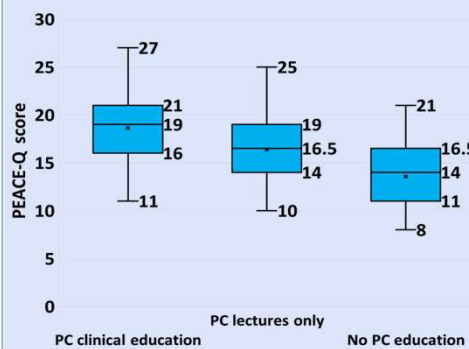
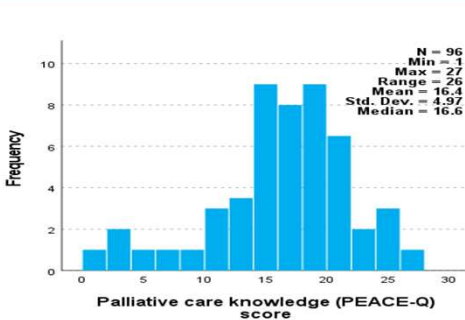
To the Centre for Palliative Care Nigeria (CPCN) for their trailblazing work in PC practice in a resource-limited setting and nurturing my interest in palliative medicine.

References

Federal Ministry of Health Nigeria. National Policy and Strategic Plan for Hospice and Palliative Care in Nigeria Abuja: Federal Ministry of Health; 2021 [cited 2023 February 2]. Available from: <https://www.health.gov.ng/doc/Palliative%20Care%20Policy%20-%202008-09-1.pdf>

Ryo Yamamoto YK, Yoko Nakazawa, and Tatsuya Morita. The Palliative Care Knowledge Questionnaire for PEACE: Reliability and Validity of an Instrument To Measure Palliative Care Knowledge among Physicians. Journal of Palliative Medicine. 2013;16(11):1423-8

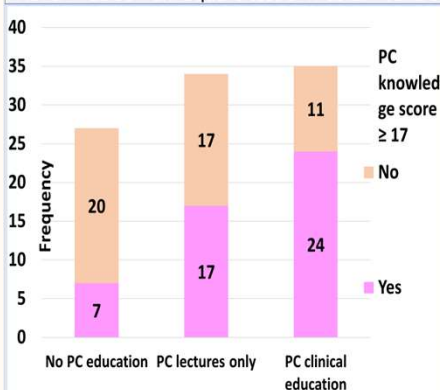
Results



PC Education received

PC Education received			PC knowledge (PEACE-Q) score ≥ 17	Distribution of knowledge score
No PC education	PC lectures only	PC clinical education	p-value (95% CI)	
			0.004^a	<0.001^b
Comparative category				
A	No PC education	PC education	0.003^a	<0.001^c
B	No PC clinical education	PC clinical education	0.006^a	<0.001^c
C	* PC lectures only	PC clinical education	0.116 ^a	0.071 ^c

NB: a = Pearson Chi-Square test b=Kruskal-Wallis's test c= Mann Whitney *Excluded from analysis



Domains	A		B		C	
	Median score	P-value	Median score	P-value	Median score	P-value
1 Philosophy of palliative care	2.00	1.00	2.00	1.00	2.00	1.00
2 Cancer pain	4.00	3.00	4.00	3.00	4.00	3.00
3 Side effects of opioids	2.00	1.00	2.00	1.00	2.00	1.00
4 Dyspnoea	1.00	1.00	1.00	1.00	1.00	1.00
5 Nausea and vomiting	2.00	1.00	2.00	1.00	2.00	2.00
6 Psychological distress	3.00	3.00	3.00	3.00	3.00	3.00
7 Delirium	1.00	1.00	1.00	1.00	1.00	1.50
8 Communication	2.00	2.00	2.00	2.00	2.00	2.00
9 Palliative care services	1.00	1.00	2.00	1.00	2.00	1.00