

Identifying Palliative care Teaching needs amongst Junior Doctors

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Introduction

Issues surrounding end of life care (EoLC) can be challenging for doctors; especially newly qualified doctors [1]. Education and development of the workforce is a central theme in end of life care directives both local and national. We sought to seek the views of foundation year 1 (FY1) doctors in a district general hospital in London.

Methods

A survey was conducted via a questionnaire during a foundation teaching session in February 2013. Nineteen FY1 doctors replied with a response rate of 53%.

Likard scale questions allowed FY1's to rank their confidence in talking to dying patients and predicting prognosis.

Questions also addressed the style of teaching and areas within EoLC that the FY1 found challenging. The results were tabulated and themes dissected.

Discussion

The results demonstrate that the FY1 doctors value teaching surrounding difficult conversations and use of syringe drivers. The most popular form that teaching should take was formal teaching and group work. The morning sessions appear to be well received. Only five mentioned e-modules as a teaching method, although the majority thought that they would be helpful.

FY1 doctors were least confident in predicting patients that are in the last year of life. This is touched upon in the formal FY1 teaching session but may reflect the need for more time to cover this area of concern for trainees.

Results

What aspects of EoLC do you find most difficult?

Talking to relatives and breaking bad news (n=12) were the most commonly reported aspects that our cohort found difficult.

Are there areas where you would like further teaching?

The most common theme was surrounding discussion with family members (n=7) including do not attempt resuscitation. The second most common theme was advice on prescriptions for syringe drivers (n=4).

What teaching approaches do you think work best?

Group work and small groups were most popular (n=11), with breakfast teaching (n=6) or ward based teaching (n=6) second most popular.

Confidence in predicting dying patients

The doctors were asked to rank their confidence in predicting dying patients from 1-10 with 10 being most confident. The average score was 4.8 (3-8 point range).

Future directions

Group work focusing on discussion about resuscitation and prognosis with patients with family members

Continue breakfast troubleshooting sessions using patient cases to guide discussions.

Create a syringe driver e-module to assist with prescribing for junior doctors.

References

Firth-Cozens, J (1987) "Emotional Distress in Junior House officers". BMJ. 295: August, p533-536