

Results Results were obtained from all 30 medical schools and for 24 programmes in 23 medical schools providing teaching in 2000/2001. All continue to deliver teaching on last days of life, death and bereavement. This is now mandatory. Generally, this remains a module within a larger course or is fully integrated. Teaching methods remain similar (2013 v 2001): lectures [28 (93%) v 21 (88%)], seminars/small group discussion [28 (93%) v 23 (96%)], video [18 (60%) v 19 (79%)], case discussion [17 (57%) v 23 (96%)], patient addressing students [18 (60%) v 9 (38%)] and role play [16 (53%) v 22 (92%)]. New features are MDT meetings [12/30 (40%)] and e-learning [14/30 (47%)]. Teaching is most commonly delivered by medical PC specialists [30 v 24 (100%)], GPs [17 (57%) v 20 (83%)] and specialist nurses [24 (80%) v 15 (63%)]. All major topics are covered to varying degrees. Teaching about PC for young patients remains limited [7 (29 responses 24%) v 8 (33%)]. Opportunities for patient contact has increased with 27 (28 respondents 96%) offering inpatient PC unit/hospice visits compared to 18 in 2001 (75%). More medical schools are assessing PC learning [25 (83%) v 6 (25%)].

Conclusion PC training for medical students continues to evolve. Recent changes are increased patient contact and assessment of PC learning.

REFERENCE

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PALLIATIVE CARE (PC) EDUCATION FOR MEDICAL STUDENTS: HAS IT IMPROVED OVER THE LAST DECADE? A SURVEY OF PC EDUCATION

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Background A survey of UK medical schools conducted in 1983, 1994 and 2000/2001 showed an increase in PC teaching time and course diversity. Gaps included limited assessment.¹

Aims To investigate changes in PC training for medical students at UK medical schools over the last decade.

Methods A web-based questionnaire developed from previous surveys was sent to PC leads in UK medical schools. Responses were compared with those obtained in 2000/2001. The study received ethical approval.