Mulot-Bausière, J Palliat Care Med 2016, 6:3 DOI: 10.4172/2165-7386.1000265

Letter to the Editor Open Access

Look at the Initial Training of French Physicians in Pain and Palliative Medicine

Marine Mulot-Bausière

Valenciennes Hospital, France

*Corresponding author: Marine Mulot, MD, Mobile Team Support and Palliative Care Hospital in Valenciennes, Desandrouin Avenue, 37000, France, E-mail: mulot-m@ch-valenciennes.fr

Received date: May 30, 2016; Accepted date: May 31, 2016; Published date: May 31, 2016

Copyright: © 2016 Mulot-Bausière M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Dear Editor,

My recent study, entitled « Residents' training in pain and palliative medicine: Students' assessment » published in French review « Palliative medicine» [1], is focused on French physicians' experiences and their skills assessment at the end of their two years master degree on pain and palliative medicine.

This French course, « Pain and Palliative Medicine DESC », have been created nine years ago, in 2007 [2]. It starts the last year of internship, and takes two years till the end of the first year of post-doctoral level. Its content includes basic and specialized courses organized within national seminars. Our goal during this research was to assess this training five years after its creation, through five main questions:

- 1. At the end of this two years of training, which seminars did you particular appreciate, and which would you like to be optimized? Could you explain?
- 2. Which skills have you the most upgraded (scientific skills, collaborative, teamwork, ethics, relational)? Could you detail your answer?
- 3. Do you think theoretical training takes an important place in your internship? How? Which kind of link between theory and practice could you make? Did you use Debriefing and Feedback techniques?
- 4. During these two years training, on which information and scientific sources was based your training? Did you think you had time enough to consult them?
- 5. For you, what is the most difficult in the practice of palliative medicine? Could you give example(s)? Describe your feelings, and how you successfully manage these situations? What did training apport to you at this time?

18 out of the 25 students enrolled in the promotion 2011-2013 were surveyed (all over the national territory).

Future specialized physicians enhanced their initial training thanks to teaching methods promoting an active participation in seminars, as well as linking theory to practice. Indeed, in their speech, students mentioned that they have learnt through confronting their analysis of their experiences with their teachers' ones during seminars. This way of working was in itself an acquisition and established a base to work in the discipline. Besides, they also underlined the benefit of a multidisciplinary team of teachers, which is consistent with the existing scientific literature [3]. Moreover, communication between

seniors and learners helped them to exercise their ethical reflection, which is essential in those disciplines. On the other hand, theory and practice were strongly linked through technical debriefing and feedback, promoting the development of a reflexive action while acquiring clinical experience [4,5].

The « DESC time », taking place during these seminars, was referred as a strong resource. It promoted the creation of a « network », and the pooling of each practice based on their internship. During these sessions, physicians specialising either in pain or palliative medicine interact on specific situations under the supervision of their experienced teachers.

We've demonstrated that acquiring medical and educational concepts while training in a palliative care mobile unit was a way to reinsure students. According to Williams et al., students felt less overwhelmed by negative feelings, when they were accompanying terminally ill patients [6]. Their main coping resource was to be mentored by their seniors.

One of the goals of this training was to promote palliative medicine through the development of qualitative research, which seems to be acquired; each of our interviewees questioned their practices following the fulfilment of their own personal research [7].

According to them, coordination of seminars' and internships' work is still perfectible. One challenge could be to improve communication, about the expectations of each one (students and teachers), and the teaching methods employed, at the beginning of the DESC.

References

- Mulot-Bausière M, Gallé-Gaudin C, Montaz L, Burucoa B, Mallet D, et al. (2015) Formation des internes en médecine de la douleur et médecine palliative: bilan et suggestions des étudiants. Residents' training in pain and palliative medicine: Students' assessment.
- Wear D (2002) Face-to-face with it: medical students' narratives about their end-of-life education. Acad Med 77: 271-277.
- Pr. G. Llorca (2003) Rapport du XVème J.U.F.P.M. de Nancy à partir d'une enquête conduite au sein des membres de la CIDMEF.
- Anderson WG, William JE, Bost JE, Barnard D (2008) Exposure to death is associated with positive attitudes and higher knowledge about end-oflife care in graduating medical students. J Palliat Med 11: 1227-1233.
- O'Brien HV, Marks B, Charlin B (2003) Le feedback (ou rétro-action): un élément essentiel de l'intervention pédagogique en milieu clinique. Pédagogie médicale 4: 184-190.
- Williams CM, Wilson CC, Olsen CH (2005) Dying, death, and medical education: student voices. J Palliat Med 8: 372-381.
- 7. www.sfap.org/pdf/III-W3apdf.Pdf.