Formalising palliative care education augments clinical skills in haematology trainees

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Introduction

- NICE recommends that palliative care and haematology should provide integrated care for patients with haematological cancers 4
- Systematic reviews and meta-analyses show that, compared with other cancers, patients with haematological malignancies are: 5
  - Half as likely to receive specialist palliative care input
  - Twice as likely to die in hospital (versus home or hospice)
- Does this relate to gaps in palliative care education during training?

Objectives

- To examine the impact of formal palliative care education on haematology trainees by exploring:
  - Baseline confidence in palliative care skills
  - Common challenges faced
  - Barriers to referral from haematology to palliative care services and ways to overcome them
- To enhance patient experience and outcomes in haematology

Methods

- Four first-year haematology trainees undertook one to two week placements at the local hospice
- Their programme included spending time in the following areas:
  - Inpatient Unit: MDT meetings; ward rounds; tutorials; observing specialist consultations/ admissions for symptom control, respite, terminal care
  - Day-patient unit: Family Support Team; Chaplaincy
  - Community work: shadowing Nurse Specialists at caseload reviews, home visits and GP surgeries
  - Pre-and post-placement, trainees rated their ability to: break bad news; empathise with patients; control symptoms; discuss prognosis
- Individual learning objectives were co-constructed with the lead clinician, and reflections were reviewed post-placement
- Findings and common themes were presented to the local haematology department for discussion
- With specialist palliative care input, actions for improved training and service provision were agreed

Results

Confidence ratings for each skill set improved with formal education

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<th>Skill set</th>
<th>Bad news</th>
<th>Empathy</th>
<th>Symptom</th>
<th>Prognosis</th>
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Overcoming barriers to referral:

- How to offer? Exploratory approach around patient’s QoL
  - Knowledge about available palliative care services
  - Literature re palliative care services in Outpatients
- Who to refer? Based on needs (holistic)
- When to refer? Early (phase in from diagnosis)
  - Identify when patient is in last 6-12 months of life
  - When exploring preferred place of death
- How to refer? Completion of electronic referral form

- Reflections on referral: “Early (phased) referral to palliative care services manages the expectations of patients, carers and physicians”
  - “AML and DLBCL are curable… except in the elderly… very poor outcomes… they should be referred”
  - “Having experienced palliative care services first hand, not referring patients is doing them a disservice”

- Reflections on training: “I have discovered access to resources for symptom control, including links with expert colleagues”
  - “I don’t know where else expert supervision in palliative care would have come from… it’s been invaluable”
  - “It’s physically impossible to upload evidence for engagement with palliative care on the eportfolio curriculum”

Conclusions and recommendations

- Palliative care is an important part of the haematology training curriculum: eportfolio should allow evidence of engagement to be linked
- Trainees should have the opportunity to complete workplace based assessments with expert palliative care supervision
- Specialist palliative care placements should be offered to each haematology trainee (and their consultant colleagues)
- Patients’ palliative care needs should be discussed in pre-clinic meetings (myeloma, myelodysplasia, lymphoma) and at MDT meetings

References: