Practical Tips

- To create a simulation based teaching program to improve final year medical students' experience of palliative care teaching
- To provide final year medical students with the skills to recognize and manage basic palliative care problems

Background & Purpose

50% of the UK population die in hospital. Up to half of new UK doctors feel unprepared to deal with death and dying, receiving only 20 teaching hours in UK undergraduate training. Feedback on local palliative care teaching indicated room for improvement with learners not enjoying traditional lecture based teaching received. Evidence shows simulation improves medical knowledge, confidence in practice, engagement in learning and is superior to traditional teaching methods.

Method

A 3-day, learner centred, low fidelity simulation program was designed using guidance from ‘Standards of best practice: Simulation Standard IX: Simulation Design.’

Four patient case scenarios introduced end of life issues that required learners to assess the patient, order appropriate investigations and initiate treatment. Learners worked in teams to adapt the patients care to their changing needs.

Feedback was collected throughout and the simulation was completed with a debrief, didactic teaching and Q&A session.

Evaluation:

Pre and Post simulation questionnaires were used alongside discussion groups to collect both qualitative and quantitative data about the course.

Learning Opportunities

- Tea, cake and discussions about death and dying
- Introduction to cases and clinical reasoning
- Recognising a patient coming to the end of life
- Consideration and introduction to advanced care planning
- Family discussions with role players:
  - MDT
  - EBPP
  - End of life decisions
  - Advanced planning
  - Patient's wishes

Multicultural death and dying

- Advanced care planning:
  - EBPP
  - DNACP-R
- Death of patients in cases:
  - Conformation using mannequins
  - Discussions with seniors and curricular paperwork

Managing death as a Junior Doctor – Practical Tips

- Teaching on palliative care inc
- Talking about death war
- Role play in palliative care inc

Parallel challenges for learners

The following information is used alongside teaching sessions to allow learners to adapt patients care:

- Specialist advice: Learners able to contact ‘specialists’ or seniors for help when required
- Regular updates on patients changing condition from:
  - Conversations (doctors, nurses, relatives)
  - Updates in patients notes.

Prescribing

Learners are expected to continually review and alter the medications as required. Partially looking at:

- Anticipatory medication
- Symptom management
- Antibiotics
- Regular medication
- Critical medication

Discussion

Self assessed knowledge and value of palliative care improved. This may be the result of the simulation, traditional teaching or a combination. Feedback showed this program is rated more useful and valuable than traditional teaching in previous years.

Learners commented they learn best from experiences with real patients. However, with end of life care there is only one chance to get it right. In simulation if a mistake is made no real harm is caused and with support, a safe learning experience is created. It would be difficult to take a true learner centred approach when using real patients.

Mistakes may result in negative consequences, not only for the patient but also for learners, shaping their perception of their ability to manage end of life care. Therefore, when looking at maximising patient care, learning experience, ethical boundaries and a learner centred approach, simulation is the safest and most appropriate method to deliver this teaching.

Conclusion

Learners enjoyed and valued this simulation based program more than the previous years traditional lecture based program.

Learners’ confidence in the management of common palliative situations increased.

There was a positive change in the attitudes of the learners’ towards palliative care and teaching in palliative care.

Due to the success of the program it will be delivered on a wider basis.

References