

JOURNAL WATCH

Article Assessing Resident Preparedness in Discussing Prognosis in Patients with Advanced Lung Cancer

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Reference: P Wheatley-Price, C Massey, T Panzarella, FA Shepherd, J Mikheal

NSCLC is the most common cause of cancer deaths worldwide (Parkin et al 2001), (American Cancer Society update 2007). By the time these patients present about two thirds of the cases are incurable. Advanced NSCLC has median survival less than one year (Kelly et al 2001). Mostly patients want specific information; they want their physicians to check with them before divulging the info (Kaplowitz et al 2002); (Lobb et al 1999). Pts want their physicians to be knowledgeable, realistic, provide opportunities to ask questions and acknowledge them as individuals (Hagerty et al 2005). Little work has been done analyzing the physician "preparedness" and "comfort level" in discussing prognosis with cancer patients.

METHOD:

A postal survey was done via a questionnaire containing seventeen questions sent to 153 residents in five specialties of Radiation Oncology, Medicine Oncology, Palliative medicine, Respiriology & Thoracic surgery in Ontario. The questionnaire had four sections. First included demographics, second tested lung cancer knowledge, the third asked about prior training and the last section illustrated a case scenario.

RESULTS:

Overall response was 46% (Medical Oncology residents had 58% response. Palliative care response rate was 13%). Knowledge score was 2.7/4 for Medicine Oncology versus 0/4 for Palliative care. Preferred training method was observation of staff in 58%. Preparedness for consult was 69%.

DISCUSSION:

Although the residents say they feel confident in the second half of their training to discuss the prognosis of advanced lung cancer but despite their knowledge being discordant with the info wanted by patients. The questionnaire put forth still needs validation as a standardized tool in assessing resident preparedness.

STRENGTHS:

1. Identifies an important issue of identification of "how ready is this resident" for breaking bad news
2. Looks to identify strengths & weaknesses in training

WEAKNESSES:

1. Small survey
2. Subgroup analysis not fully done. Did not describe years of training and level of knowledge
3. Regional bias
4. The applied questionnaire is not a validated tool for assessment. In depth interviews may be needed to ascertain readiness of a resident.

RELEVANCE TO PALLIATIVE CARE:

1. Communication skills are needed by a palliative resident :
 - a. Patient and family need accurate info to base their decisions upon.
 - b. Patient will feel informed and respect his health care providers.
 - c. Unwanted and unnecessary interventions can be eliminated.
 - d. Preventing unwanted cost to the healthcare system.