

Engaging physicians in improved cause of death certification: evaluation of an education intervention

Rasika Rampatige, Iris Wainiqolo, Sheetal Singh, Ian Riley

Abstract

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University of Queensland,
Brisbane, QLD, Australia
(R Rampatige MD,
Prof I Riley MD); Fiji National
University, Suva, Fiji
(I Wainiqolo MPH); and Ministry
of Health, Suva, Fiji
(S Singh MPH)

Correspondence to:
Rasika Rampatige, Room 119,
Level 1, School of Population
Health, University of Queensland,
Herston Road, Herston,
QLD 4006, Australia

Background Accurate cause of death (CoD) data is one of the most important public health datasets that informs burden of disease assessments. Clinicians lack understanding of the nature of public health utilisation of CoD information. Furthermore, medical schools do not provide sufficient guidance to their students on correct death certification practices. The aim of this paper is to present the results of an education intervention designed to educate doctors on correct death certification.

Methods We developed a training curriculum, a handbook, and a set of teaching aids to train doctors in correct death certification practice. We used these materials in interactive workshops with 38 doctors in Fiji. The impact of the training was evaluated by pre-intervention and post-intervention tests using a vignette approach. It was also evaluated by assessing accuracy of death certification by these doctors 5 months after the workshops.

Findings The findings suggested that the percentage of correctly entered death certificates increased from 33·3% (65 of 195) in pre-intervention to 69·2% (132 of 195) in post-intervention ($p < 0·0001$). In certificates that had been wrongly entered, clinically improbable sequences accounted for the highest proportion of errors both in pre-intervention and post-intervention tests (63·6% [124 of 195] and 30·8% [60 of 195], respectively). The follow-up study showed 72·7% (136 of 187) accuracy in death certification by the same doctors, confirming a substantial change in practice.

Interpretation The training package was effective in bringing about substantial change in accuracy of death certification. A slightly modified package was subsequently used by the authors to train a group of doctors from 11 Pacific countries as trainers. We recommend the use of these materials in a wide variety of settings to train doctors in correct death certification practices. Without this sort of campaign to educate doctors in CoD certification, country CoD data will continue to be of little use for informing burden of disease assessments and health policy priorities.

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Contributors

RR developed the training material, conducted the training programmes, analysed the pre–post evaluation, and wrote the first draft of the abstract. IW conducted the training programme. SS conducted and analysed the follow-up evaluation. IR researched the concept and contributed to finalising the abstract.

Conflicts of interest

We declare that we have no conflicts of interest.