

Family physicians enhance end-of-life care: evaluation of a new continuing medical education learning module in British Columbia

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Abstract: *Background:* The Practice Support Program (PSP) is an innovative peer-to-peer continuing medical education (CME) program that offers full-service family physicians/general practitioners (GPs) in British Columbia (BC), Canada, post-graduate training on a variety of topics. We present the evaluation findings from the PSP learning module on enhancing end-of-life (EOL) care within primary care. *Methods:* Pen-and-paper surveys were administered to participants three times: at the beginning of the first training session (n = 608; 69.6% response rate), at training completion (n = 381, 55.6% response rate), and via a mail-out survey at 3-6 months following training completion (n = 109, 24.8% response rate). Surveys asked GPs about current EOL-related practices and confidence in EOL-related skills. At end of training, respondents also provided ratings of satisfaction and perceptions of the module's impact on their practice and their EOL patients. *Results:* Satisfaction and impact were rated very highly by over 90% of the GP respondents. Module participation increased the GPs' confidence on EOL-related communication and collaboration skills: e.g., initiating conversations about EOL care, developing an action plan for EOL care, communicating the patient's needs and wishes to other care providers, participating in collaborative care with home and community care nurses, and accessing and referring patients to EOL specialists in the community. Increased confidence was maintained at 3-6 months following completion of training. *Conclusions:* The EOL learning module offered by the PSP to family physicians in BC is a successful and impactful CME accredited training module for enhancing end-of-life care in primary care settings.

Strengths

- Large sample size (873 GPs) – course offered to all GPs across B.C.
- Relatively high response rate
- Unique module involved alternating classroom-based and workplace learning, completed longitudinally over several months

Weaknesses

- Not possible to include a control group given the nature of the program
- Self-selection of the GP respondents – those GPs who maintained new EOL practices were more likely to respond to the survey
- Based on GP's perceptions and self-ratings – difficult to assess whether any changes in practice were actually implemented, and what patient/family/caregiver perspectives on the GP's new skills were

Relevance to Palliative Care

Palliative care in the community is often carried out by GPs, yet a vast majority feel insufficiently prepared to provide this care. Most GPs have only a small number of palliative patients so occasions to gain experience are limited. Classroom-based learning and workplace learning are both of value, especially when support from other health care providers is available.