Improving knowledge of ReSPECT through paediatric palliative care focused simulation-based teaching

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Background:

Despite widespread use of simulation teaching in education (1) use remains limited in paediatric palliative care (PPC). However, formal PPC training including simulation teaching can improve PPC skills (2,3,4). PPC simulation teaching is both effective and acceptable to participants (5).

Aims:

The specialist PPC team from our children's hospice have developed simulation-based teaching programmes for a range of multi-disciplinary audiences. Within this there have been wide-ranging opportunities to teach advance care planning skills, including the use of CYPACP (Children and Young Person Advance Care Plan) and ReSPECT documents.

Methods:

The simulation-based education programmes include low fidelity in-hospice teaching sessions; two regional high-fidelity simulation-based courses and other specially-commissioned courses.

Scenarios include either direct learning objectives around advance care planning/ReSPECT or indirect learning by using ReSPECT documents in scenarios where learning is focused towards other areas. Examples of scenarios which have been used include:

- Expected deaths with a ReSPECT document in place not for resuscitation or escalation of treatment (focusing on following instructions on a ReSPECT document, management of an expected death and/or symptom management at this time).
- ED scenario with an acutely unwell patient and ReSPECT document expressing parental wishes for consideration of all treatments but also documenting that professionals would be in support of non-escalation of treatment if parents agreed with this at the time. The aim of this scenario is to prompt conversation about appropriateness of escalation of treatment and likely efficacy of treatments at the time of acute illness.
- Peri-natal scenario with delivery of a baby with antenatally written CYPACP and ReSPECT documents recording plans for limited intervention only at birth.
- ED scenario with ReSPECT recommending limits on treatments but at the moment of peri-arrest situation parents are no longer in agreement with this.
- Introducing the concept of CYPACP/ReSPECT with families and discussing this for the first time.
- Patient with a ReSPECT in place but where what is documented does not clearly apply to the scenario and consideration is needed as to whether there should be deviation from the ReSPECT document.

During external courses participants were asked to rate their knowledge, confidence and experience in advance care planning on a 10 point Likert scale and quality of care they felt able to provide in this area on a 5 point Likert scale. This was rated 3 time points - pre-course, immediately post-course (same day at the end of the course) and about 6 weeks post course.

Results:

22 simulation sessions (8 topics) have been delivered to in-hospice staff and 7 external courses to 107 participants (doctors, nurses and allied health professionals) from hospital, hospice and community settings with wide-ranging experience.

Following sessions participants report increased confidence, knowledge and experience around advance care planning (see figure 1).

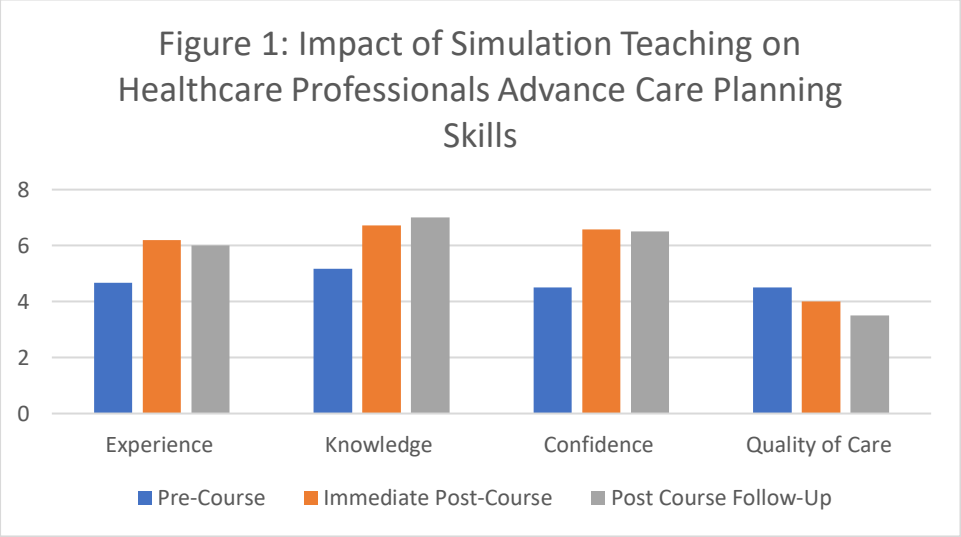
Debriefs have included learning around communication with patients/families about CYPACP/ReSPECT, legal and ethical aspects of advance care planning/treatment escalation decisions and use of CYPACP/ReSPECT paperwork.

Conclusions/Discussion:

Our data shows a decrease in the 'quality of care' metric and reasons for this warrant further consideration. Statistical analysis was not performed on the results and the absolute drop may not be statistically significant. Additionally there were challenges with only obtaining smaller number of later follow-up responses compared to pre-course and immediately post-course responses. It is possible that with increased education professionals have a better understanding and awareness of the complexity of advance care planning and perhaps a heightened awareness of their own gaps in knowledge and limitations.

Overall use of PPC simulation-based teaching is acceptable to participants and has been effective in educating a breadth of healthcare professionals on a range of advance care planning topics surrounding the use of ReSPECT and associated CYPACPs.

Figure 1:



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