

Improving confidence in completing ReSPECT forms

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BACKGROUND

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms were introduced into the Royal Derby Hospital with an education programme targeting doctors of all grades.

ReSPECT prompts clinicians to record more than just "CPR" decisions, and should include personalised recommendations for patients' care in a future emergency. A year after ReSPECT form introduction, anecdotally we felt junior doctors were uneasy with ReSPECT conversations and that forms were often "partially completed", reducing their value to clinicians, relatives and patients alike. An audit of ReSPECT forms confirmed poor areas of documentation.

INTERVENTION

With permission from the Royal College of Physicians College Tutors, Core Medical Trainees (CMTs) were invited to a pilot teaching course on ReSPECT forms, comprising:

- A PowerPoint presentation on ReSPECT, delivered by the Trust's Resuscitation & Clinical Skills Manager
- Handouts of "mock forms", and information leaflets
- Role play scenarios of ReSPECT conversations

In groups of 6, alongside senior clinician facilitators, CMTs worked through vignettes of clinical scenarios requiring a ReSPECT form to be completed.

Ground rules ensured confidentiality and opportunity for "time out".

For each scenario, one trainee role-played the patient/relative, and another the doctor.

Facilitators led reflection and learning after each scenario.

RESULTS

10 CMTs completed pre and post - course questionnaires. 80% reported formal ReSPECT training previously, 60% had experienced informal "on the job" learning, and none undertaken online learning.

Number of previous ReSPECT forms completed

0	<5	5 to 10	10 to 20	20+
1	3	4	1	1

Pre course, 30% and 20% rated themselves "not confident" to have ReSPECT discussions with patients/ relatives respectively. Post course none reported lack of confidence. The pre/ post course numbers who reported confident rose from 10% to 40%, and from 10% to 50%, in discussions with patients/ relatives respectively.

Freetext feedback comments were positive (see right).

Confidence of CMT level doctors to have ReSPECT conversations with patients and relatives respectively rose after formal teaching and role play practice

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Do you have any concerns about completing ReSPECT forms? (Pre-course)

"I don't feel I have enough experience"

"How to initiate the conversation when a patient isn't acutely ill"

What challenges do you face in day to day work completing ReSPECT forms?

"Sometimes patients get scared"

"Knowing when to complete one and if it's appropriate"

"Communication with the patient and relatives"

Do you have ongoing concerns about completing ReSPECT forms?

"Need more practice"

Is there anything else you would have liked this session to have covered?

"Very good session"

"Practice sessions were good"

DISCUSSION

Although 90% of CMTs had prior experience of completing ReSPECT forms, only 80% had undergone any form of training to do so. 60% reported previous "on the job learning", which relies on another colleague having competence in ReSPECT conversations.

ReSPECT online learning acknowledges "just like learning a practical procedure, skills for having difficult conversations need to be practiced and it is helpful to reflect and listen to feedback." (1)

It would be interesting to establish how many had previously received peer feedback on their ReSPECT conversations. The RCP has previously highlighted that "junior doctors said they had few opportunities to practise conversations with feedback. It was felt that observation by another staff member was unlikely in a healthcare system under pressure, but also that current postgraduate education models and training objectives still do not prioritise teaching and evaluating these 'softer' skills." (2)

In recognising the value of the role play element of this course, we are embedding it into the annual CMT (from August 2019, IMT) teaching programme, seeking the same for GP VTS and medical registrar trainees. We hope to establish opportunities for senior medical staff to have "opt in, 1:1" sessions to refresh their knowledge/ confidence of ReSPECT conversations. To increase fidelity of role play, we have sought recurring funding for medical actors.

RESOURCES FOR ReSPECT TRAINING

We are evaluating incorporation of the following in teaching, and would recommend for use in ReSPECT learning:

www.realtalktraining.co.uk – a free novel and flexible communication training resource featuring real-life video recordings and learning points based on cutting-edge communication science. Requires registration to website.

[https://learning.respectprocess.org.uk-app / desktop versions](https://learning.respectprocess.org.uk-app/desktop-versions), ~1 hr of e-learning, can set as pre-training reading. www.resus.org.uk/respect-background-reading for public and healthcare professionals, variety of PDF downloads including "debrief tool" for ReSPECT conversation feedback. www.e-1fh.org.uk – Two e-learning modules available: ReSPECT awareness and ReSPECT Authorship Training.

REFERENCES

- (1) <https://learning.respectprocess.org.uk>
- (2) "Talking about dying: How to begin honest conversations about what lies ahead", Royal College of Physicians, 2018