Training paediatricians to discuss advance care planning with families

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We Know ...........

National Institute for Health and Care Excellence (NICE) guidelines recommends advance care plans for all children with life-limiting conditions.

BUT .......

Doctors’ lack of experience and confidence poses a barrier to effective and timely advance care planning.

Parents feel let down by doctors’ poor communication skills when discussing ACP.
Training in ACPs

- Consultant Paediatrician: Formal training in ACPs (blue), Informal training in ACPs (orange), No training in ACPs (green)
- Paediatric trainee year 6-8: Formal training in ACPs (blue), Informal training in ACPs (orange), No training in ACPs (green)
- Paediatric trainee year 4-5: Informal training in ACPs (orange), No training in ACPs (green)
- Paediatric trainee year 1-3: Formal training in ACPs (blue), No training in ACPs (green)
- Paediatric nurse: No training in ACPs (green)
- Palliative care nurse: No training in ACPs (green)
DO DISUSSIONS AROUND ACPS OCCUR IN A TIMELY MANNER

- Always: 0%
- Most of the time: 6%
- About half the time: 13%
- Sometimes: 31%
- Never: 50%
Confidence in discussing ACPs

Pre-intervention

Post-intervention
I was affirmed in my job and very encouraged. I hate role play and was quite anxious but the group made it feel very safe and I received very positive feedback which was really encouraging and has taken away my fear of role play. I liked working with an actor as well which has also intimidated me slightly but was nothing to be afraid of!

The opportunity to practice initiating a discussion about limitation of care The opportunity to revisit a difficult case and try to do it differently The opportunity to observe other colleagues and pick up pointers The opportunity to receive feedback about my technique from facilitator, peers and "parent“

I am now prepared to face reality

I feel confident to speak to parents and address my concerns when faced with a child who needs a end of life care plan

Practical experience practising communication skills and observing others. Very useful and practical feedback from the facilitator also
Study limitations

1) Small sample size. There were 17 pre and 16 post questionnaires completed.

2) We didn’t assess how the confidence of those who just attend the lecture improved.

3) We were asking our participants to self-report confidence, what we didn’t assess was if this led to improved ACP implementation.
Take home messages

1) Even senior paediatricians lack training and therefore feel ill-equipped to lead ACP discussions.

2) Focused education programs including role-play workshops may be simple, yet effective, ways of ensuring better planning for children with Life limiting conditions

3) We need to think how we can embed palliative care teaching and advance care planning teaching into the general paediatric curriculum.
References

