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Death and Dying: Competent to Care?

Introducing an approach to support the preparedness of medical staff to manage death, dying and bereavement

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Background

- Bereavement care + communication is core business for health/ social care
- Poor delivery = issue for safe patient care of bereaved & impact on staff wellbeing
- Despite national demand for medics to have competency in this area – ? confidence lacking
- SG commissioned NES, 2014
  - Focus on enhancing medical practice in bereavement care
  - Attention to education & training at UG/ PG

The evidence base

- 4 Literature reviews:
  - Bereavement education
  - Post-death team-based reflective practice
  - Staff wellbeing
  - Review of bereavement care standards
- Surveys Scottish FYs; UK UG & FY schools,
- Extensive stakeholder consultation
- Scoping/ mapping current training/ curricula
- Understand what is taught/ assessed and how, identification of gaps
- Learning/ working: international context

Education literature

- Low prevalence of bereavement training but corresponding high need for it
- Training often ‘diluted’ / subsumed into palliative/ EOL care
- Need for tiered skill development
- Need for supervision and assessment in practice to facilitate learning/ feedback
- Need for both core and context specific educational interventions

Scottish context

56 k deaths / yr

- Work with ISD (2016)
- Quantify proportion unexpected vs. expected deaths in Scotland

30% unexpected

National FY survey

- Lowest areas of preparedness negotiating family dynamics & discussing post mortem examinations
- Adverse effects on own wellbeing
  - grief (71%),
  - stress (53%),
  - frustration (42%),
  - questioning medicine as a career choice (20%)

National FY survey cont.

Specific areas where training could be enhanced:

- Clinical processes
  - e.g. paperwork, across UK countries
- Managing specific discussions
  - e.g. on faith/ cultural diversity
- Attention on how to talk to families not just patient interactions
- Dealing with anger
- Observe senior colleagues
- Learning revisited in later UG years
- Lack personal advice on coping with death
  - When senior support available, experiences of death reported among the most rewarding

No access to the following in relation to communication with those who are bereaved:

simulation (80%)
case based discussion (70%)
support during consultation (32%)
feedback regarding communication skills (66%)

Considering your UG training & subsequent practice, are there any areas of preparation that you feel could have been done better?

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"Excellent communication training at X but could have done with actual scenarios specifically relating to death and dying".

"I feel like we focused a lot on communication skills during the pre-clinical years of medical school. It would have been useful to practice DNACPR conversations, discussing prognosis, anticipatory care, bereavement etc. prior to starting work".

"Very little undergraduate training relating to bereavement. Enough training on breaking bad news but next to nothing relating to many of the important things mentioned above."

"I feel really strongly that whilst we are taught a lot about 'communication in difficult circumstances'…we do not get any advice or guidance as to how to care for ourselves when patients die"

“Teaching surrounding these issues was usually done in a PowerPoint/ lecture format, was a fairly formal discussion and with hindsight wasn't entirely useful/ realistic for practice.”

Educational Leads Survey

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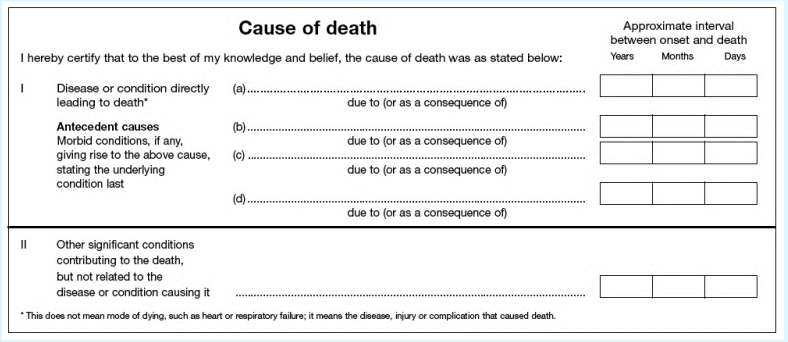
Areas of communication practice less frequently covered:

- communication about procedures and documents
- communicating with children
- making clinical record entries of these conversations
- unanticipated deaths (< 40%)



Cause of death

I hereby certify that to the best of my knowledge and belief, the cause of death was as stated below:

Approximate interval between onset and death — Years | Months | Days

I Disease or condition directly leading to death* (a) ..... due to (or as a consequence of)

Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (b) ..... due to (or as a consequence of)

(c) ..... due to (or as a consequence of)

(d) ..... due to (or as a consequence of)

II Other significant conditions contributing to the death, but not related to the disease or condition causing it .....

* This does not mean mode of dying, such as heart or respiratory failure; it means the disease, injury or complication that caused death.

Method of delivery of comms skills

- widely varied
- majority using group discussion
- some debrief/ reflection following experience in placement
- feedback on trainee performance uncommon
- much uncertainty around assessment of competence

Colleagues and clinical educators

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- Only partial preparation of doctors
  - speaking about sudden as well as expected deaths
  - specific death types: intrauterine, suicide
  - key explanation: MCCD; referral to PF; post mortem
  - talking to children who are bereaved
- Context of disintegration of medical team
- Insufficient use of educational tools for other clinical skills e.g. observation, feedback, simulation

Aim

Enhancing medical confidence, capability and preparedness

in handling & initiating death / bereavement related discussion

Proposed solution to overcoming barriers to effective communication practice at times of bereavement

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A national teaching & training framework for bereavement

Simulated practice across range of settings

Observation & Feedback

Debrief & team support

Opportunity to improve care of the dying / bereaved through implementation of the framework across the UK

*Planned launch **end 2017***

Key principles of the framework

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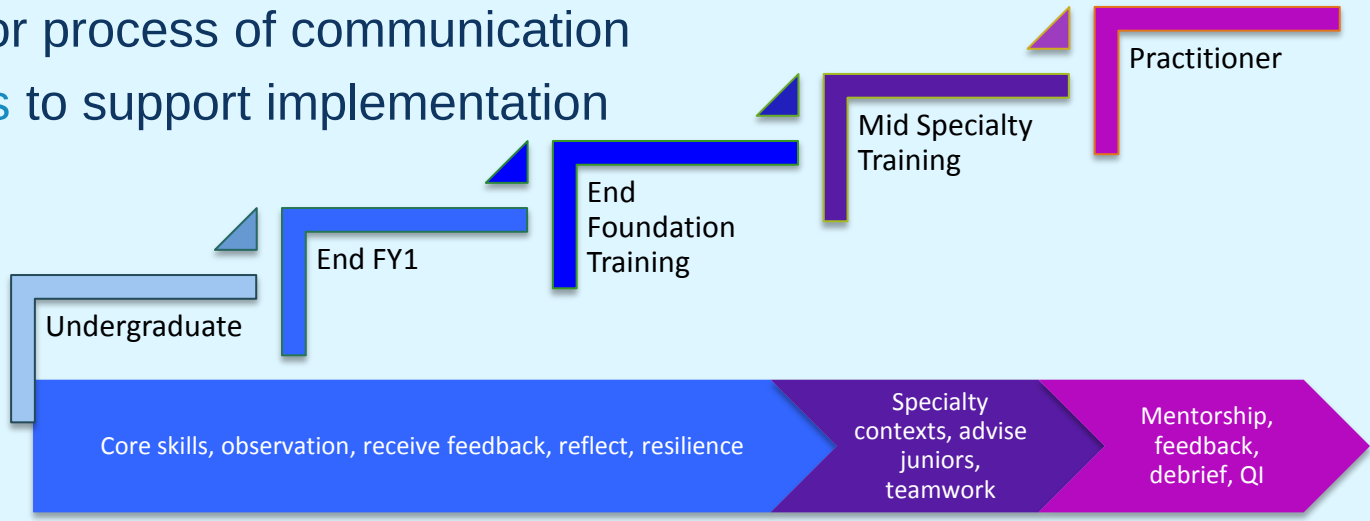
1. Mapped to GMC Generic Professional Capabilities
2. Spiral, layered approach to learning - initially focussing on generic abilities, adding context specific abilities later
3. Aligned to learning of other clinical skills: simulation/ role play, reflective discussions, observed practice, assessment, feedback & evaluation
4. Broad topic coverage with training embedded into pre-existing opportunities
5. Structured to mirror process of communication
6. Toolkit of materials to support implementation



Framework structure

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Level 1: End Undergraduate Course

	Intended Learning Outcomes *The learner should be able to:*	*Example methods/ modes (select as appropriate)*	*Potential resources (select as appropriate)*	*Assessment*	*Mapping GMC GPC*
Prepare/ knowledge	Describe how people may be affected by a bereavement immediately following a peri-death episode and in the longer term. Identify the need for different communication styles and format depending upon a range of types of death/ loss (see appendix) Identify the clinical and contextual information that should be reviewed ahead of communicating with the family/ carer of a deceased patient. Give examples of the various models of grief / stages of bereavement. Describe how people who are bereaved may present themselves to healthcare practitioners, including e.g. with physical manifestations of grief or mental health issues. Discuss how current society views death in relation to [illegible] perspective Explain how to verify (confirm) a death. Discuss faith, spiritual, cultural and family/ carer relationship implications in a peri-death context taking cognisance of all equality and diversity implications. State the categories of death that should be reported to the Procurator Fiscal/ Coroner and explain how to report a death. Discuss the potential impact on their personal health and wellbeing of working with people (including patients, relatives, carers and fellow healthcare professionals) around the time of death, including personal grief reactions, immediately and in the longer term. Discuss how personal values amongst those involved in the peri-death episode have the potential to influence outcomes for patients, practitioners and those who are bereaved.	• Didactic teaching • Classroom discussion • Self-directed learning • Group learning/ discussion • Completion of templates • Case-based discussion • Problem based learning • Experiential learning • Visits to key individuals (e.g. pathology/ spiritual care team) • Shadowing • Simulation/ role-play • Observed practice and feedback • E-learning • Self/ group- reflection	• PowerPoint slides with accompanying information handouts / lists of prompts questions for facilitators • Resource booklets (+/- self assessment) • Case based clinical scenarios for discussion • Mock forms and associated case studies presented on paper/ film (e.g. death certification, reporting to procurator fiscal/ coroner) • Online resources e.g. BAD website / app • Podcast (e.g. understanding the roles of different professions) • Simulation scenarios • Tools for individual / group debrief / reflection and feedback, facilitator notes • Narratives of those who have been bereaved / patient / staff stories	Online assessment or exam	*D2, empathy & compassion* *D2, respects patient's beliefs* *D1, situational awareness* *D3, establish & certify death, cremation authorisation, referral to PF* *D2, cultural & social awareness* *D1, own physical & mental health*
Deliver/ apply	Discuss context appropriate communication to enable an effective and supportive interaction around the time of a death and in bereavement (in both expected and sudden circumstances) Apply effective and supportive communication around the time of a death, including breaking the news of a death (in both expected and sudden circumstances) Demonstrate effective and supportive communication after a death, regarding legal, statutory and additional requirements including a) at the time of issue of the Medical Certificate of Death (MCCD) b) in respect of seeking a post mortem examination, c) regarding eligibility for organ and tissue donation and d) reporting to the Procurator Fiscal/ Coroner.			OSCE (later years)	*D2, effective verbal & non-verbal communication* *D2, well prepared in advance* *D2, organ donation*
Record	Explain the appropriate layout and content for an entry into the patient's clinical record following a peri-death or bereavement related communication. Complete an accurate MCCD, manually and electronically, as a practice.			OSCE	*D2, accurate records, complete forms or certifications*
Reflect/ learn	Reflect on the personal impact of peri-death / bereavement-related communications. Demonstrate an awareness that death is part of the process of living and the death of a patient does not always correlate with a clinical failure. Recognise signs that a death related experience (at or outside of work) is affecting them personally and / or professionally and when and how to seek support. Recognise signs that a colleague's death related experience (at or outside of work) is affecting them personally and / or professionally and advise them when and how to seek support. Reflect on the impact that a patient's death may have on the different members of the health care team, individually, and on the team as a whole.			Portfolio (later years)	*D2, sensitivity to impact to impact of comments & behaviours on others* *D1, member of a team* *D1, reflecting self- care, seek support*
Review/ impact	Explain the factors which might enhance or hinder effective communication in a peri-death or bereavement setting. Demonstrate how a positive cultural attitude to death, dying and bereavement can positively influence those who are bereaved, healthcare professionals and society.				*D6, identify areas for improvement*

Effective and supportive communication relates both to the [illegible]

Prepare/ knowledge

Deliver/ apply

Record

Reflect/ learn

Review/ impact

Modes of teaching

Resources

Assessment

Link to GMC GPC

Group discussion A

NES will produce some specialty specific pages for ST (e.g. O&G, GP, paediatrics and others) for the bereavement national training framework.

What learning outcomes would you write for your specialty?

- PREPARE/ KNOWLEDGE
- DELIVER/ APPLY
- RECORD
- REFLECT/ LEARN

Educational toolkit

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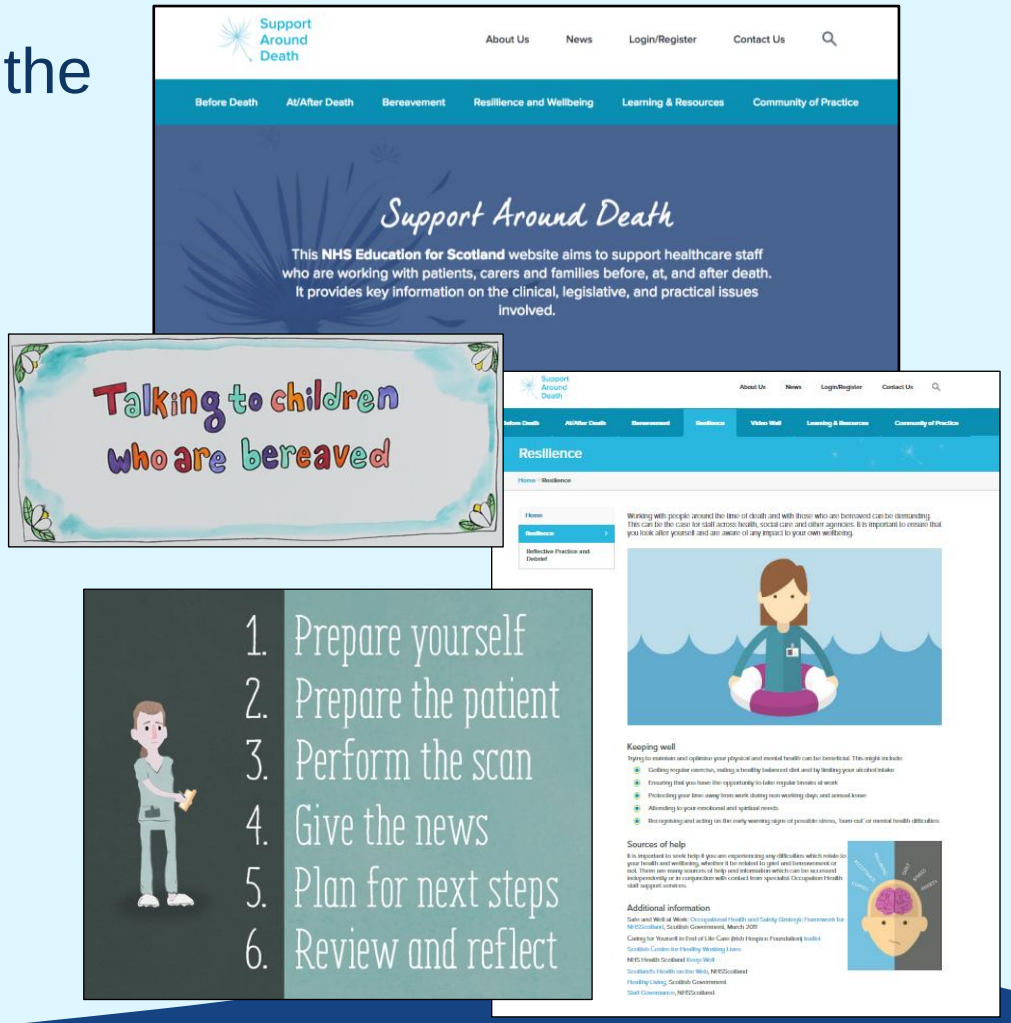
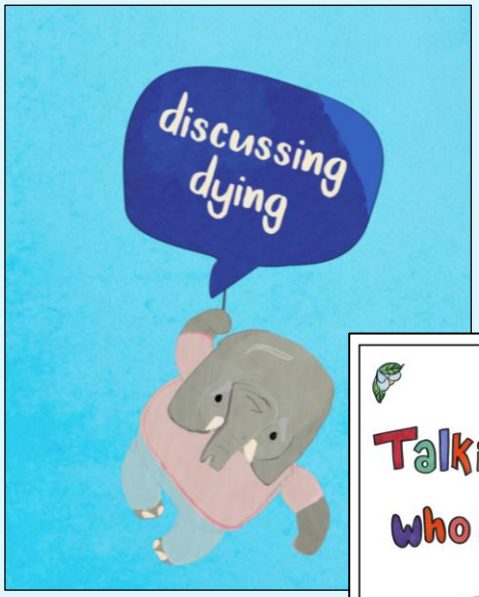
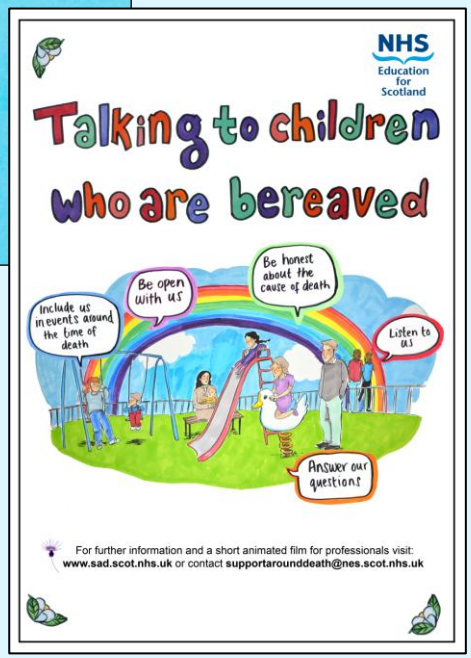
To support implementation of the bereavement framework:

- Website www.sad.scot.nhs.uk
- Mobile app
- Cases - individual reflection, group discussion
- Role play/ simulation scenarios including facilitator notes
- Exam questions
- Tools for debrief
- Short animated films



Short animations





Suite of short animated films available at www.sad.scot.nhs.uk

- Talking to children who are bereaved
- Discussing dying
- Discussing adult/ paediatric PM
- Dealing with sudden/ unexpected death
- Failed neonatal resuscitation
- Breaking the news of intrauterine death

Group discussion B

What materials would make the most difference for practice?

- Who would toolkits be most useful for?
- Should we design sample sessions for delivery in a lunchbreak/ ½ day/ 1 day?
- Should we focus on online or face-to-face learning?
- What topics should we prioritise first?

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Thank you

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Web www.sad.scot.nhs.uk

Structure/ governance