

PSP End-of-Life module enables physicians to better support patients

In recent years, end-of-life (EOL) care has emerged as a priority area for physicians and the health care system as a whole, reflected by developments such as the 2011 provincial legislation supporting advance directives for British Columbians, and by the extent of EOL-related resources now available for patients and physicians.

In September 2011 the Practice Support Program (PSP), a joint initiative of the BC Medical Association and the Ministry of Health, added significantly to the resources for physicians in this area with the launch of its EOL learning module.

Designed for family and specialist physicians, medical office assistants, and home and community care and palliative care nurses, the EOL learning module has proved to be one of the most popular PSP modules developed to date. In its first year, the module provided training for more than 800 participants in regions across the province.

The EOL learning module is the sixth such module developed to date by the PSP, and evaluation results indicate the vast majority of all participants have been satisfied with all aspects of the module. Among GPs, overall impressions of the learning module were very high. A large majority of GP participants (94.1%) also agreed that they had learned new things from the module that they had incorporated in their practice.

More broadly, a large majority of GP participants (88%) agreed or strongly agreed that the EOL module had helped them:

- Improve their practice.
- Improve patient care.
- Increase their knowledge of resources.
- Use what they had learned.
- Make changes in their practice related to EOL care.

Regarding the provision of EOL care within their practices, a large majority of GPs (85%) agreed or strongly agreed that attending the module had enhanced their:

- Ability to support patients during the terminal phase of their illness.
- Ability to support a patient's family or caregiver during grief and bereavement.
- Understanding of the palliative approach to life-limiting illness.
- Skills in identifying patients who would benefit from palliative care.
- Skills in communicating their patient's needs/wishes to other health care providers.

In addition, more than three-quarters of GPs felt that attending the EOL module had increased their satisfaction with their work, and more than half agreed that following the module they had better working relationships with home and community care and palliative care nurses.

One of the objectives of the EOL module is to encourage an "upstream approach" to EOL care by establishing better linkages between family physicians and other palliative care providers, and by promoting advance care planning.

The module enables physicians to look ahead and help patients create a plan for their future wants and needs. By taking this proactive stance, physicians can provide patients with peace of mind that they will be able to die on their own terms.

Ninety-four percent of MOAs

who have completed the EOL module describe their overall learning experience as positive, and 91% agreed that they learned something new that they had incorporated in their work.

Billing incentives are available for family physicians who engage in advance care planning with patients, including fees for helping complex care patients develop a written advance care plan, developing palliative care plans for patients with an end-stage medical condition, and providing follow-up communication by phone or e-mail with these patients.

There are also conferencing fees available for family physicians who, while caring for these patients, collaborate with home and community care nurses and palliative care providers.

Visit www.pspbc.ca for more information.

—Liza Kallstrom

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Further reading

Hollander M, Kadlec H. Evaluation of the Practice Support Program. Final report: First evaluation report on the PSP End of Life learning module (2011-2012). September 2012.

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