Strengthening and integrating Palliative Care into national health systems in 4 African countries.

Integrate Palliative Care
THET DFID

A Palliative Care Curriculum Toolkit

A practical guide to integrating palliative care into Health Professional Education

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Preface

This toolkit is prepared for a wide readership, from health sciences education specialists to clinical teachers at universities and in hospitals or community-based services. It suggests a framework of educational and assessment practice, including many practical examples. These examples are not exhaustive, and should be adapted to local conditions and the availability of resources.

When might this toolkit be of use?

- To develop a comprehensive review of an institutional curriculum, like a nursing college, a pharmacy department or a medical school;
- To integrate palliative care components in an established curriculum; or
- To inform public education and advocacy
- To strengthen conference workshops and presentations

We trust that it is a useful contribution to the strengthening of palliative care education activities so that all people who need this care in all places, with all diseases and in all countries receive it at the appropriate stage of the disease trajectory.

A Palliative care curriculum toolkit: A practical guide to integrating palliative care into health professional education

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Background

Purpose of this document

The Integrate Palliative Care (*Integrate*) project has supported the development of this toolkit to support those responsible for health worker education to integrate core palliative care competencies into existing curricula. The toolkit was developed in the four countries involved in the *Integrate* project (Kenya, Uganda, Rwanda and Zambia), funded by the Department for International Development (DfID) through THET, with the intention of making it available for use in other contexts in due course.

This document is intended to guide those involved in curriculum planning and delivery in integrating and strengthening palliative care education in their relevant programmes. It does not contain detailed information on educational theory, but focuses on the practical integration of palliative care into existing educational frameworks. Section 1 gives a background and user-guide and Section 2 includes practical examples and signposts to other useful resources.

Introduction

The integration of palliative care in education programmes is a crucial component of increasing access to impeccable, comprehensive palliative care for all[1,2]. A number of excellent resources already exist to provide palliative care education and training for the different cadres of health worker across both pre-service and in-service levels. Several good examples of curriculum design and palliative care competency frameworks are available, including the European Association of Palliative Care (EAPC) recommendations [3], the African Palliative Care Association (APCA) competency framework [4] and the Palliative Care Curriculum for You (PCC4U) resources[5]. Innovative programmes have been developed in countries in the sub-Saharan African region such as Kenya, Uganda and South Africa which include postgraduate stand-alone palliative care courses as well as the integration of palliative care into the curricula of medicine and nursing. APCA continue to build an emerging culture of palliative care training and service development across the continent.

This toolkit recognises:

- The availability of excellent international and Africa specific palliative care curricula and competency frameworks;
- The availability of a number of African resources for enhancing palliative care knowledge, skills, attitudes;

- That the palliative care approach guides all learners to understand the importance of comprehensive and holistic care which is patient and family centred;
- The opportunity for palliative care education and training to be integrated into curricula within many existing subject areas and cross cutting curricular themes;
- The importance of shared training for all members of the inter-disciplinary health, social and spiritual care teams.

Rationale

Over 20 million people require palliative care per year. The highest proportion (78%) of adults needing palliative care reside in low or middle-income countries[6]. In the African region, the escalation of non-communicable diseases in addition to the burden of HIV/AIDS, other communicable diseases and multi morbidity, makes the delivery of palliative care at all levels of the health service a priority. Palliative care is essential to health care, as endorsed by the United Nations World Health Assembly, Worldwide Palliative Care Association and Human Rights Watch. The 2002 Cape Town Declaration advocated for palliative care to be incorporated into all national health care strategies recognising that the relief of pain is a human right[7]. In May 2014 the World Health Assembly (WHA) passed a seminal resolution recognising palliative care as a requisite component of health services worldwide[8]. Integration of palliative care into basic and continuing education training for health professionals was identified as a critical factor for the successful implementation of this resolution worldwide.

How to use this guide

The toolkit provides examples and 'signposts' related to the integration of palliative care into the curriculum. The toolkit and links to helpful resources are situated in the 'Integrate: strengthening palliative care' website (www.integratepc.org). Examples and resources fall into three main categories:

- Ideas to help with the integration of palliative care into the curriculum e.g. how to identify components of palliative care being taught in the existing curriculum.
- Examples illustrating the use of different *education* strategies in palliative care – with examples by palliative care domain (see below re 'Domains')
- Examples illustrating the use of different *assessment* strategies in palliative care – again, with examples by palliative care domain (see below re 'Domains')

Existing palliative care competency frameworks and educational tools have been signposted, for adaptation into local context. Please acknowledge and attribute the original documents. There is no unique way of integrating palliative care into an education setting; hence this toolkit provides innovative ideas and methods to integrate palliative care in different contexts.

Underpinning philosophy

Education in palliative care should produce competent practitioners, leaders and local 'champions' who are motivated to integrate palliative care into their practice and improve access for all[9]. In the ethos of values based learning, palliative care values must be seen to lie '*not only at the heart of the educational content, the "what" of education, but also at the heart of the educational process, the "how", the way in which education is conducted*.'[10] Therefore underpinning this document and the development of curricula for palliative care are several key values:

- ***The philosophy and practice of palliative care*** based upon the WHO definition (Figure 1)[11] with an emphasis on: quality of life for the patient and their family; providing care from diagnosis through to death and into bereavement, across a range of conditions and across the ages. Care should be provided in the setting most appropriate for the patient and their family.

Figure 1
WHO Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

The WHO also highlights the need for palliative care for both adults and children, stating:

Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether a child receives treatment directed at the disease. Health providers must evaluate and alleviate a child's physical, psychological and social distress. Effective palliative care requires a broad multi-disciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres, and even in children's homes.

- ***A relationship-centered (or relational) approach to care***, which emphasises the reciprocal influence among those who provide and those who receive care, through 'relational learning'[12]. Thus educational experiences should be situated in relationships between all involved in the experience.

- ***Inter-professional and inter-disciplinary education.*** Teamwork is central to the practice of palliative care; thus, whilst recognising the importance of specific knowledge and skills for different professions, the opportunity for learning together as an inter-professional group is important where possible. Students should also be exposed to inter-professional facilitation, and inter-professional modeling of teamwork.

- ***Practical experience and expertise***. Experiential learning is essential to education in palliative care – a very effective way of students being able to learn and see palliative care in action is through exposure to the clinical situation and role modeling. This experience should form an essential part of any training programme.

- ***Social accountability***. This requires an understanding of the needs of the community and the systems that it serves so that graduates of the programme can meet these needs. Community participation is an essential part of this aspect[13]. The students, educators, patients, family members and lay carers all form part of this community. The education programme should attempt to take views and needs of all members into account when planning, delivering and assessing palliative care education. Education programmes should develop students to be competent practitioners in and for the communities that they serve. The educators should ensure that the expectations of the learners, the content of the programme and the needs of the community are congruent.

- ***The need for skilled and experienced educators***. It is important that those facilitating training are experts in the field that they are teaching. Palliative care expertise is important to provide technical oversight and input to palliative care education, but specific aspects of a course may be taught by subject experts e.g. pain management and spiritual care. Educational expertise is also required to oversee the programme and draw everything together.

A note on competency levels

The knowledge and competencies that are needed by an individual will vary according to their formal role, the setting in which they are working, their level of responsibility, the degree of their involvement within an inter-disciplinary team, and the amount of involvement with patients and their families[2]. Existing literature looking at palliative care education focuses on a three-tiered approach. These tiers have been adapted for specific settings e.g. children's palliative care, and are useful in the curriculum planning process. The tiers, adapted from APCA[4], the WHA[8] and EAPC[14] can be found in figure 2.

It is important to note that the tiers are a guide and the assumption is made that care providers will build upon their competencies as they become more experienced and specialised. However, they may be of use for those planning health services as they decide the level of knowledge, skill and attitude that their staff will need to

possess in order for them to work at the particular service level.

Figure 2 (APCA[4], WHA[8], EAPC[14])

1. Palliative care approach/ Basic training
A way to integrate palliative care methods and procedures in all health and social care settings. The competencies needed for the palliative care approach are the minimum competencies that are expected of all health and social care professionals. Basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate professional education, and as part of in-service training of caregivers at the primary care level, including health care workers, caregivers addressing patients' spiritual needs and social workers.

2. General palliative care/ Intermediate training
Provided by primary care professionals and specialists treating patients with life-threatening and chronic diseases who have good basic palliative care skills and knowledge. Depending on discipline, may be taught at an undergraduate or postgraduate level or through continuing professional development. The competencies needed to provide general palliative care would be displayed having undertaken training above that of the basic level. Intermediate training should be offered to health care workers who routinely work with patients with life-threatening illnesses and chronic diseases, including those working in oncology, infectious diseases, surgery, mental health services, paediatrics, geriatrics, family medicine and internal medicine.

3. Specialist palliative care/ Specialist training
Provided by specialist practitioners whose main activity is the provision of palliative care. These services generally care for patients with complex and difficult needs and therefore require a higher level of education, staff and other resources. Specialist palliative care is provided by specialised practitioners for patients with complex problems not adequately covered by other treatment options. Specialist palliative care training should be available to prepare health care professionals who will manage integrated care for patients with more than routine symptom management needs. They should be able to take responsibility for a service or programme, train and offer expert support and mentorship for other care providers within their own team and outside, and can take an active role in palliative-care-related research and advocacy. It is usually taught at a postgraduate level and

A note on domains of practice in palliative care – which topics to teach?

There has been much work carried out to determine the key domains of practice within palliative care and related competency frameworks e.g. the APCA Core competencies[4], the EAPC White Papers on education in palliative care and children's palliative care[3, 14], Palliative Care Australia's Capability and Resource Matrix[15], and the Association for Palliative Medicine (APM)[16]. The APCA core competencies[4] are linked into the APCA standards document[17] and cover the areas of organizational management, care provision, education and training, research and management of information. Within the section on care provision the holistic nature of palliative care provision is comprehensively covered. These areas are integrated into the six domains identified by the EAPC for undergraduate curricula[3] and it is upon these that this curriculum toolkit has been based, in order to keep it simple, whilst ensuring that it covers the competencies required. Thus the domains of care referred to by this toolkit include:

1. Basics of palliative care
2. Pain and symptom management

3. Psychosocial and spiritual
4. Ethical and legal
5. Communication skills
6. Teamwork and professionalism

Section 2: Toolkit

Section 2a: Strategies to integrate palliative care into existing courses

Examples of ways to include palliative care competencies are outlined below.

- **Curricular themes**. A set of learning objectives that are unique and unifying are spread out throughout the curriculum and influence other sets of learning. This can be in a linear fashion (thread) or designed to add width and depth with each curriculum encounter (spiral) where there is explicit understanding of the expectations at each stage. These spirals may in turn contain uniting themes. Examples include:
    - Communication may be a spiral theme that initially covers basic skills in communication and clinical interactions. Skills relating to breaking bad news and handling collusion may then be added at an appropriate point in that course.
    - Professionalism is now a theme in many curricula and provides a valuable opportunity to strengthen the competencies relevant to palliative care such as self-awareness, avoiding burnout, negotiating with colleagues or working in a multi professional team.

- **Integration within horizontal and vertical programming.** Courses already existing within the curriculum, which can be strengthened or adapted. Examples include:
    - Pharmacology courses can include essential medications for palliative care
    - Family practice or social support courses can include family support and holistic assessment including mapping family trees
    - Community heath courses can include care of the chronically ill and care of the dying patient in a home setting
    - Ethics courses can include treatment decision making, patient centred care and issues at the end of life
    - Disease specific courses can include palliative care components such as management of advanced heart disease in cardiology or cancer or palliative care support for PLWHA (patients living with HIV/AIDS).
    - Areas such as pain management, paediatrics, psychiatry, maternal and child health, public health, care of the elderly also include core palliative care competencies.

- **Block delivery of specific courses.** Palliative care can be delivered as a separate teaching course either at one time point or in sequential sections in different parts of the course. Examples include:

    - Knowledge based delivery via lectures of directed learning in year 1 or 2 followed by 1 week clinical modelling though placement in year 3 or 4.
    - Teaching blocks may be contained within existing courses such as oncology or HIV care.

- **Elective courses.** These can be used to support self-directed learning or focus on shared core competencies such as ethical judgement, professionalism, holistic assessment and communication. Examples include:
    - Ethics special study module where palliative care supports the learning of core ethical principles and contributes to developing ethical practise and judgement
    - Clinical placement within a palliative care setting where skills of patient assessment, communication and multi-professional working can be developed alongside management of advanced, chronic disease
    - Opportunities for supervised learning in a different cultural and resource setting such as a global health attachment. This will allow the development of professional values and personal awareness in the context of international health.

Section 2b: Carrying out a curriculum review in your setting, including an example from Zambia

Consultation of your own curriculum may reveal palliative care topics and philosophy diffusely 'hidden' throughout. The Palliative Education Assessment Tool[18] (PEAT) is an innovative self-assessment tool designed to facilitate curricular mapping of palliative education in medical undergraduate curricula. The tool is recommended and adapted by the European Association for Palliative Care (EAPC) steering group on Medical Education and Training[3]. The PEAT process identifies palliative care content in an existing education programme and compares it with an established palliative care curriculum such as the APCA core curriculum[19]. This process can be applied to reviewing curricula in other palliative (and non-palliative) education settings. In order to meet the needs of different health care systems and the needs of your students, the general approach to curriculum planning (Kern 1998[13]) should be applied. This includes:

1 Identification of general needs and problems
2 Identification of specific needs of different target groups
3 Setting of goals and objectives
4 Planning educational strategies
5 Curriculum implementation planning
6 Evaluation and feedback (of the students and the curriculum)

An example of how to evaluate and integrate palliative care in to a curriculum – University of Zambia, School of Medicine (UNZA SoM), medical undergraduate curriculum review

This example demonstrates the use of the PEAT tool in identifying strengths and areas to develop in relation to palliative care education. The process involves:

Step 1 Identify syllabus to benchmark against (this example uses the EAPC recommendations for undergraduate medical education[3]) (see 'Palliative care domain topics' in table below)
Step 2 Identify 'hidden' palliative care topics within the existing curriculum/modules (see 'Current (existing curriculum mapping') in table below)
Step 3 Suggest potential sites for unplaced topics (or potential changes to existing sites) (See 'Suggested place/year for teaching' in table below)
Step 4 Build in relevant learning objectives (developed as per local context/competencies required) (See 'learning objectives in table below)

UNZA curriculum review – strengthening palliative care teaching

Palliative care domain topics (EAPC core syllabus [3]) **(Step 1)**	**Current (existing) curriculum mapping** **(Step 2)**	**Suggested place/year for teaching** **(Step 3)**	**Learning Objectives** *'By the end of MB chB curriculum, graduates should be able to…'* **(Step 4)**
1 BASICS OF PALLIATIVE CARE			
-International development of the idea of hospice and palliative care -Definition of palliative care 1. Forms of organisation		Internal medicine 5th year	• Define and discuss the philosophy of palliative care including the concept of total pain • Explain the role of palliative care • List models of service delivery
2 PAIN AND SYMPTOM MANAGEMENT			
a) Basic principles of symptom management			
-Planning and evaluation of treatment -Symptom assessment (goals and tools) -Continuous and on-demand medication	Community medicine, 3rd year – constructing a detailed family tree Medicine, 6th year	Internal medicine 6th year	• Take a holistic history and make a problem list • Discuss the concept of a balance between benefit and burden in offering treatments
b) Pain Management			
-Definitions and concept of pain	Physiology, 3rd year – Pain management	To further develop during Internal	• Revisit concept of total pain • Describe common mechanisms of pain/pain

-The concept of total pain -Anatomy, pathophysiology -Mechanisms of nociceptive pain -Mechanisms of neuropathic pain -Recognition of chronic pain features -Principles of pharmacological treatment: - Importance of achieving 'steady state' - Using the simplest available route of administration - Role of titration - Necessity to prescribe 'rescue' medication - The role of 'equianalgesic' doses - The role of opioid rotation -Pharmacokinetics and dynamics of opioids, non-opioids and adjuvant analgesics -Routes of drug administration and their indications, alternative routes when oral not possible -Further pharmacological and non-pharmacological pain management: • Oncological intervention (chemotherapy and radiotherapy)	Physiology, 3rd year - Physiology of nerves Neurological sciences, 4th year - Somatic sensations Neurological sciences, 4th year - Drugs used in the management of pain	medicine 5th year and 6th year	syndromes • Describe how to carry out a pain assessment • Be aware of pharmacological and non-pharmacological management of pain • Explain the principles of good prescribing in a palliative care setting • Describe the three steps of the analgesic ladder (giving examples) • Explain the use of adjuvant drugs • Explain the role of morphine in pain control • Describe the side effects of morphine and how to manage them • Manage breakthrough pain • Calculate and adjust the dose of morphine • Be able to identify and treat morphine overdose • State the legal requirements for prescribing morphine

• Interventional procedures (anaesthetic and neurosurgical) • Nursing interventions • Counselling and psychotherapy • Social interventions • Physiotherapy • Complementary therapy -Organisational and legal issues: • Prescribing • Driving • Travelling			
c) Symptom management			
-Gastrointestinal symptoms: -Constipation and diarrhea o Anatomy and physiology of normal defecation and bowel continence o Mechanisms of constipation in end of life care o Ileus -Nausea and vomiting: • Pathophysiology (receptors/sites) • Pharmacology of antiemetics (particularly sites of action) • The role of route of drug administration	Pharmacology, 4th year– Laxatives and anti-emetics	To further develop during Internal medicine 6th year	• Manage common symptoms seen in a palliative care setting based on the pathophysiological basis of the symptom. Including: o Constipation and diarrhea o Nausea and vomiting o Dyspnoea o Cough o Delirium o Sore mouth o Lymphoedema o Fungating wounds o Itch

-Management of bowel obstruction
 	
-Pulmonary symptoms:
• Dyspnoea
  o Pathophysiology
  o Relevant pharmacology (opioids, anxiolytics, steroids)
  o Principles of oxygen therapy
  o How to deal with 'death rattle'
 	
• Cough
 	
-Neuropsychiatric symptoms:
• Delirium/confusional states
• Insomnia
• Depression and other mood disorders
• Anxiety and fear
• Hallucinations
 	
-Anorexia, cachexia and fatigue:
• Loss of appetite
• Fatigue
 	
-Thirst and dry mouth:
• Sore mouth
• Swallowing problems
	Psychiatry, 6th year		

-Dermatological symptoms: • Wound breakdown • Lymphoedema • Itch			
Care of the dying patient		Internal medicine, 7th year	• Recognise that a patient may be dying • Understand general principles in looking after a dying patient • Describe prescribing relevant to the end of life
Emergencies in palliative care: • Hypercalcaemia • Spinal cord compression		Internal medicine, 7th year	• Describe appropriate decision making and management of emergencies in a palliative care setting
3 PSYCHOLOGICAL AND SPIRITUAL ASPECTS			
-Psychological reactions to chronic illness, grief and loss		To develop during Internal medicine	• Be aware of psychological reactions to and social impact of illness, grief and loss

-Impact on patient and family of loss of independence, role, appearance, sexuality and perceived self-worth -Family dynamics -Ethnic, social and religious differences -How to help patients and families to deal with practical, financial and legal issues where appropriate. In particular, to arrange for social work and legal briefing to assist with will making -Coping strategies -Grief and bereavement -Anticipatory mourning -Risk factors for difficult mourning -Spirituality: • Hope • Review of one's life • Belief • Meaning of life		6th and 7th year	• Discuss what is meant by spirituality • Explain the importance of spirituality in palliative care • Discuss different ways of giving spiritual support • Have an awareness of one's own spirituality
4 Ethical and legal issues			

-Discussion and decision making at the end of life, particularly the abatement, withholding and withdrawal of treatment -The ways of negotiating and placing 'do not attempt resuscitation' (DNACPR OR DNR) -Exploration of proxy decision-making, advance care planning	Community medicine, 5th year – healthcare ethics	Revisit during internal medicine 6th year	• To be aware of palliative care as a human rights issue • Be able to use ethical principles to help make decisions about patient care in a palliative setting. Including: o Withholding and withdrawing treatment o Artificial hydration at the end of life o Identifying and responding to issues of Collusion
-Distinction between palliative care and euthanasia -Distinction between euthanasia and physician assisted suicide		Re-iterate during introductory 5th year session	• Be aware of the distinction between euthanasia and palliative care
5 Communication			

-Verbal vs non- verbal communication -Special situations of communication: • Patient' s information, prognosis • Decision making • Conflict and conflict resolution • Talking with relatives	Internal medicine, 4th year– verbal and non-verbal communication Community medicine, 5th year - communication skills	Revisit during Internal medicine 6th and 7th years	• An ability to communicate effectively with patients and their families in a clinical setting especially when breaking bad news and respond appropriately to reactions of patients and families
6 Teamwork and self-reflection			
-How to work in a team		Internal medicine, 6th year	• Recognise the importance of teamwork in patient care • Demonstrate an understanding of teamwork
-'Burnout' – avoidance and prophylaxis		Internal medicine, 7th year	• Be aware of healthy self-care behaviours and coping skills

Section 2c: Teaching and Learning methods with worked examples

This is an illustrated list of teaching and learning methods suitable for various contexts and for any level of learner in all professions. These examples may be used as they are, or adapted and made relevant to the local context. However, the methods are not exclusive to these highlighted topic areas and may be widely used across the domains.

METHOD	DESCRIPTION	EXAMPLE
Directed reading	Provide a set of learning outcomes Provide selected resources Notes: All levels but requires tailoring to the target group Assessment ideas: • Self-assessment quiz • pre and post MCQ	Topic: Introduction to pain assessment and management Read articles • Pain management in palliative care Barnard A, Gwyther E. SA Fam Practice 2006;48(6): 30-33 • Advances in pain control in palliative care Krause R and Stanford S July 2011 Vol.29 No.7 CME 271
Self-directed reading	Provide a set of learning outcomes. OR • Ask learners to assess their own learning needs against the objectives (with facilitation if required) • Suggest some text books, websites and library access • Encourage learner to discover the sources, read around the topic and meet their own learning needs Notes: • High order learning • Postgrad programmes • Senior medical or nursing students (UG) • Senior students in other health sciences (Pharmacology, speech and language, physiotherapy, occupational therapy etc)	**Example 1** **Topic** Teamwork in Palliative Care **Learning Objective** Demonstrates insight into the role of the interdisciplinary team. **Assessment criteria** Identifies roles of various members in the care of the patient and demonstrates awareness of referral system **Task** Write a short case report of a palliative care clinical scenario that you recently experienced (300-500 words). Describe all the team members involved in the care. Discuss the role of each member and the interaction of the team members. **Resources (just a start)** EAPC education resources http://www.eapcnet.eu/Themes/Education/Publicationsdocuments.aspx **Example 2** **Topic** Advocacy in Palliative Care **Learning Objective**

METHOD	DESCRIPTION	EXAMPLE
		Identify opportunities for PC advocacy at community level and develop a plan for a community event to promote a palliative care message **Assessment criteria** Opportunities listed with a written plan for the execution of a community event Report of the event with SWOT analysis **Task** Plan and conduct a community awareness event in PC **Resources (Just a start)** APCA Successful Advocacy for Palliative Care: A Toolkit http://www.africanpalliativecare.org/images/stories/pdf/toolkit.pdf **<u>Example 3</u>** **Topic** Management of Nausea and Vomiting in Palliative Care **Learning Objective** Classify the causes of nausea and vomiting Write a management plan for any patient with nausea and vomiting Justify antiemetic choices based on pathophysiological causes **Assessment criteria** Evidence of knowledge of pathophysiology of emesis Application of this to a clinical scenario **Task** Write a treatment guideline for use by a junior doctor in the treatment of nausea and vomiting in palliative care **Resources (Just a start)** Oxford Textbook of Palliative Medicine APCA Handbook of Palliative Care in Africa http://www.africanpalliativecare.org/images/stories/pdf/Handbook.pdf Palliative Medicine: Pain and Symptom Control in the cancer and/or AIDS patient in Uganda and other African countries. HAU.

METHOD	DESCRIPTION	EXAMPLE
		http://www.hospiceafrica.or.ug/index.php/publications/blue-book/send/3-blue-book/3-blue-book-english-vrsion **<u>Example 4</u>** **Topic** Public advocacy for appropriate attitudes to life threatening illness **Learning Objective** Understand the public understanding of palliative care **Assessment criteria** Contribute to the discussion in public **Task** Read the attached article http://www.theguardian.com/commentisfree/2015/jul/25/oliver-sacks-who-has-taught-us-so-much-now-teaches-us-the-art-of-dying?CMP=fb_gu Find another article in the lay press about life threatening illness and compare the two articles Write a letter to Oliver Sacks saying how this piece of writing will help you in practice. Submit this letter to your local newspaper for publication alongside the above insert. **Resources** Google
Lecture 10 to 400 people	Use power point presentation Notes: • Best for showing an approach and conveying some of the "hidden curriculum" if the lecturer engages with some corresponding patient narrative. • Lecture format can be dull, so need to use creative ways to break the potential information overload. **Assess** knowledge with MCQ or written questions.	**<u>Examples</u>** 1. Introduction to the palliative care approach 2. Assessing pain in palliative care 3. Advanced symptom management 4. An approach to neuropathic and other difficult pain 5. Ethics for palliative care 6. Communication skills basics 7. The public health approach to palliative care 8. Pain treatment as a human right 9. Interdisciplinary teamwork in palliative care 10. Empowerment for primary palliative care

METHOD	DESCRIPTION	EXAMPLE
		11. Providing spiritual care at the end of life 12. Management of the dying phase 13. Legal aspects of palliative care Plenty of material for above topics here http://www.hpca.co.za/category/clinical-guidelines.html http://www.hpca.co.za/category/resources.html **Some tips for making better power point slideshows** 1. Less is more 2. One minute per slide 3. Talk about the slides 4. Tell stories for texture and memory hooks 5. One message per slide http://www.slideshare.net/damonnofar/8-tips-for-slideshare
Reflection on experience / role modeling 6 to 10 people	Ward based bedside teaching with the focus on the students observing the clinical skills of the tutor in e.g. history taking or explaining advance care planning. Notes: • Formative feedback on each student's contribution to the discussion, as it happens. (Could be observed and recorded by a second tutor) • Reflective writing task very helpful (with feedback)	**Example 1** Small group bedside session. Patient must be prepared and give informed consent to the discussion. Students are given the task (before the session) of observing the clinical skills and attitude displayed by the tutor. The tutor leads a discussion of the interaction after the round. **Example 2** Small group video session Watch a video of a BREAKING BAD NEWS scenario e.g. https://www.youtube.com/watch?v=lJN6g0V5Q-U What went well in this session? Brainstorm how this could be used in the ward rather than a private office
Clinical discussion 6 to 10 people	Ward based bedside teaching Notes: • Formative feedback • MCQ possible for knowledge of	**Example 1** **Focus on students applying clinical pharmacology at the end of life.** Students are given the task (before the session) of preparing for a pharmacology and

METHOD	DESCRIPTION	EXAMPLE
	the use of drugs at the end of life (or in palliative care in general • Patient must be prepared and give informed consent to the discussion.	therapeutics ward round using a starter palliative care formulary. • The patient is asked about goals of treatment and use of risk management medication like statins. • The patient contributes to the discussion regarding side effects etc. • The patient's prescription is analysed and discussed line by line **<u>Example 2</u>** **Focus on taking a detailed pain history** Small group bedside session. Tutor explains the process to student/s before the session • Tutor takes the history (using a framework like PQRST or SOCRATES) and each student listens with or without taking notes • Students can direct clarifying questions through the tutor. • Discussion at the bedside (if patient agrees) • Patient input possible • Address total pain in the discussion **Task** (optional) write a comprehensive pain problem list and reflection on the session **Assessment** 1. Tutor to check each pain problem list against a prepared rubric 2. Reflective piece on the patient response to the pain history and the relationship of pain to suffering Feedback to each student by the tutor Further topics suitable for bedside discussion may be fitted into the same framework
Group work for presentation and discussion (12 to 30 people)	Any topic that is broad and in which input from all is valued. • Important to have rules of engagement • Respect and confidentiality • Needs careful	**<u>Example 1</u>** The impact of a family meeting Pre-reading on value of family conferences and how to conduct them Watch a video about a family meeting Possible resources include:

METHOD	DESCRIPTION	EXAMPLE
	leadership/husbandry	"Little Stars" (http://www.littlestars.tv) "Life before death" (http://www.lifebeforedeath.com) Discuss the video in small groups 1. What went well 2. What went badly (or could have gone badly) 3. How could it be even better Each small group presents their main learning points to the whole group **Assessment** • Global self-assessment • Global peer assessment • Final score is the average of these two scores **Example 2** Identifying the palliative care patient in another context Before a medical/gynae/surgery teaching round, prepare the group for the group discussion to follow by asking them to consider the patients' needs for palliative care (diagnosis, surprise question, symptom burden, prognosis) • Tutor attends the ward round with the students with the consent of the consultant in charge • Group discussion of the ward round • Tutor chooses one case and all discuss the palliative care needs in detail. **Assessment** Each student to present one case and the palliative care needs to a partner in the session Feedback by the student Peer assessment of fulfillment of the task on a written rubric If that patient were your father/brother/grandmother/daughter, how would you assess the presentation? (Likert scale) 1= least well 5 = very well

METHOD	DESCRIPTION	EXAMPLE
		a. Was the case correctly identified? (1-5) b. Was the symptom burden complete? (1-5) c. Did the student consider the psychosocial aspects? (1-5) d. Was the prognosis addressed? (1-5) e. What was the general impression of the assessment? (1-5) Score is the total out of 25
Role Play	Communication skills learning Notes: • Careful support required by the tutor and more than one experienced tutor may be helpful in this exercise as the students sometimes struggle to contain their own issues. • Safety and confidentiality must be assured. • Distress protocol essential.	Use short clinical scenarios to set up difficult conversations between doctor and patient • Divide the group into pairs with one taking role of doctor and one of patient. • Explicit instruction for patient to show an emotion e.g. anger, worry, shock • Short role play 2-3 minutes • Responses and tutor led discussion about the activity and emotional reaction of the professional person. • Instructions and comments about the use of silence, acknowledgement, normalisation and containment Exchange roles and repeat with a new scenario Self-assessment and peer assessment.
E-learning / Distance Learning	All topics Notes: Very valuable resource	Palliative care e-learning course for healthcare professionals in Africa http://ecancer.org/education/course/1-palliative-care-e-learning-course-for-healthcare-professionals-in-africa.php Children's palliative care e-learning courses from the International Children's Palliative Care Network (ICPCN) http://www.elearnicpcn.org Self assessment and certificates of completion are available online

METHOD	DESCRIPTION	EXAMPLE
Portfolio of learning	The learning journey in all topics and personal development. Notes: • Mentorship a key success factor for this activity • Definition of portfolio is important to be understood by the tutors, students and the persons contributing to that portfolio e.g. patients, patient proxies, peers and others • A reasonable working definition is " evidence of learning in a field." Which could include notes, commentary, exam results, case reports and artefacts among others • Should be completed over at least one month, but preferable more even over a whole year.	**Topic** Identification of patients in need of palliative care **Learning Objective** Identify patients in a general clinic or ward who may need palliative care. Justify the method you have used **Assessment criteria** Portfolio discussion with consultant. Allocate a global score out of 9 1. Not done 2. Poor 3. Many gaps 4. Some critical areas not covered 5. Satisfactory with some areas needing improvement 6. Satisfactory with few areas not covered 7. Good with coverage of most areas 8. Good with very few gaps 9. Comprehensive and excellent **Task** Assemble your learning portfolio including the tools and criteria you used and the articles and guidelines that you found helpful • Write one long case report of a patient using the identification tools • Write three short case notes • Collect a story from a patient about their palliative care experience • Find an article/artifact/musical lyric/poem/photo that contributes to your learning and describe that learning through the item. • Keep a weekly diary about this portfolio and you learning • Write a reflective piece as the final diary entry. **Resources** Google, Library, Imagination, a mentor
Mentorship / Preceptorship	Longitudinal support in a one-on-one relationship a. Relational b. Developmental c. Encouraging	**<u>Example 1</u>** Long term mentorship of a junior professional beginning a long term palliative care attachment/job a. Regular scheduled meetings

METHOD	DESCRIPTION	EXAMPLE
	d. Challenging	b. Direction towards resources c. Modeling of clinical skills d. Demonstration of self-care e. Holding to account Assessment is reflective journaling Useful to encourage the mentee to take on mentorship roles of other team members as confidence and competence permits Not summative http://integratepc.org/mentorship/ **Example 2** Preceptorship Predominantly skill and practice based • Much in common with mentorship but may be applicable over shorter attachment and looser commitment to the longer journey. • Feedback a critical element, with care that this is constructive and also in a spirit of positive regard. Framework of appreciative enquiry useful. • Can be useful in skills training and tested via OSCE or similar.

Section 2d: Assessment methods in palliative care education, with examples by domain

Introduction

Assessment may be formative or summative and may be integrated into a particular teaching module or may be stand-alone. Assessment will need to be adapted to local requirements. Assessment methods should be congruent and complement the threads running through the curriculum, including syllabus, learning objectives and teaching methods. Important considerations for assessment content and method include:

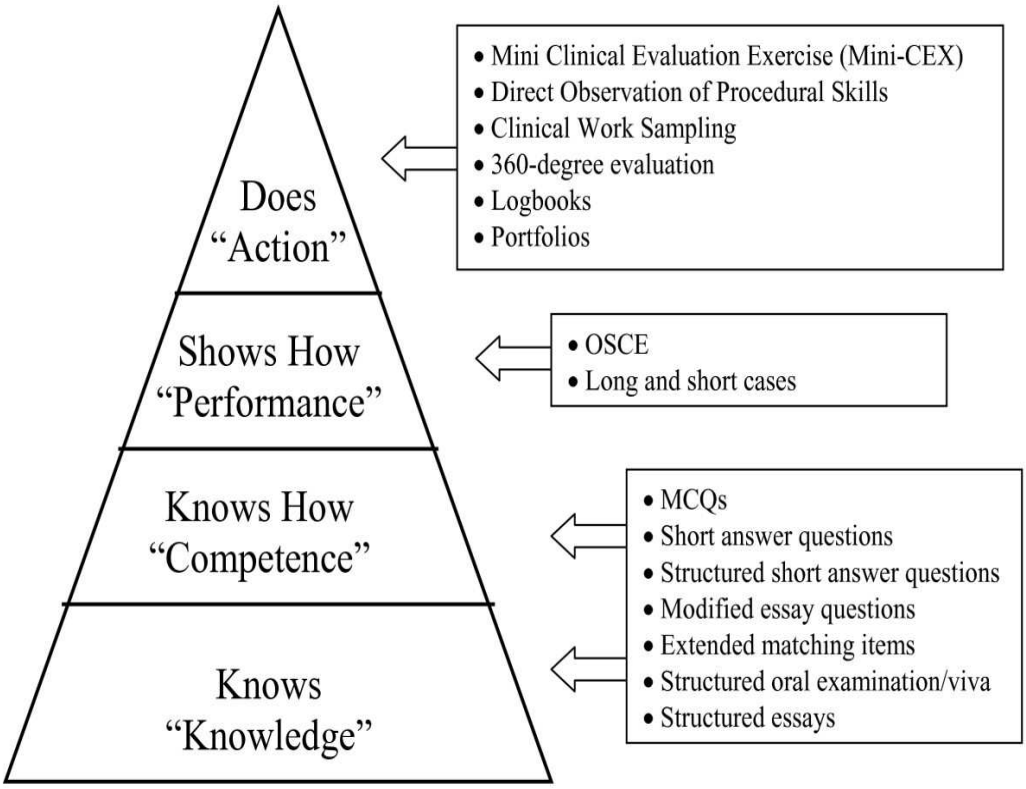
- Relevance to the topic
- Reliability – how consistent are the results?
- Validity – does the chosen method measure what it is meant to?

Detailed information on assessment theory and the methods of achieving the above can be found in the resources section of the toolkit (under 'Resources for assessment' page 55)

Which Assessment Method to Choose?

There are various methods and all can be used within the palliative care setting, often across topic areas. Miller (1990) (+ref) provides a useful means of mapping these tools against the competencies required of the students. Further detail on the assessment tools listed can be found

Adapted Miller's pyramid [20] (Adapted by Professor Sekalani Banda, UNZA, Medscholars workshop, April 2014)



Assessment examples by palliative care domain

The examples below are given as a demonstration of how assessment in a particular topic area may look. It is important to note that methods are not restricted to the examples given. Many single methods will be suitable for assessing students across the domains (in particular long case examinations, logbooks and portfolios). The examples given in this section have not been validated in an educational setting.

1 Basics of palliative care

Example 1: Short Answer Question:

A 22-year-old lady has advanced heart failure secondary to rheumatic valve disease. She is too unwell to travel from her rural home to the tertiary referral centre. Surgical correction of the valve problem is not available in this country. She is very

breathless and frightened. Please describe your understanding of palliative care (2 marks) and how it might help this patient. (4 marks)

Example model answer notes: Palliative care involves care of those with an incurable illness. It can be offered to a person, at any age, at any stage of the disease trajectory and is followed through during bereavement (2 marks)
Palliative care focuses on improving quality of life as defined by the patient. It involves holistic care, taking into account the physical, spiritual, psychological and social needs of the patient within their cultural context. Palliative care involves a multidisciplinary approach; it is patient centered and also supports family members and those who are important to the patient. (4 marks)

Example 2: MCQ

A 66year old patient presents with symptoms and signs of a progressive bulbar palsy on the background of being HIV positive (CD4 560, on Tenofovir and Effivirenz). It is felt the bulbar palsy is unrelated to her HIV status. The MRI head is normal. The diagnosis is thought to be a variant of amyotrophic lateral sclerosis (motor neurone disease). Her main problems are with speech and swallow. Her daughter suggests palliative care may be able to help in her management. Please indicate true or false for the statements below (correct answers underlined):

a) Palliative care should be reserved for those in the terminal stage of an illness T/F
b) The patient should never be told that the disease is incurable as she may lose hope T/F
c) We should be honest with the patient and tell her there is nothing we can do T/F
d) She may benefit from PEG feeding at some point in the future T/F
e) She does not require morphine, but may still benefit from palliative care input T/F

Additional examples/ideas:

- **MCQ**: Content of the WHO definition of palliative care

- **Long written question**: Total pain Read the following scenario and apply the concept of "total pain" to the patient and family members involved. Discuss the different elements of that pain and suggest a plan of action. Scenario: Mr ST is a 65-year-old man with Lung Cancer and you have been his family doctor for 12 years. He is using paracetamol 1000 mg by mouth 6 hourly and codeine 30 mg by mouth 4 hourly. He has developed sharp 8/10 pain in his chest with breathing and has become moderately short of breath, even at rest. His wife is with him and is very worried about looking after him at home as she feels she will not cope. He is also not sure whether to take further chemotherapy, as he only felt worse after the last round of chemo. He reports that his daughters really want him to proceed with treatment but he doesn't see the point and is inclined to

just take medicines for symptoms. They have had some family strife over these decisions and now he feels isolated and that there is no point to life anymore.

- **Journal entry for the learning portfolio**: The palliative care approach Visit the palliative care service in your hospital or community. Discuss the palliative care approach with the professional nurse in the ward or clinic. Visit a high care ward at your local hospital. Ask the professional nurses about a recent experience with a patient who had died there. Discuss the possible role of the palliative care approach in the high care ward with a colleague or the tutor. Write a reflective journal entry for inclusion in a palliative care learning portfolio.

- **Clinical assessment**: Approach to palliative care in a medical ward Interview and examine a patient who needs an escalation of pain treatment. Ask your tutor or a colleague to observe this patient interaction and assess your clinical skills with a tool like the minCEX, or give a global assessment of your performance

2 Pain and symptom management

Example 1: MCQ (True or False):

A 38 yr lady with known, inoperable, advanced renal cell carcinoma, bone and lymph node metastases presents with drowsiness, nausea, vomiting, constipation, thirst and polyuria. She has no other known past medical history. Please state true or false for the following statements (correct answers underlined):

a) Testing random blood sugar is unnecessary in this scenario T/F
b) Further investigation is dependent on the patient and family wishes T/F
c) Serum calcium measurements should be adjusted according to serum total protein T/F
d) Given the likely cause to her symptoms, rehydration is the first line of management T/F
e) Serum calcium should be rechecked within 24hrs of treatment to ensure it has normalised T/F

Example 2: MCQ (Single best answer)

A patient is taking normal release morphine liquid 5mg four hourly for nociceptive pain in his leg due to osteosarcoma. The morphine has had some effect, but he continues to experience pain. Please choose the single best option from the list below (correct answer underlined):

a) The dose should be increased to 7.5mg four hourly
b) An appropriate option is to switch him to regular IM pethidine as the morphine does not seem to be working adequately
c) Amitriptyline should be added
d) The correct prn dose is 0.8mg morphine ($1/6^{th}$ of the four hourly dose)

e) Slow release morphine tablet 30mg BD should be substituted for the morphine liquid

Example 3: MCQ (single best answer)

A 68yr man with end-stage heart failure (alcohol-related cardiomyopathy) is thought to be dying on the ward. He is very confused and is hallucinating. The confusion and hallucinations are a new problem over the past few days. He is distressed and agitated by the symptoms. Please indicate the single best answer from the following statements (correct answer underlined):

a) His symptoms are most likely due to irreversible dementia
b) He should only be sedated if his delirium is causing distress to himself or if he is a danger to himself or others
c) He is dying, therefore, we should explain to the relatives that the confusion is expected and further investigations or management should not be pursued
d) A CT head is the first line investigation. This should be followed-up with a lumbar puncture
e) Haloperidol 10mg PO is the first line treatment for his symptoms of delirium

Example 4: OSCE station

Station 1: A patient on your ward has a great deal of pain that has not responded to paracetamol, diclofenac or codeine. You wish to prescribe morphine. The doctor on the ward is not happy with this. Please speak to him:

Marking inclusions: Calm and respectful approach, checks understanding of situation correct, asks why the dr has concerns. Dr will talk about addiction, killing the patient, tolerance, escalating doses, morphine masking the disease, illegal drug – student should address all these concerns appropriately. Example marking grid:

	Mark
Introduces self and establishes which patient they are discussing	/2
Politely enquires how they can help or what the issues are	/2
Explains that, commenced and titrated appropriately for analgesia, should not be a risk of addiction	/4
Explains that morphine is used for symptom control and used/titrated appropriately, should not shorten life	/4
Explains that tolerance to analgesia not usually a problem. (Tolerance to some side effects can be a useful phenomenon)	/4
Explains there is no evidence that morphine will mask disease progression. Symptoms may progress as the disease progresses	/4
Explains that morphine can be legally prescribed for symptom control in this country	/4
General approach: (calm manner, body language, overall impression of communication skills)	/3

Self awareness/reflection: 1. Able to correctly identify own areas for improvement *(Examiner could ask: 'anything you would do differently?'*	/3
Final Mark ***(30 marks)***	/30

Example 5: OSCE station

Station 2: This patient is taking 5mg of morphine liquid (10mg/5ml) every four hours and is due to go home. Please complete the prescription for his morphine on discharge. You may use any details available in his notes (provided) (12 marks)

Example model marking grid (dependent on local requirements):

Morphine prescription OSCE station	**Mark**
Written in black ink	/2
Written clearly in capital letters	/2
Includes patient's full name	/2
Includes patient's date of birth	/2
Includes patient's location	/2
Uses generic name of morphine	/2
States formulation of morphine to be dispensed	/2
States strength of morphine	/2
Includes regular morphine dosing	/2
Includes morphine, as required dosing	/2
States number of days supply in words and figures	/4
States amount of morphine to be dispensed in words and figures	/4
Signed and dated by prescriber (prescriber number included)	/2
Final Mark ***(30 marks)***	/30

Example 6: Case based discussion of logbook inclusion

A student may have included a patient with palliative care needs in any of their hospital or community attachments. The focus of the case based discussion assessment could be around a topic on pain and symptom control. For example, a patient with a pressure sore. Please see resources section, page 55, for link to example generic case-based discussion proformas.

Additional examples/ideas:

- **MCQ**: use of opioids in pain control

- **Journal entry for the learning portfolio**: The role of the clinical pharmacist in palliative care prescription Visit the pharmacy where strong opioid medication is prepared and dispensed. Ask the pharmacist what their role in pain control encompasses? Ask about barriers to pain control from the pharmacist's point of view. Write a reflective essay on the topic and place it in your portfolio.

- **Long written question**: Pain assessment and management Read the following scenario and describe the possible mechanisms for the severe thigh pain and inability to walk:

Kato is a 76 year old University lecturer who has carcinoma of the prostate with bone metastases. This was diagnosed 2 years ago and he was treated with surgical castration. He recently presented to the oncology team with bone pain and a bone scan has shown multiple lesions in both femurs, thoracic spine and ribs. He was commenced on diclofenac 50mg tds and oral morphine has been titrated to 10mg 4 hourly, with bisacodyl 15mg. His pain has been well controlled on this combination for several months although he is losing weight and generally
You are requested to visit the patient as he has become increasingly drowsy and complains of severe pain in his right thigh with inability to walk. The family had arranged for him to be seen by a private clinic and the blood tests that they had requested show he has significant renal impairment. He is passing very little urine and not eating or drinking and his family wants him to have IV fluids and nutrition to get strong again. His son who is studying in India also wants to fund him to travel there for dialysis and consideration of renal transplant but Kato prefers to stay at home.

- **Clinical assessment**: Dyspnoea in palliative care Take a history from a patient who has dyspnea as part of their clinical presentation. Explore the feelings of the patient in respect of the experience of exacerbation. Present the case with the dyspnoea as the focus and ask the tutor/consultant to give oral and written feedback.

- **Formative assessment**: The palliative care approach to nausea and vomiting Choose three anti-emetics drugs with different mechanism of action. Write a comprehensive summary of each, including drug interactions, side effects that may be exploited for benefit to the patient. Note the adverse effects too. Match the antiemetic medication with an appropriate cause of nausea and vomiting. Compare your lists and write up with a peer. Discuss these lists together and consult the tutors for clarification if needed. (There will be a section on the pharmacotherapy of nausea and vomiting in palliative care in the final exam)

3 Psychosocial and spiritual

Example 1: Mini – cex

A student could be observed doing a psychological, social or spiritual assessment of a patient. Please see resources section, page 55, for link to example Mini-Cex evaluation profomas.

Example 2: Modified Essay question

Esther is a 32-year-old inpatient on a medical ward. Her husband died 6 months ago and the neighbours say he must have had HIV. The woman is sick, wasted and wonders whether she is also dying. Recently she developed a painful, ulcerated dark swelling on her ankle. The pain stops her from sleeping. She has not been able to get out of bed to care for the children over the past few weeks. The landlord is asking for rent, but she has no money. The neighbours have said she is cursed and she wonders whether this may be true as she has prayed but no help has come.

Please describe your approach to assessing Esther, including example questions you may include. (30 marks)

Example model answer notes:

Assessment would be sensitive and at the patient's pace, it would ideally include (note not all questions may be asked at one time, but could be considered): (2 marks)

1. physical, social psychological and spiritual
    a. Physical: questions about the dark swelling, pain (precipitating and relieving factors, quality, radiation, site, severity, timing, effect of treatment) and any other physical issues (7 marks)
    b. Social: Explore the impact of illness on social setting and vice-versa. Explore who gives support to Esther, whether she is depended on for supporting anyone else (may include family tree), her practical (cooking, cleaning, shopping) and personal (washing, dressing, managing the bathroom, eating) activities of daily living, her home situation (?availbility of electricity/water/transport), finances, her role in life and how this may have changed as a result of illness and recent event 7 marks)
    c. Pyschological: What she understands by her illness/how she is feeling/how her mood is/does she have any concerns (7 marks)
    d. Spiritual: What gives meaning and value to her life/what is important to her/what keeps her strong/has any of this changed as a result of her illness? (7 marks)

Example 3: MCQ (single best answer)

A 22-year man with metastatic osteosarcoma (lung metastases) is breathless. Please indicate the single best answer from the following statements (correct answer underlined):

a) He has incurable cancer, therefore, other causes of his breathlessness do not need to be explored

b) He should be discharged home as he is dying
c) Morphine does not have a role in his management as he does not have pain
d) He may be frightened and this should be addressed in order to support him
e) The chaplain should be requested to pray with him, even if this is not what the patient wants

Additional examples/ideas:

- **MCQ**: Taking a spiritual history using the FICA tool

- **Long written question**: Depression in palliative care Describe and discuss depression in palliative care and distinguish it from grief and loss. What are the stages of the illness trajectory when the risk of depression is high?

- **Journal entry for the learning**: Meaning and purpose Find a creative art expression of pain and suffering, or write a poem or song, or paint a picture. Show somebody. Ask them to respond and record their response for your journal.

- **OSCE station**: Psychosocial assessment Read the scenario. Write a comprehensive psychosocial and spiritual problem list. **Scenario:** Mr JB is 28 years old and is an inpatient at a community hospice where he was admitted because his pain was poorly controlled. His feet burn constantly and he is unable to walk further than the front yard of his house. He has a pressure sore on the sacrum, which was infected, but is now closing slowly. He cannot do his own dressings. He discovered that he was HIV positive at the local TB clinic where he was attending for treatment. He continued to lose weight despite eating well and taking the TB medicines regularly. He had previously had TB of the small bowel with obstruction and has had surgery leaving him with a permanent colostomy. He feels dirty and does not like to meet with his friends anymore because of the stoma possibly leaking. He has become lonely and depressed. He used to work on construction sites for a civil engineering company as a machine operator, but this became too much and he was put off work. He wants to return to work, but cannot work for long hours or doing physically demanding work. He hopes that he can have a letter from the doctor explaining that he needs to work slowly at first when he returns to work. He has heard of a disability grant, but does not know how to get one. He is unable to contribute to the household finances. His family lives in Cape Town, though he is estranged from all but his partner and one older brother. The house has enough rooms to accommodate all the people, but there is only one toilet and his frequent bouts of diarrhoea are embarrassing and possibly pose an infectious risk to others. He has asked the pastor of the church why all this has happened to him. The church has not been supportive.

- **Formative assessment**: Place of death Find two recent articles in the literature about "place of death". Reflect on your own observations and personal experience, or ask a senior colleague/peer/spiritual worker about their experience. Write up your findings for your journal.

4 Ethical and legal

Example 1: MCQ (true or false)

Please state true or false for the statements below (correct answers underlined):

a) Palliative care is an acceptable form of euthanasia T/F
b) Euthanasia and physician assisted suicide is illegal in every country in the world T/F
c) With correct prescribing and titration, morphine can be used safely for pain control T/F
d) Withholding medical treatment is a humane form of euthanasia T/F
e) Medical treatment should never be withheld T/F

Additional examples/ideas include:

- **MCQ**: Death certification

- **Long written question**: Pain and palliative care as a human right Discuss the value that the human rights approach brings to the provision of care to the most vulnerable members of society.

- **Journal entry for the learning portfolio**: Advance care planning Conduct an interview with a patient and family about advance care planning and discuss this with a colleague. Write a reflective journal entry for inclusion in a palliative care learning portfolio.

- **OSCE station**: Autonomy in a vulnerable person Read the scenario and list the factors that should be taken into account in order to maintain the patient autonomy (dementia/children)

- **Formative assessment**: The role of palliative care and desire for hastened death. Conduct a survey among five friends about their views on end of life care and euthanasia. Summaries the findings and discuss in your tutorial group. Tutor mediated discussion to draw in the role of palliative car and desire for hastened death. (Group and tutor feedback at end of discussion)

5 Communication skills

Example 1: OSCE

Station 1: Breaking bad news: Rachel is a 38-year lady admitted a week ago with abdominal swelling and pain. She is HIV positive and known to have chronic hepatitis B. Her alpha-fetoprotein levels are markedly raised. This and radiology (CT and ultrasound) indicate a diagnosis of **hepatocellular carcinoma.** This is not curable: there are multiple large tumours, which, therefore, cannot be surgically resected. Chemotherapy and radiotherapy are not treatment options.

The nurse in charge has trained in palliative care and she is concerned that Rachel does not understand her diagnosis. She has asked that you explain the diagnosis and answer any questions that Rachel may have.

Example answer key:

	Mark
Greets patient and introduces self	/1
Enquires about what the patient already knows/understands	/4
Finds out how much the patient would like to know	/4
Shares the information (giving truthful information in a sensitive manner. Avoids using medical jargon where possible– but if technical language is used, ensures the patient understands)	/5
Responds to the patient's feelings	/3
Gives a clear plan (even if this is just to check with seniors what the next step is) and information on follow-up	/4
General approach: (manner, body language, overall impression of communication skills)	/4
Self awareness/reflection: 1. Able to correctly identify own areas for improvement 2. Aware of issues on how to prepare for giving bad news to a patient or relative, for example, tells examiner: a. they would ideally read notes/gather all information etc before seeing patient b. ensure they will not be disturbed (eg turn mobile phone to silent) c. ensure privacy where possible d. check to see whether the patient would like a relative with them) e. or other relevant preparation *(Examiner could ask: 'anything you would do differently next time?' and 'In an ideal situation how would you prepare for giving the bad news?')*	/5
Final Mark ***(30 marks)***	/30

Example 2: Mini-cex

A student could be observed in a consultation with the focus being communication skills (this could range from basics of a simple assessment, to a more complex situation such as collusion or denial). Please see resources section, page 55, for link to example Mini-Cex evaluation profomas.

Example 3: MCQ (single best answer)

A 66 yr man returns to clinic for his CXR results. The clinical picture and imaging are very suggestive of lung carcinoma. The next step is referral for bronchoscopy for a biopsy and histological diagnosis. The histology later confirms squamous cell lung cancer and he is found to have stage 4 (advanced, metastatic) disease. Please indicate the single best answer from the following statements (correct answer underlined):

a) He should not be given any indication that the diagnosis may be lung cancer until the biopsy results are back
b) Questions should be answered with open detail to all patients even if the patient does not want to know
c) We should ask the family what the patient would like to know before we talk with the patient
d) We should not share the information with the patient as it is not culturally appropriate to discuss death and dying
e) <u>It is helpful to check the patient's current understanding before proceeding to explain further information at the patient's pace and wishes</u>

Additional examples/ideas:

- **MCQ**: <u>Listening skills</u>

- **OSCE Station**: <u>Breaking bad news</u> Watch a one minute breaking bad news video and write a list of things that went badly
- **Journal entry for the learning portfolio**: <u>Modelling of communication skills</u> Observe a consultant on a ward round while interviewing a patient with palliative care needs. Write a journal entry on the interaction and connection that developed in that conversation. Include this in your learning portfolio

- **Formative assessment**: <u>Communication skill role-play – dealing with difficult emotions</u> Conduct a two-minute role play to demonstrate dealing with difficult emotions. Discuss with the observers to identify the things that were done well, the things that went badly and how to make it even better. Peer observation and peer assessment with self-assessment. Feedback to be verbal by peers, but written and ina spirit of appreciative criticism by tutor

<u>6 Teamwork and professionalism</u>

<u>Example 1: 360-degree evaluation</u>

Please see resource section, page 55, for link to example 360-degree proforma

<u>Example 2: Reflective Diary/Logbook</u>

This may be used to assess a student's professional values and attitudes. Self-awareness can also be demonstrated.

Example 3: Short Answer

Please outline the characteristics of a good team in palliative care (8 marks)

Example model answer may include: Multidisciplinary, explicit roles, supportive working environment (team members feel listened to), individuals are appropriately trained and have access to ongoing training, effective leadership and management, good communication, individuals aware of own limitations and encouraged to seek help when needed, individuals encouraged to develop personally and professionally, mix of individual learning and management styles which are respected.

Additional examples/ideas:

- **MCQ**: Team members and roles

- **OSCE Station**: Collegial practice and referral "Write a referral note to the appropriate team member listing the palliative care priorities for the attention of that colleague.

- **Journal entry for the learning portfolio**: Self-care Write a reflective diary entry about your own self-care during the palliative care learning sessions. Identify an activity that would assist you in future with balance between professional and personal life.

- **Written answer**: Complaint procedure and Distress protocol Read the scenario and identify the reasons for the distress in the family member. Respond to the written complaint from hospital management and write a distress protocol to improve quality of care in future.

Section 2e: Resources

Useful International Educational Frameworks in Palliative Care

Title	Website/Link	Notes
APCA: Framework for Core Competencies, 2010[4]	http://www.africanpalliativecare.org/images/stories/pdf/Core_Competency.pdf	
APCA: Palliative care core curriculum, 2012[18]	http://www.africanpalliativecare.org/images/stories/pdf/Palliative_Care_Core_Curriculum.pdf	
EAPC: Recommendations of the EAPC for the Development of undergraduate curricula in palliative medicine at European medical schools. EAPC 2013[3]	http://www.eapcnet.eu/LinkClick.aspx?fileticket=S1MI-tuIutQ%3D	
EAPC: Core competencies for education on paediatric palliative care, November 2013	http://www.eapcnet.eu/LinkClick.aspx?fileticket=6elzOURzUAY%3D	

Training manuals/resources

Title	Website/link	Notes
The Palliative Care Toolkit – Trainers Manual	http://integratepc.org/wp-content/uploads/2012/12/Pall-Care-Toolkit-Training-manual-FINAL.pdf	• Offers specific examples divided into 17 modules which cover all the suggested domains for palliative care • Can be delivered as stand-alone or integrated into a wider curriculum demonstrates and supports the use of experiential learning • Outlines specific learning objectives and a lesson plan for 17 sessions • Includes a wide range of teaching and assessment resources • Available in 7 languages • See below re supporting powerpoint slides
Palliative care training powerpoints	http://www.ed.ac.uk/global-health/research/project-profiles/health-systems-strengthening/thet/resources	• 17 sets of basic powerpoint slides to be used in conjunction with the Palliative Care Toolkit Training Manual as part of the teaching resources used to support each lesson plan
APCA: Effective Methods of Teaching Palliative care	http://www.africanpalliativecare.org/images/stories/pdf/Training_Methodologies_Guide.pdf	• Overview and practical ideas for how to teach palliative care
The IAHPC Manual of Palliative Care 3rd Edition	http://hospicecare.com/about-iahpc/publications/manual-of-palliative-care/	• Contains much of what is necessary for day-to-day palliative care but is not intended to be a substitute for any textbook.

Useful Resources for students and trainers

Title	Website/Link	Notes
Palliative Care Toolkit	http://integratepc.org/wp-content/uploads/2012/12/Palliative-Care-Toolkit-HtH.pdf	• Available in 7 languages • To be used in conjunction with the Trainers' Manual, above
APCA: Palliative Care Handbook	http://www.africanpalliativecare.org/images/stories/pdf/Handbook.pdf	
APCA: Beating Pain: A pocket guide to beating pain in Africa	http://www.africanpalliativecare.org/images/stories/pdf/beating_pain.pdf	• Available in French, English and Portuguese
Using opioids to manage pain: a pocket guide for health professionals in Africa	http://www.africanpalliativecare.org/images/stories/pdf/using_opiods.pdf	• A succinct guide to opioids for medical practitioners, this includes compelling justification for their use, myths about opioids, pain evaluation and how to use opioids to manage different levels of pain.
Palliative Medicine: Pain and Symptom Control in the cancer and/or AIDS patient in Uganda and other African countries. HAU.	http://www.hospiceafrica.or.ug/index.php/publications/blue-book/category/3-blue-book	• Available in French and English

Makerere Palliative Care Unit, Uganda, Clinical Guidelines	http://www.ed.ac.uk/global-health/research/project-profiles/health-systems-strengthening/thet/resources	• Adapted/adopted for use in Uganda, Rwanda and Zambia • Practical guidelines on Pain assessment and management in adults and children, constipation, breathlessness, mouthcare, nausea and vomiting, wound management, delirium, malignant spinal cord compression and care at the end of life
Children's Palliative Care in Sub-Saharan Africa	http://www.icpcn.org/wp-content/uploads/2013/08/Childrens-Palliative-Care-in-Africa-Full-Text.pdf	
International association for hospice and palliative care	http://hospicecare.com/join-iahpc/	• IAHPC membership is discounted according to level of income of the particular country you or your institution is based. Membership offers free access to full text articles from leading palliative care journals

Resources for assessment

Title	**Website/link**	**Notes**
Assessment theory	www.gmc-uk.org/Assessment_good_practice_v0207.pdf_31385949.pdf	
Links to proformas/user guides for Mini-cex, DOPS, CBDs and 360^0 appraisal	www.jrcptb.org.uk/assessment/workplace-based-assessment	

Other useful resources

Title	Website/link	Notes
Worldwide Palliative Care Alliance. 2014. Global Atlas Report of Palliative Care at the End of Life[6]	http://integratepc.org/resources/global-atlas-of-palliative-care-at-the-end-of-life/	
APCA: Standards for the provision of quality palliative care across Africa[16]	http://www.africanpalliativecare.org/images/stories/pdf/APCA_Standards.pdf	
International Association for Hospice and Palliative Care (IAHPC): Essential Practices in Palliative Care	http://hospicecare.com/uploads/2012/2/IAHPC%20List%20of%20Essential%20Practices%20FINAL%20(table).pdf	• Identifies the essential practices in primary palliative care
Palliative Care Curriculum for Undergraduates (PCC4U)[5]	http://www.pcc4u.org/	• Practical learning modules and resources to promote the inclusion of palliative care education as an integral part of all medical nursing and allied health undergraduate training and ongoing professional development.
Canadian Virtual Hospice	http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx	• Information and tools for practice for palliative care
SPICT	http://www.spict.org.uk/	• Supportive & Palliative Care Indicator Tool

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