

**Educating Future Physicians
in Palliative and End-of-Life Care**



**Former les futurs médecins dans
les soins palliatifs et de fin de vie**

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Summary Report on the Postgraduate Family Medicine Competency Survey

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Introduction

This is a report of the results of EFPPEC's Postgraduate Family Medicine Competency Survey in Palliative and End-of-Life Care.

The survey was conducted in collaboration with the College of Family Physicians of Canada (CFPC). The CFPC sent the questionnaire to family medicine educators and palliative medicine educators across Canada.

The competencies that were used in the survey were based on those developed by the Education Work Group of the Canadian Strategy on Palliative/End-of-life Care and the CFPC's Committee on Palliative Care. They were identified according to the Four Principles of Family Medicine and the CanMEDS Roles as defined by the Royal College of Physicians and Surgeons of Canada.

Survey respondents were asked to rate each of the Competencies on a 5-point Likert scale from 1 to 5, where 1 = Disagree Completely, 3 = Neither Agree nor Disagree and 5 = Agree Completely. Consensus was defined as 80% of respondents rating the Competency as a 4 or a 5. Consensus was reached on all Competencies. 207 respondents participated in the survey.

Responses to Rating of Competencies

Respondents were asked to rate each competency on a scale from 1 to 5, where 1 = Disagree Completely, 3 = Neither Agree nor Disagree and 5 = Agree Completely. The following table summarizes their responses.

1. On completion of training, family medicine residents will be able to address* and manage pain and symptoms. *Throughout this survey, the word "address" encompasses both assessment and management.	1	2	3	4	5	Total	# of 4 & 5	% of 4 & 5
1.1 Assess pain and symptoms effectively via a pain history, appropriate physical exam and relevant investigations	0	1	0	12	194	207	206	99.5%
1.2 Prescribe opioids effectively including initiating dosage, titration, breakthrough dosing and prevention of side effects	0	2	3	21	181	207	202	97.6%
1.3 Prescribe adjuvant modalities and medications for pain.	0	1	4	50	152	207	202	97.6%
1.4 Develop and implement interdisciplinary management plans for other symptoms including fatigue, anorexia and cachexia, constipation, dyspnea, nausea and vomiting, delirium, anxiety and depression.	0	4	9	79	115	207	194	93.7%
1.5 Monitor the efficacy of symptom management plans.	0	1	4	40	162	207	202	97.6%
1.6 Record a holistic management plan.	0	5	19	80	100	204	180	88.2%
1.7 Demonstrate the ability to develop a management plan that appropriately balances disease-specific treatment and symptom management according to the individual needs of the patient and family.	0	2	8	52	144	206	196	95.1%

2. On completion of training, family medicine residents will be able to address* psychosocial and spiritual needs	1	2	3	4	5	Total	# of 4 & 5	% of 4 & 5
2.1 Describe the components and course of normal and atypical grief.	0	2	3	60	140	205	200	97.6%
2.2 Demonstrate the role of the family physician in assessing and managing grief in patients and families.	0	2	3	47	152	204	199	97.5%
2.3 Identify and assess psychosocial and spiritual issues in end-of-life care and develop and implement a care plan to address in collaboration with other disciplines.	0	4	10	93	97	204	190	93.1%
2.4 Self-assess one's own attitudes and beliefs in caring for the dying and how they impact the care provided.	0	2	13	50	140	205	190	92.7%
2.5 Demonstrate cultural, religious and aboriginal sensitivity in addressing end-of-life care.	0	4	12	66	121	203	187	92.1%

3 On completion of training, family medicine residents will be able to address* end-of-life decision-making and planning using a basic bioethical and legal framework	1	2	3	4	5	Total	# of 4 & 5	% of 4 & 5
3.1 Determine, record, revise and implement goals of care through effective communication with patient, family and other caregivers.	0	0	3	39	161	203	200	98.5%
3.2 Demonstrate the ability to discuss advance care planning, including developing, revising and implementing advance directives with patients and families.	0	2	5	43	153	203	196	96.6%
3.3 Discuss and implement withdrawal and withholding of therapy.	0	0	5	39	159	203	198	97.5%
3.4 Describe models of end-of-life care and the role of family physicians in the provision of such care.	0	5	20	58	114	197	172	87.3%
3.5 Demonstrate the ability to manage and/or co-ordinate care of patients across health care settings including the use of appropriate referrals.	0	1	5	48	149	203	197	97.0%
3.6 Distinguish between physician assisted suicide and euthanasia and terminal sedation, and withholding and withdrawing therapy.	2	2	15	36	147	202	183	90.6%

4. On completion of training, family medicine residents will be able to communicate effectively with patients, families, and other caregivers.	1	2	3	4	5	Total	# of 4 & 5	% of 4 & 5
4.1 Communicate information about the illness effectively including bad news.	0	0	0	19	184	203	203	100.0%
4.2 Initiate and conduct effective patient and family meetings.	0	0	4	49	150	203	199	98.0%
4.3 Educate patients and family about end-of-life care issues and pain and symptom management.	0	1	2	36	164	203	200	98.5%

5 On completion of training, family medicine residents will be able to collaborate as a member of an interdisciplinary team.	1	2	3	4	5	Total	# of 4 & 5	% of 4 & 5
5.1 Demonstrate the role of family physicians in end-of-life care and describe the roles of other formal caregivers.	0	1	6	61	134	202	195	96.5%
5.2 Demonstrate interdisciplinary care in formal and informal teams.	0	1	7	57	137	202	194	96.0%
5.3 Demonstrate the ability to provide home care to dying patients.	2	2	9	39	150	202	189	93.6%

6. On completion of training, family medicine residents will be able to attend to suffering.	1	2	3	4	5	Total	# of 4 & 5	% of 4 & 5
6.1 Demonstrate the ability to define the elements of suffering in end-of-life care for patients, families and caregivers.	0	2	11	71	117	201	188	93.5%
6.2 Describe and implement a supportive approach to suffering.	0	0	12	65	124	201	189	94.0%
6.3 Demonstrate an ongoing commitment to a patient and family at end-of-life.	2	1	6	32	160	201	192	95.5%
6.4 Demonstrate self-awareness and self care in caring for terminally ill patients.	0	2	14	43	141	200	184	92.0%