

Palliative Care in General Practice

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Overview of Presentation

- Lake Taupo Hospice
- Palliative Care in my General Practice
- Brief data on 89 cases
- A Survey of Senior Registrars in General Practice
- Questions for the future of medical education

WARNING
PLEASE
USE
THE
PATHWAY

LAKE TAUPO HOSPICE



Members of the Lake Taupo Hospice









Evidence

GPs want to be involved in Palliative Care

McKinlay E. Evaluation of the Palliative Care Partnership. NZMedJ 2007;120(1263)

Rural GPs are involved in Palliative Care

Smyth D. Palliative Care provision by rural GPs in NZ. JPalliatMed.2010;13(3)(4)

Their involvement improves care outcomes

Aabom. Does persistent involvement by the GP improve palliative care at home for end-stage cancer patients? PalliatMed. 2006; 20(5)

The Partners



Practice Nurses



Reception Staff



Our place



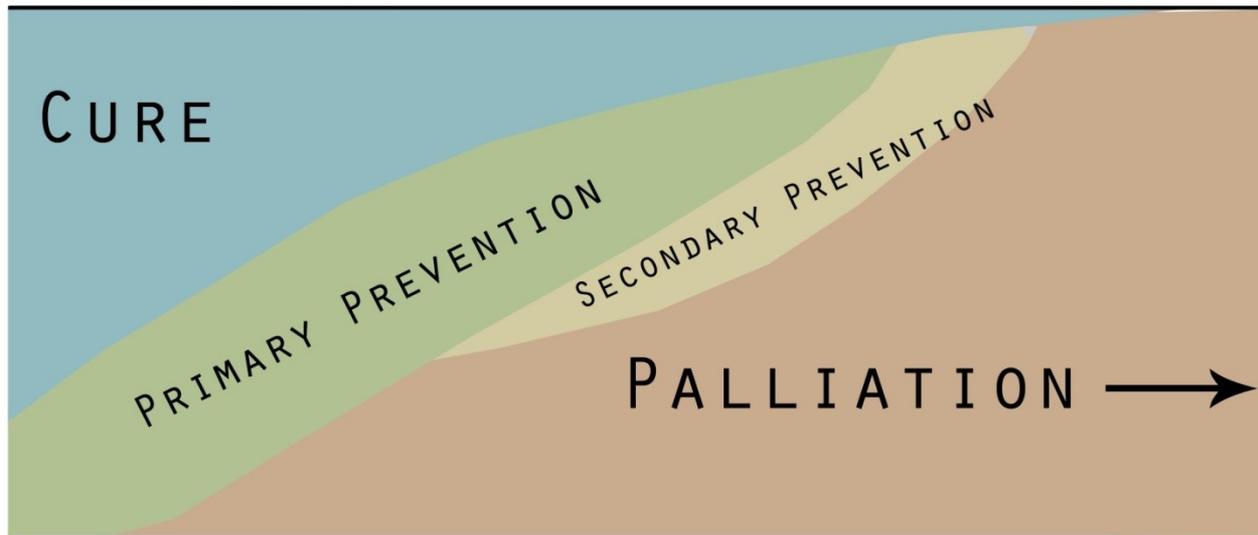
The complex and evolving consultation

CONSULTATION COMPONENTS WITH INCREASING AGE

YOUTH

MIDDLE AGE

OLD AGE



NatWest on GP fees and availability

Evaluation of the NatWest Palliative Care Programme- AC Research Associates. 2008

- The benefits to the patients and their families have been wide ranging. Having free access to a general practitioner; having the ability to contact a known general practitioner for medical information and assistance in and out of normal working hours
- It cannot be guaranteed that younger practitioners, who may in the future replace this dedicated group of general practitioners, will be willing to give their services so freely and generously and, indeed, this group of doctors may well be atypical of the total medical workforce.





"Well, no wonder! You forgot to yell 'Timber!'"



"I'm waiting."

Data summary of 89 patients

Commonest Cancer deaths

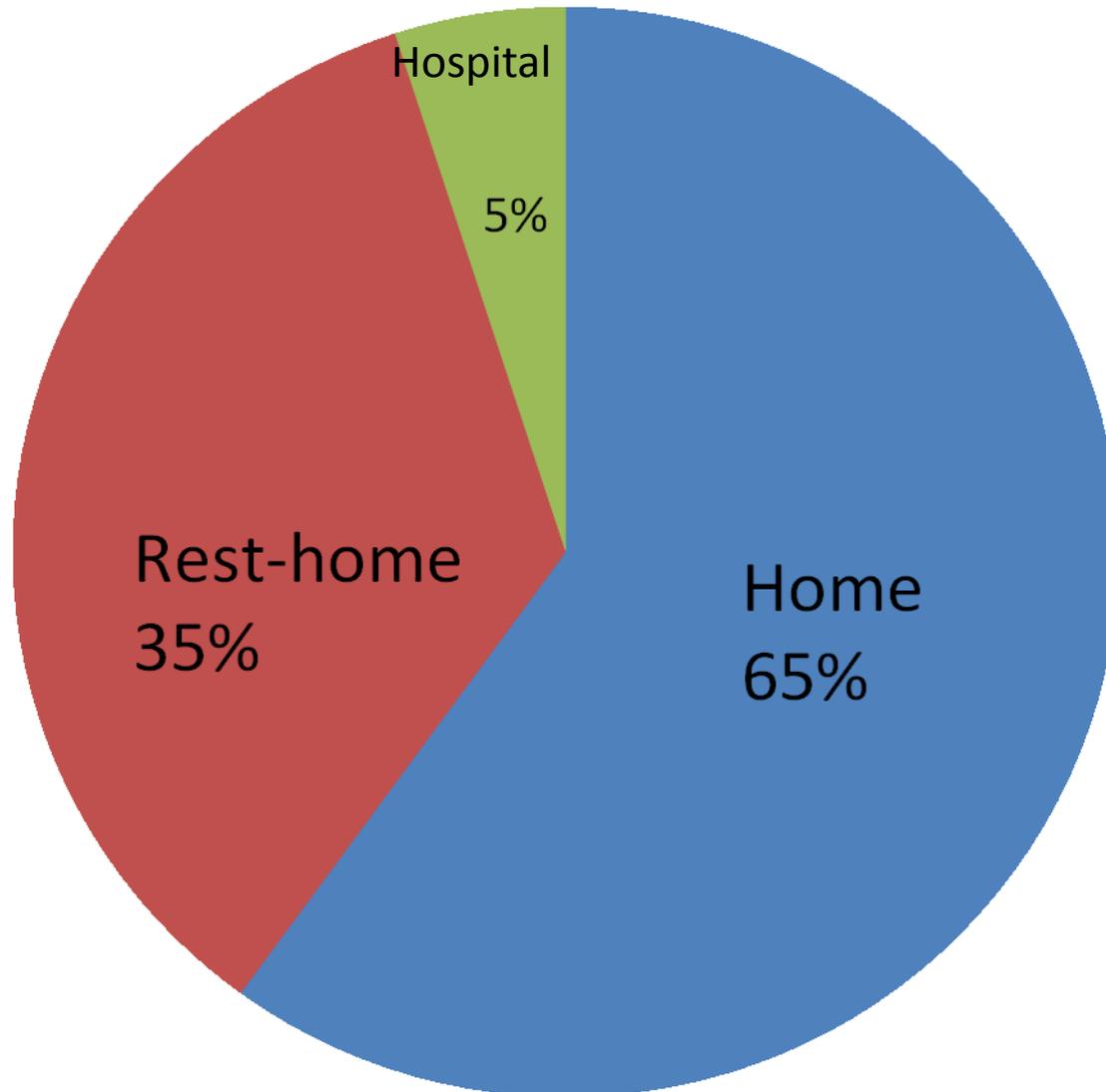
Cancer Type	n	Average age at death	male	female
Lung	10	69	9	1
Colon	5	68	4	1
Prostate	10	67	10	-
Breast	7	58	-	7
Pancreas	5	65	4	1
Oesophagus	4	54	3	1
Melanoma	4	53	2	2

Data summary of 89 patients

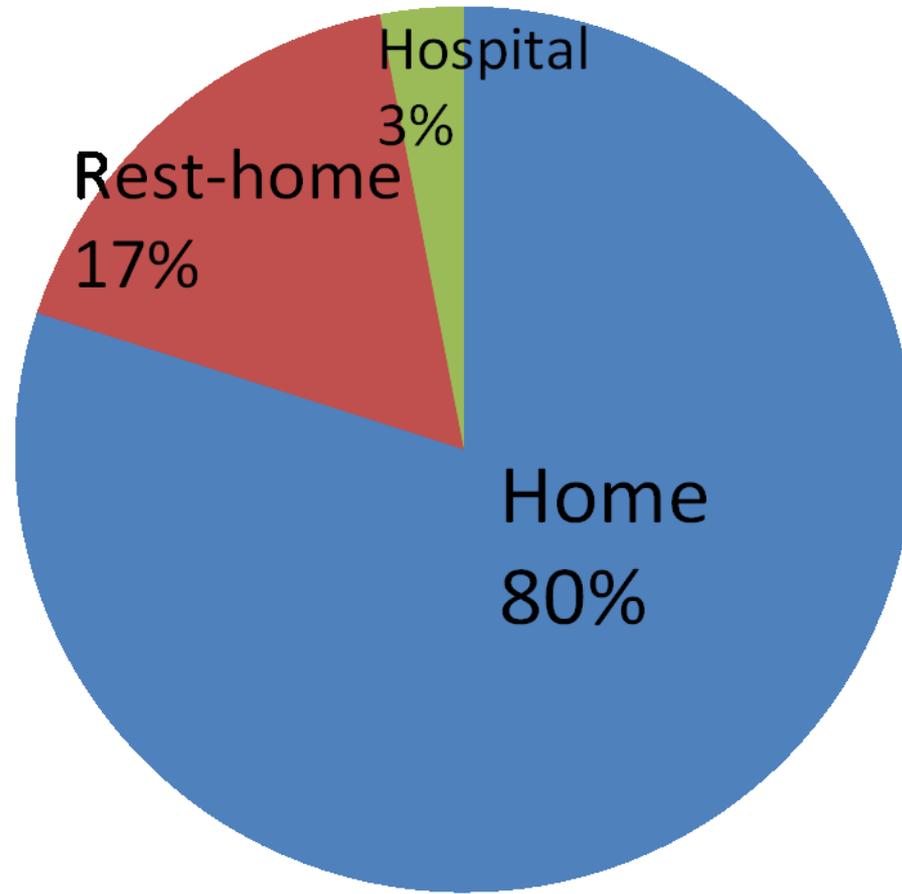
Non-cancer deaths

Disease	n	Average age at death
Cerebro-vascular Disease	10	85
Conjestic Cardiac Failure	8	87
Chronic Renal Failure	4	80
Parkinsons Disease	3	77
Alzheimers Disease	2	82
COAD	2	79
Cirrhosis	1	75

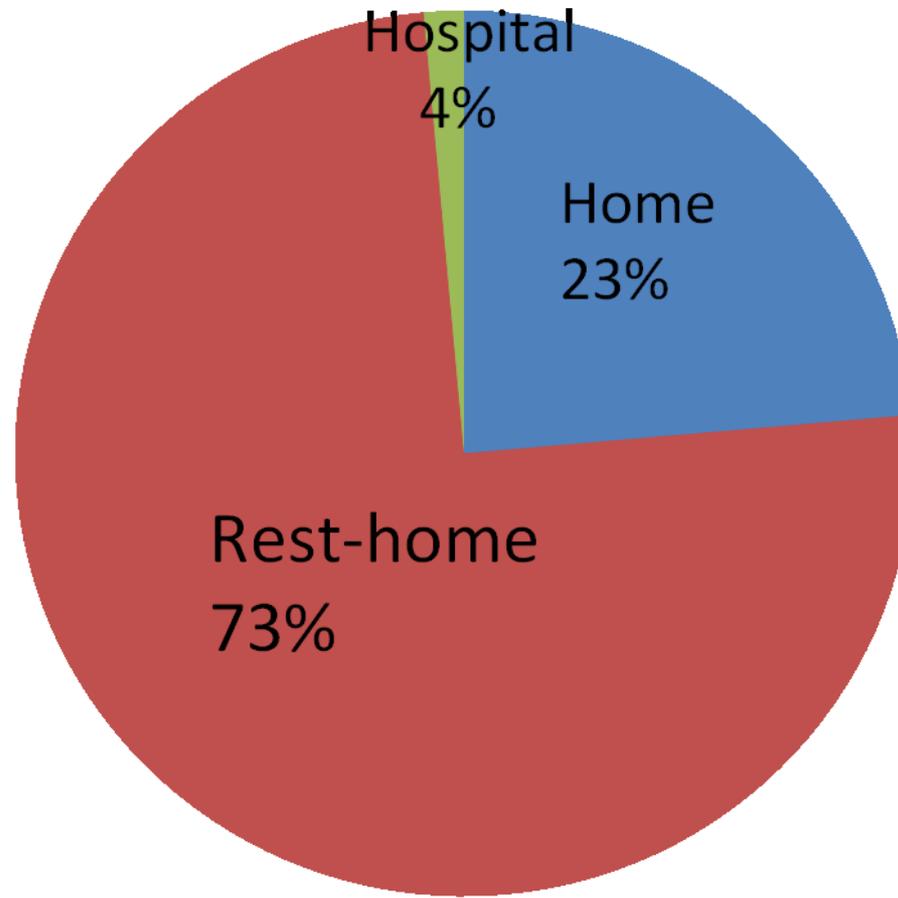
Place of death-all causes



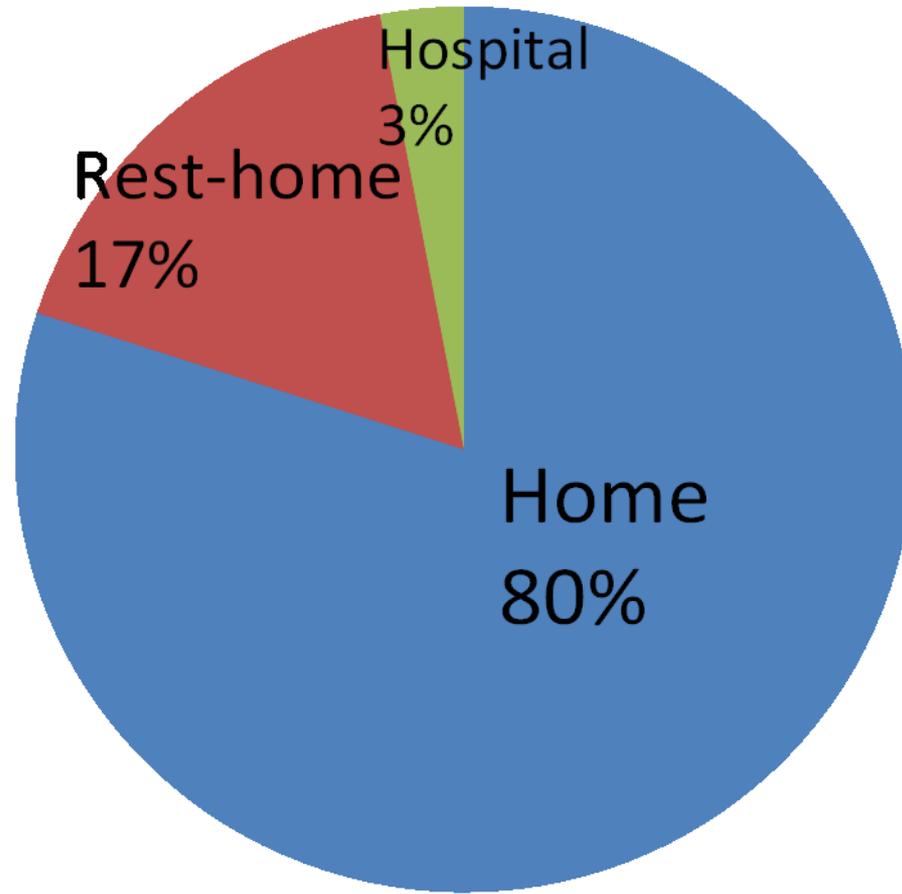
Place of death. Cancer deaths.



Place of death. Non-cancer deaths.



Place of death. Cancer deaths.



“Are Senior General Practice Registrars prepared to work in Palliative Care Teams ? The Barriers and Benefits”

An online questionnaire using mixed methods

Research Team- P.Fleischl.
Prof.J.Weller,Dr.B.Shulruf.

This Study asks:

- What are GPRs attitudes to the role of the GP in providing Palliative Care in New Zealand?
- What areas of practice are they not confident in?
- What are GPR behaviors in relation to PCTs and experts in palliative care in New Zealand?
- What are GPRs attitudes to their PC training?
- What are GPRs attitudes to IPE ?
- What ideas do GPRs have for improving their PC training in New Zealand?
- Are there any differences in attitude and behaviors between International Medical Graduates and New Zealand Graduates in relation to provision of palliative care?

Why do this study ?

- Global Ageing Population
- GP demographic changes
- Need for Curriculum Development within GP vocational training scheme

Prior Knowledge

- Involvement of GPs in palliative care is valued by patients, families of patients and GPs, alike. (Smyth 2010 J.Pall.Med, Aabom 2006 Pall.Med.)
- There are many barriers to GP Palliative Care practice.
- GP workforce demographics influences involvement in Palliative Care.
- Palliative Care is preferably delivered by a multi-disciplinary team.
- IPE may support PC team development.
- Palliative Care education of GP registrars is sometimes inadequate. (Low 2006 Pall.Med., Periera 2005 Aust.J.Rural Health)

Methodology

- Online Questionnaire
- Ethics
- Literature search
- Refining the research questions
- Consultation with stakeholders
- Questionnaire construction
- Piloting
- Final questionnaire refinement
- Quantitative data analysis- SPSS
- Qualitative data analysis- nVivo

Sample Group

Senior Registrars in General Practice
=414

Respondents= 166 (40%)

Respondent Demographics

- Female 67% Male 33%
- Undergraduate Training Overseas 52%
- Postgraduate Training Overseas 25%

Results

- What are GPRs attitudes to the role of the GP in providing Palliative Care?
- 67% Extremely Important
- 32% Moderately Important
- 1% Of little Importance

Confidence in Practice

	Communication Skills	Pain Control	Non-Pain Symptoms	Syringe Driver issues	Bereavement Care
Very High	<u>14.0%</u>	10.3%	6.7%	8.4%	6.6%
High	<u>38.4%</u>	33.3%	23.6%	18.1%	13.3%
Moderate	41.5%	43.6%	49.1%	32.5%	39.8%
Low	6.1%	12.1%	18.2%	<u>25.9%</u>	<u>29.5%</u>
Very Low		0.6%	2.4%	<u>15.1%</u>	<u>10.8%</u>

Involvement with Palliative care Team

- 59% reported that they felt they were part of a palliative care team.
- 25% reported having attended a multi-disciplinary palliative care team meeting.
- Most common reason for not attending multi-disciplinary meetings was “lack of time”.

Choice of Palliative Care teacher

- 1st choice- Palliative Medicine Specialist
- 2nd choice- Palliative Care Nurse
- 3rd choice- Hospice Medical Officer
- 4th choice- GP colleague

GPR behavior and attitudes in relation to IPE

- 7.8% involved in Palliative Care I.P.E
- 47.3% chose a Mixed Professional group for a Palliative Care educational meeting in preference to mono-professional medical group.

Qualitative Data

- Structure of GP Palliative Care Training
- Learning about Palliative care (knowledge gaps, creating opportunity, supported early experience, self-motivation)
- Inter-professional Collaboration

Structure of Palliative Care Training

** Lack of structure**

- “There needs to be a more structured approach”
- “More formal in-depth training required”
- “ It’s been minimal and picked-up along the way rather than structured”
- “I’ve had rather little structured palliative care training in relation to its’ importance.”

Learning about Palliative Care

Self-motivation and opportunity

- “My knowledge is largely self-taught, also used BMJ online, CME and advice/help from other GPs /Hospice.”
- “Minimal training, so I arranged a day with the local hospice, on the strength of which I now work 1-2 days per week there as a medical officer.”
- “As GP there seems to be a dearth of opportunities, unless one takes the initiative.”
- “Palliative care was an area that I took interest in as opposed to having it taught.”

Learning about Palliative care

** Importance of Experience **

- “The most useful thing at the end of the day is getting out there and doing it.”
- “Much of my knowledge has been acquired from working as a house officer and learning from colleagues on the job-not an ideal situation.”
- “Experience gained from looking after patients with terminal illness in conjunction with palliative care nurses were my greatest learning point. When you are in a rural practice you develop a special bond with your patients and make an extra effort to learn in order to care for them.”

Learning about Palliative Care

Gaps in learning

- “I have realized that I have huge gaps in my knowledge about how to care for a palliative care patient.”
- “No formal training in this area was given.”
- “There was virtually NO training in Palliative Care during my training (Auckland Medical School/GPEP1 registrar).”
- “Poorly trained. Not much attention given by trainers and by me.”
- “I feel I need more knowledge in working out why certain symptoms are occurring..”

Learning about Palliative Care

** Support in early experiences**

- “How much the training is imprinted probably depends very much upon the opportunities and the support(key) with which an individual doctor is presented in the practical component of their training.”
- “Availability of supervised palliative care exposure for senior GP Registrars or GPs with an interest, to try out work in the area, with the relevant support.”
- “I rely on hospice to tell me what to do.”

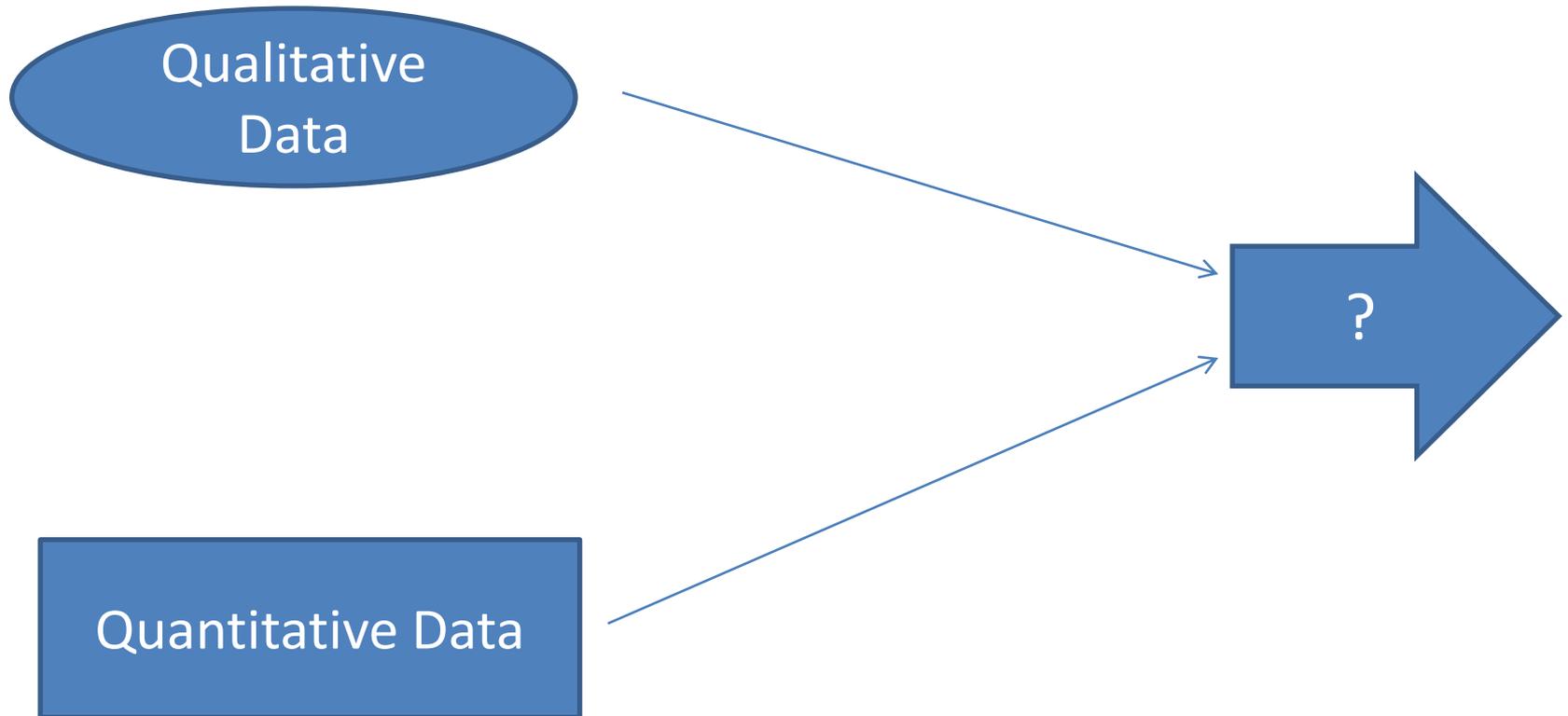
Inter-professional Collaboration

- A wide range of responses. The elements of the positive responses included good communication, supported practice, feedback from the team, informal meetings and learning opportunities.

Study Limitations

- Resource Limitation in TIME and MONEY
- What do GPRs know ?
- What do GPRs do ?
- Non-Respondents ??????????????

Points of data convergence



Summary

- GPRs value GP Palliative Care practice.
- GPRs recognize the value of different members of PCT in areas of training and clinical practice.
- Confidence in Bereavement Care and Syringe driver issues is lower than other domains AND the preferred support professionals in these 2 domains are not GP educators.
- There may be an unmet need for greater Inter-Professional education.
- GPRs value enhanced PC training.

Unanswered Questions

- Will the GPs of the future get the training and experience they need in Palliative Care?
- What role does the Palliative Care Team have to play in providing this?
- What initiatives will increase the involvement of GPs with Palliative Care Teams?

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