

A SURVEY TO ASSESS THE NEEDS FOR EDUCATION IN PALLIATIVE CARE AMONG RESIDENTS IN INTERNAL MEDICINE

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Introduction: Recent reports suggest that physicians training in palliative care is inadequate. On request of the Ministry of Welfare, Health and Cultural Affairs, an educational program on palliative care for residents in internal medicine was developed. In order to compose a program optimally meeting the educational needs of residents, a survey was performed in a Dutch cohort of internal medicine residents.

Aim: To quantify residents' perceived competence in palliative care and to identify educational needs.

Methods: A questionnaire was sent to all residents in internal medicine (64) from two large teaching hospitals: the University Medical Center Nijmegen and the Canisius Wilhelmina hospital. Residents were questioned about their experiences in palliative care.

Results: The response rate was 86%. Residents feel limited competent or incompetent in several areas concerning palliative care. They feel especially uncomfortable in the communication with patients and their relatives concerning euthanasia and physician-assisted suicide / hastened death (86 and 85% respectively, reported limited competence or incompetence). In addition, residents do not feel competent in discussing a death scenario with a patient (66%), in treating a patient of their own age (56%), in talking to terminally ill patients about their gloominess (56%), fears (47%), fatigue (37%), in discussing limited



Figure 2: Do you feel competent when breaking bad news?

**“There is lack of formal and proper education in palliative care”
(Mrs. Borst, 1996)**



Figure 1: Mrs. Borst, Minister of Welfare, Health and Cultural Affairs 1996

treatment or discontinuing treatment (27%), in pain management (40%) and in treating dyspnea (26%). Most residents mention no adequate prior training for managing these situations; 94% feel that more education would render competency in taking care of terminally ill patients. Residents are eager to receive training in all aspects of palliative care.

Residents who had been engaged more often (> 10 times) in discussions regarding death scenarios, feel more competent than residents who had been engaged ≤ 10 times in that situation ($p < 0,001$). Similar findings were obtained concerning discussions on progression of an incurable disease ($p = 0,002$); impending death ($p = 0,005$); fears ($p = 0,007$); limited treatment ($p = 0,045$); and on feeling of competence in treating dyspnea ($p = 0,006$). Surprisingly, no relationship between years of clinical experience and competence was observed.

Implementation of the results:

In May 2002, an educational program palliative care for residents in Internal Medicine in Nijmegen, The Netherlands was started.

CONCLUSION:

Residents in internal medicine feel limited competent or even incompetent in several situations related to delivering palliative care and think that education can help them to improve their skills.



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