
ORIGINAL ARTICLE

Hong Kong College of Radiologists' Palliative Medicine Training Programme

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ABSTRACT

Purpose: To evaluate the Hong Kong College of Radiologists' palliative medicine training programme from perspectives of three groups of clinical oncologists.

Methods: Three different sets of questionnaire were sent to three groups of clinical oncologists: chiefs of service ($n = 6$), past successful candidates ($n = 20$), and trainees of the 2013-2016 cycle ($n = 28$) to evaluate the palliative medicine training programme organised by the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists.

Results: The response rates for chiefs of service, past successful candidates, and trainees were 83%, 70%, and 32%, respectively. The chiefs of service and past candidates confirmed the value of the palliative medicine training programme and made suggestions to improve the training. The trainees raised some concerns regarding course work and the examination. Their comments were reviewed in the Subspecialty Board meeting and changes were made to improve the learning experience for future trainees.

Conclusion: Clinical oncologists viewed favourably the palliative medicine training in providing high-standard palliative care for cancer patients.

Key Words: Education, medical; Oncologists; Palliative medicine

中文摘要

香港放射科醫學院紓緩醫學培訓計劃

呂卓如、黃錦洪、顏繼昌、蕭健君、E Chow、魯勝雄、袁國強、邱秀嫻、黃家仁、楊美雲

目的：從三組臨床腫瘤學家的角度評估香港放射科醫學院的紓緩醫學培訓計劃。

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方法：三組不同的問卷被發送至三組臨床腫瘤學家：服務總監（ $n = 6$ ）、過往成功候選人（ $n = 20$ ）和2013-2016期的學員（ $n = 28$ ）來評估由香港放射科醫學院紓緩醫學專科委員會組織的紓緩醫學培訓計劃。

結果：服務總監、過往候選人和學員的回應率分別為83%、70%和32%。服務總監和過往候選人確認紓緩醫學培訓計劃的價值，並提出改進培訓的建議。學員對課程和考試提出建議。他們的意見已在專科委員會會議上審查，並將作出改變以改善學習經驗。

結論：臨床腫瘤學家普遍看好紓緩醫學培訓有利於為癌症患者提供高質素的紓緩醫學服務。

INTRODUCTION

Despite advances in cancer treatment (such as targeted therapy, immunotherapy, and innovative radiotherapy techniques), patients with advanced stage cancer still require specialised care to meet their physical and psychological needs. The Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists aims to provide palliative medicine training for clinical oncologists. The 4-year accreditation programme consists of 2 years of Higher Specialist Training in Clinical Oncology and another 2 years of Palliative Medicine Subspecialty Training.¹ Trainees are required to present at regular academic meetings of palliative medicine for 2 years, with guidance and feedback provided by trainers. In addition, trainees are required to submit four case logbooks on physical, psychosocial, ethical, and special oncology aspects. After completion of the programme, trainees are required to sit the Board Examination consisting of a dissertation appraisal examination and an oral examination (on dissertation content and other aspects of palliative medicine). So far more than 30 specialists have completed this postgraduate qualification in palliative medicine. We evaluated the palliative medicine training programme from perspectives of three groups of clinical oncologists.

METHODS

This study was conducted in compliance with Declaration of Helsinki. Between January and March 2016, three different sets of questionnaires were sent to three groups of clinical oncologists: chiefs of service ($n = 6$), past successful candidates of the programme ($n = 20$), and trainees of the 2013-2016 cycle ($n = 28$) to evaluate the palliative medicine training programme organised by the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists. For the first two groups, questionnaires were sent by email or post. For the third group, questionnaires were sent

during the revision multiple choice question lecture or on the day of the Board Examination.

RESULTS

The response rate of chiefs of service was 83% (5 out of 6). Most would recommend their trainees to receive palliative medicine training provided by the Palliative Medicine Subspecialty Board as well as by overseas institutions. They suggested setting up a journal to share new advances in palliative medicine and provided a list of related readings. They generally agreed that palliative medicine specialists can enhance palliative care service by providing comprehensive palliative care service to patients and families, maintaining a high quality of palliative care, setting up a new palliative care service in the department, and leading fellow colleagues in palliative care development, with respective mean scores of 8.8, 8.6, 8.0, and 8.2 on a 10-point scale.

The response rate of past successful candidates was 70% (14 out of 20). On a 10-point scale, the mean score was 7.2 for the usefulness of palliative medicine training. More than 11 of them agreed or strongly agreed that palliative medicine training was useful in symptom management, psychosocial and spiritual management, teaching others on palliative medicine, and improving palliative care in the department. Eight agreed that palliative medicine training led to more publications in related journals; the remaining were neutral ($n = 4$) or disagreed ($n = 2$). Nonetheless, more than half of the past candidates had published their course work. In addition, more than half received palliative medicine training organised by overseas institutions (e.g. Cardiff University, Sydney Institute of Palliative Medicine, St Christopher's Hospice). Most viewed that trainees should participate in more international palliative care conferences. They also stressed the importance of enhancing the ability of trainees to lead the development of palliative care in the field of oncology.

Table. Satisfaction level of trainees for different aspects of palliative medicine training.

Palliative medicine training	Satisfaction level (no. of trainees)				
	Poor	Fair	Average	Good	Excellent
Special lecture					
Pleural effusion	0	0	0	9	0
Intervention procedures for cancer pain control	0	0	0	9	0
Care of malignant wounds	0	0	0	8	1
Life and death	0	0	0	4	5
Child bereavement	0	0	1	8	0
Palliative surgical interventions for advanced gastrointestinal cancers	0	0	1	7	0
Qualitative research methods	0	1	1	6	0
Management of common psychiatric problems of cancer patients	0	0	1	7	0
Palliative care for patients with renal failure	0	0	0	7	2
Advance care planning	0	0	0	5	4
Debate session					
Euthanasia	0	0	1	7	1
Terminal sedation	0	0	0	8	1
Artificial nutrition and hydration	0	0	0	8	1
Palliative chemotherapy for elderly patients	0	0	0	8	1
End-of-life care pathway	0	0	0	8	1
Advance directives	0	0	0	7	2
Course work (portfolio, audit, dissertation)					
Workload	0	0	5	3	1
Format	0	0	5	4	0
Learning experience	0	0	5	4	0

Other comments included that trainers should provide more support and guidance for trainees in order to maintain a high quality dissertation project. Education on qualitative studies and psychosocial studies was recommended.

The response rate of trainees in the 2013-2016 cycle was 32% (9 out of 28). The satisfaction level for all special lectures conducted by invited speakers and for all debate sessions was mostly good to excellent (n = 6-9). Nonetheless, the satisfaction level for course work was mostly average (n = 5) to good (n = 3-4) [Table]. Some considered that the guidance was not adequate for the audit and case portfolio work. Some made suggestions regarding the examination format, length, and arrangements; these were reviewed in a subspecialty meeting and some modifications were made.

DISCUSSION

In the 2016 Hospital Authority Convention, the need for palliative care was emphasised.² The proportion of elderly people aged ≥65 years is expected to increase from 15% in 2014 to 33% in 2064.² Elderly people are more likely to have associated disability, loss of independence, and functional impairment; the prevalence of chronic and more complex diseases has increased.² In 2014, 75% of elderly people had one or

more chronic conditions.²

Despite advances in cancer treatment, patients with end-stage cancer or other terminal conditions and their families have significant physical and psychosocial needs during the course of disease. Palliative care can assist in ameliorating these needs. Palliative medicine training is important for oncologists, as they routinely encounter patients requiring palliative care.

In this survey, chiefs of service and past candidates agreed on the importance of palliative care training. They considered that local palliative medicine training was beneficial for oncologists in their work and as leaders in its development. Many past candidates have published their studies in local and international journals, including the *Newsletter of Hong Kong Society of Palliative Medicine*, *Hong Kong Medical Journal*, *Hong Kong Journal of Radiologists*, *Journal of Pain Management*, and *American Journal of Hospice and Palliative Medicine*. Guidance from trainers and experts in the field is essential to acquiring knowledge and appropriate attitudes to the provision of palliative care. Active participation in local and overseas conferences can lead to professional growth. Comments by trainees on course work and the examination can be used to improve future training programme.

There are limitations to our study. The response rate from trainees was relatively low. Questionnaires were distributed to trainees during the revision multiple choice question lecture and on the examination day. An electronic file was also sent to all trainees. Some did not attend the lecture who were not candidates of the examination and some did not reply electronically. Some did not attend all lectures in the cycle and some were exempted from course work as they had already achieved a qualification in palliative medicine from other institutes. In addition, only the past successful candidates were surveyed; those who did not complete the course were not accessible. Some past candidates and present trainees had acquired palliative medicine training from overseas institutes. In addition, some chiefs of service may not have been

familiar with palliative medicine training provided by the Subspecialty Board of the Hong Kong College of Radiologists.

CONCLUSION

Clinical oncologists viewed favourably the palliative medicine training in providing high-standard palliative care for cancer patients.

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Appendix 1. A survey of Palliative Medicine Training by the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists (HKCR) [for chiefs of service].

1.	Rating for present palliative medicine training by Palliative Medicine Subspecialty Board of the HKCR: Poor / Fair / Neutral / Good / Excellent
2.	Will you recommend your trainees receive palliative medicine training organised by the Palliative Medicine Subspecialty Board of HKCR: Strongly discourage / Discourage / Neutral / Recommend / Strongly recommend
3.	Will you recommend your trainees receive palliative medicine training at overseas institutions? Strongly discourage / Discourage / Neutral / Recommend / Strongly recommend
4.	What is the contribution to the palliative care service in the department by the colleagues who have completed Palliative Medicine training under the Palliative Medicine Subspecialty Board of HKCR? (0 = no contribution, 10 = significant contribution) <ol style="list-style-type: none"> Providing comprehensive palliative care to patients and families (score: _____) Maintaining high quality of palliative care (score: _____) Setting up new palliative care service in the department (score: _____) Leading fellow colleagues in palliative care development (score: _____) Others: _____
5.	Any suggestions for improving palliative medicine training by the Palliative Medicine Subspecialty Board of HKCR? _____

Appendix 2. A survey of Palliative Medicine Training by the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists (HKCR) [for past candidates].

1. How useful did you find the College's palliative medicine training? (1 = not useful at all, 10 = very useful)

Usefulness of training in the following aspects:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Symptom management					
Dealing with psychosocial/spiritual issues					
Teaching others on palliative medicine					
Publications in related journals					
Improving palliative care in department					
Others (please specify _____)					

Appendix 2. cont'd

2. Concerning course work (audit reports and dissertation), have they been presented to other medical professionals or published in any journals? No / Yes

i) Presentation
 Oral / poster
 Local / overseas

ii) Publication
 International / local journal (name of journal): _____
 Local newsletter (name of newsletter): _____
 Other: _____

3. Have you also received other palliative medicine training apart from HKCR (e.g. Palliative Medicine courses by Cardiff University)?
 No / Yes, course title and institution: _____

4. Any other feedback or suggestions? _____

Appendix 3. A survey of Palliative Medicine Training by the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists (HKCR) [for current trainees].

1. Level of satisfaction with different aspects of training:

	Poor	Fair	Average	Good	Excellent
Topics of lectures					
Diversity					
Format					
Frequency					
Number					
Lectures by invited speakers					
Pleural effusion					
Interventional procedures for cancer pain control					
Care of malignant wounds					
Life and death					
Child bereavement					
Palliative surgical interventions for advanced gastrointestinal cancers					
Qualitative research methods					
Management of common psychiatric problems of cancer patients					
Palliative care for patients with renal failure					
Advance care planning					
Debate					
Euthanasia					
Terminal sedation					
Artificial nutrition & hydration					
Palliative chemotherapy for elderly patients					
End-of-life care pathway					
Advance directives					
Course work (portfolio, audit, dissertation)					
Workload					
Format					
Learning experience					

2. Any suggestions on the above aspects of training? _____

3. Level of satisfaction on examination parts:

	Poor	Fair	Average	Good	Excellent
Examination					
Dissertation oral examination					
Viva examination stations					

4. Any suggestions on format of examination? _____