Beyond the A-E Approach: A Pilot Simulation Course in Oncology and Palliative Care for Medical Students

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Aim: Oncology and Palliative Care require nuanced communication skills and medical knowledge. To give medical students supported experience in these areas, we designed a four-week pilot study of simulation sessions at the Beatson Cancer Centre.

Methods:

- Two 30-minute simulation stations were written in oncology and palliative care.
- Resident doctors were actors and examiners, supported by palliative care clinical nurse specialists (PC-CNS) and consultants.
- Each station was completed by one or two students. Other students in the audience identified learning points throughout each simulation for discussion afterward.
- Quantitative (Likert scaling) and qualitative survey feedback was collected before and after each session.
- An iterative process was used to adapt the scenarios throughout the pilot based on previous feedback.

Session Briefs and Aims:

- **Oncology:** A patient with prostate cancer presents to the receiving unit with back pain and leg weakness. Two students share a full clerk-in including examination and initial management plan

- **Palliative Care:** A patient with terminal cancer is experiencing pain. Complete a full analgesic history, discuss basic changes. Initial discussion on treatment escalation – this was removed after week two and replaced with further analgesic teaching

Results:

- **Participation:** N=44 students attended, 37 gave full pre-SIM and post-SIM survey responses.
- **Preferred learning goals:** more students hoped to learn about emergency management (39/44, 88.6%) over holistic management skills (20/44, 45.5%) or team working (12/44, 27.3%).
- **Session utility:** Students on average felt the oncology (4.29+/-0.97) and palliative care (4.24+/-0.80) stations were useful (1=not useful, 5=very useful).
- **Session benefits:** Self-assessed confidence significantly increased in all four assessed skill areas (*Figure 1*).
- **Session difficulties:** The 'Breaking Bad News' session was challenging for students and staff under time pressure. Additional support was provided for students who found it emotionally challenging. It was also challenging for ward doctors to support the session given clinical requirements.

Oncology Clerking Simulation Feedback

Positive: “Thoroughly useful” “Great teaching”

Students asked for: “More sessions/ cases”
“More practice filling out clerking sheet/ Treatment escalation plan forms”
Additional PowerPoints/ lecture content to supplement learning

Palliative Care Simulation Feedback

Positive: “I think was the most valuable section never taught about it” “Loved it” “Super useful session”. Multiple students commented on benefits on Palliative Care Specialist Nurse Input

Students asked for: “More help. Possibly working through scenarios together”
“Session on discussing end of life plans”
Most students asked for further teaching on effective pain management, including a summary sheet/ PowerPoint for effective prescribing for analgesia/ antiemetics

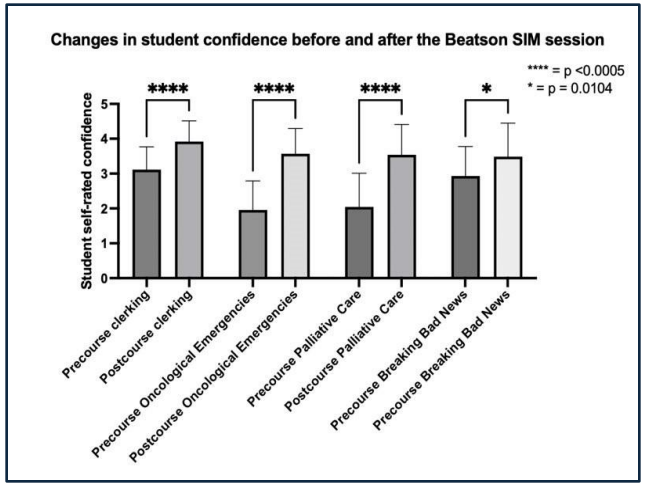

Figure 1: Student self-assessed confidence (Likert Scale 1 = not confident at all, 5 = very confident) before and after the simulation station

Learning Points and Conclusions

1) Simulation is an effective method of experiential learning in oncology and palliative care for medical students. Almost all students found this session useful.
2) The involvement of palliative care specialist nurses was excellent for student learning.
3) A combination of simulation and take-home resources would be beneficial for learning.
4) The session did present challenges: Providing structured support for students in this context, and further training for junior doctors providing teaching, would be beneficial for ongoing work.