

Advance care planning in primary care: A survey of resident barriers and facilitators

Sadaf Siddique MBBS¹, Jessica Simon MD, FRCPC²

¹Department of Family Medicine, University of Calgary, ²Division of Palliative Medicine, University of Calgary



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Family Medicine

Introduction

- Advance care Planning (ACP) is essential component of patient-centred care.
- Most people expect their family physician to initiate ACP discussions but practice varies widely.
- Family medicine (FM) resident education is one way to standardize and raise quality of ACP in primary care but not enough is known about how residents are approaching ACP.

Research question

What are the major barriers and facilitators, perceived by FM residents, to having ACP discussions in their core clinics?

Methods

- e-Survey of 2015 FM residents based on the theoretical domains framework⁴ to explore how Capability, Opportunity and Motivation impact FM ACP activities .
- Behavioural domains: Knowledge, Skill, Self-efficacy/beliefs about capabilities, beliefs about consequences, role identity, emotions, environmental context and resources
- 35 questions: 5-point likert scale; 3 open ended questions
- Analysis: descriptive statistics and qualitative coding.

Results

64 residents completed the survey (response rate was 36%)

Examples of key quotes from open ended responses

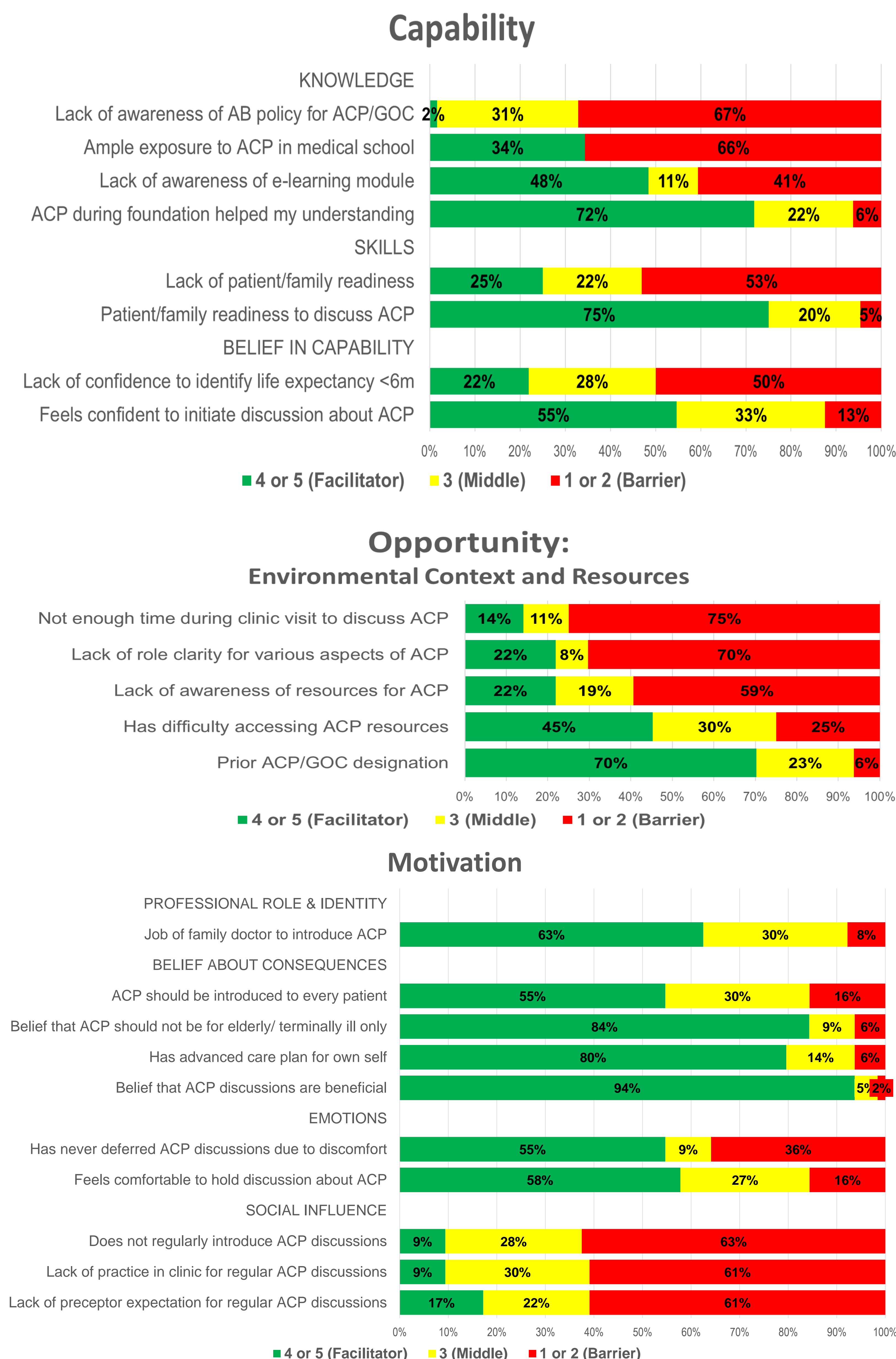
“Initiating the conversation [is hard] in patients who[se] ideas about their medical condition/prognosis are incongruent with my prognosis and realistic assessment of the severity of their condition and the potential benefit or lack thereof for treatment.”

“Let the preceptors know to make a point of teaching us how to do it”

“GOC,It seems easy to discuss this when patients are in the hospital than in clinics. I found very few people think about it and make an appointment only for this discussion. And when Patient come in for a knee pain or a medication refill in clinic I found it is hard to bring it up even the patient is in his or her advanced age with serious comorbidities.”

Analysis revealed barriers and facilitators to ACP discussions in clinics

Results are shown ranked by barriers for each domain



Interpretation

- We found the major barriers to be in social influence and environmental context domains.
- Lack of skills was the main barrier in open-ended responses.
- Major facilitators were professional role/ identity, belief in consequences and patient and family readiness.
- Our findings are supported by literature: feeling unprepared to deal with emotional discomfort of patients and having had little formal ACP education in medical school and residency have been identified as barriers to ACP discussions¹.
- Using Michie’s³ COM-B wheel of change allowed us to map the findings onto proposed interventions:



Regulation/Policy

- Residency program to identify and address reasons for low uptake of ACP discussions by preceptors in FM clinics



Education and Training

- Teaching communication skills tailored to ACP
- Formal introduction of Alberta policy on ACP/GOC and e-learning module



Environmental Restructuring

- Using serious illness conversations guide
- Setting reminders/prompts in EMR for ACP

- Evidence also supports effectiveness of such interventions to improve ACP uptake, self-awareness and confidence of physicians in out-patient settings.²
- We hope these interventions will be used to improve FM residents’ engagement in ACP

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