Online Randomised controlled trial to improve Clinical Estimates of Survival (ORaCIES): study design

Linda Oostendorp¹, Nicola White¹, Priscilla Harries², Sarah Yardley¹,³, Christopher Tomlinson¹,⁴, Federico Ricciardi¹, Hülya Gökalp², Patrick Stone¹

Background

**Accuracy of clinicians’ predictions of survival in palliative care**

Our systematic literature review showed that clinicians’ predictions of survival in palliative care are often inaccurate.

*A Systematic Review of Predictions of Survival in Palliative Care: How Accurate Are Clinicians and Who Are the Experts?*


**How do clinicians make their prognostic decisions?**

In our previous P:CES (Palliative Care: Clinicians’ EstimateS) study, we identified the clinical factors that expert palliative care doctors (with demonstrated prognostic skills) had used to judge the probability of patients dying within 72 hours. With the results from the P:CES study, we have developed an online training resource showing how experts weighted the importance of the following clinical factors:

1. Palliative Performance Scale
2. Cheyne-Stokes breathing
3. Decline in condition
4. Agitation/sedation level
5. Noisy respiratory secretions
6. Peripheral cyanosis
7. Urinary output

Aim

To evaluate whether an online training resource can teach medical students to formulate survival estimates for palliative care patients that are more similar to experts’ estimates:

* Will students’ estimates become more similar to experts’ estimates?
* Will any effect be maintained after two weeks?
* (How) does the training resource change students’ weighting of clinical factors?
* Does the online training resource improve students’ level of expertise (ability to discriminate and be consistent)?

Methods

Online double-blind randomised controlled trial of a training resource:

* Ethics approval was received from the UCL REC (8675/002);
* 128 complete cases were required;
* Medical students in the penultimate or final year were recruited from:
  1. UCL Medical School;
  2. Imperial College School of Medicine;
  3. Hull and York Medical School;
  4. Brighton and Sussex Medical School; and
  5. St George’s;
* Participants received a total of £30 online gift vouchers.

Primary outcome

Students’ survival estimates will be correlated with experts’ estimates to determine the baseline level of agreement and any changes following the intervention.

Secondary outcomes

* the survival estimates provided in the second series of vignettes
* the estimates provided at the follow-up, the weighting of clinical factors and levels of discrimination and consistency

This study will provide evidence about whether a brief, low-cost online training resource can influence how medical students make prognostic decisions in an experimental setting.

Results & Conclusion

E-mail: loostendorp@ucl.ac.uk  @MCPCRD