

## **Transformation in doctors during Palliative Care training**

A/Prof **Andy Wearn** (presenter), Dr **Anne O-Callaghan** & A/Prof **Mark Barrow**  
a.wearn@auckland.ac.nz

### **Background**

Anecdotally, registrars who have undertaken a Palliative Care attachment as part of their specialist training identify this as a transformative process - making them think differently about medical practice and themselves as doctors. Their role in this setting is significantly different to that of other specialist areas; dealing with the patients and their family/whanau where death is expected provides a range of challenges that may not have previously been consciously addressed. These observations resonated with the framework of threshold concepts (TC) and troublesome knowledge (TK). Little research on TCs has been conducted within medicine, although it has had been applied in other health professional contexts. In this study, we chose to collect data from the learners rather than the tutors or content experts.

### **Aims:**

- to explore the palliative care training experiences of doctors, identifying the aspects that they found transformative and/or troublesome
- To identify a series of TCs in the area of Palliative Care, from the perspective of the learner
- To use these TCs to inform teaching and learning in Palliative Care and medical education more broadly

### **Methods**

Theory-testing qualitative study using a deductive and then inductive approach to coding. Purposive sampling was used to recruit medical registrars who had undertaken a six month Palliative Care run as part of their postgraduate training. Two focus group interviews (eight participants in total) were held using a semi-structured guide; audiotaped and transcribed verbatim. Each team member familiarised themselves with the data. An initial coding framework was agreed based on nine features of TCs (Cousin 2010, Meyer & Land 2003, Smith 2006). Each researcher coded data from the first focus group independently. Consensus was reached over any disparate coding and one researcher coded the second group. We met to identify potential TCs arising from the coding and hypothesised an initial set.

### **Results**

All nine features of TCs were found repeatedly in the data. Eight tentative TCs were identified and stood up to comparison with the theoretical framework. The two which stood out most prominently were; 'Recognising and managing strong emotions in self or others', and 'Reframing communication – "ask" before "tell"'. All eight will be shown at conference, with these two being supported in detail.

### **Discussion**

We will discuss and seek comment on the validity of the tentative TCs presented. Our research to date has led us to consider a number of the broader issues. First, provisional stability – are these TCs unique to doctors who have had this experience or should they be core concepts for any doctor? Second, do we need to extend the metaphor and consider the sequencing of TCs. Does it matter in which order students encounter TCs? (as in the game of croquet). Do tutors or supervisors play a role in marking TCs as troublesome, or even off-limits or irrelevant? We hope to engage with other delegates to assist us in progressing and applying our research.

## References

- Cousin, G. (2010) Neither teacher-centred nor student-centred: threshold concepts and research partnerships, *Journal of Learning Development in Higher Education*, Issue 2: February 2010.
- Meyer, J.H.F. and Land, R. (2003) Threshold concepts and troublesome knowledge: linkages to ways of thinking and practising, In: Rust, C. (ed.), *Improving Student Learning - Theory and Practice Ten Years On*. Oxford: Oxford Centre for Staff and Learning Development (OCSLD), pp 412-424
- Smith, J. (2006) Lost in translation: Staff and students negotiating liminal spaces, SEDA Annual Conference, Liverpool.