

BACKGROUND

Some health care professions who work in hospitals are not comfortable in discussing end-of-life topics and issues. End-of-Life Essentials is a Commonwealth Department of Health funded project, delivering peer-reviewed and evidence-based online education and practice change resources. Over 20,000 Australian doctors, nurses and allied health professionals have registered to access the education. In the module Patient-Centred Communication and Shared Decision-Making we asked learners a series of questions about their self-assessed abilities in a mindful and self-reflective learning exercise.

METHODS

Aim

To find what learners view as being confident or awkward in practice, what elements they identify as their strengths and challenges, and areas they want to practice and improve.

Data handling and analysis

Participants were learners (health professionals) who registered to the EOLE website and engaged with the Communication module. Data were retrieved from May 2016 to Feb 2021. Learners were asked 17 questions about their self-assessed abilities in end-of-life communication. In total, data from 1332 learners who answered at least one question were included for analysis. Descriptive data analysis was conducted using IBM SPSS Statistics version 25.



RESULTS

The top three skills **learners could do with ease** were:

- Being able to listen to a patient's concerns without interrupting (35.3%, n=469)
- Being comfortable with silence (29.6%, n=392)
- Reflection of patient feelings and emotions not just health facts (27.2%, n=358).



The top three skills learners said they feel **awkward or uncomfortable doing** were:

- Responding to challenging questions such as "how long have I got?" (21.8%, n=288)
- Dealing with a fear of getting it wrong (19.7%, n=260),
- Communicating with fearful /angry/ depressed patients (16.3%, n=216)

The top three skills learners **would like to practice and develop** were:

- Dealing with a fear of getting it wrong (39.4%, n=521)
- Communicating with fearful /angry /depressed patients (35.3%, n=467)
- Responding to challenging questions such as "how long have I got?" (31.7%, n=419)

CONCLUSION

When providing care to patients at the end of life, communication skills are complex and varied. Learning about the various facets of best practice could also be overwhelming. Health professionals were more confident in the general communication skills and lacked confidence in end-of-life care specific communication skills and would like to practice and develop more of these skills. We plan to use these results to study communication skills further in a longitudinal study that will seek to understand prioritised practice change in health professionals who work in acute hospitals.

