

Model of integrating Palliative Care into the Core Curriculum for Medical Students in Zimbabwe

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Palliative Care: an essential part of medical and nursing training



Zimbabwe



One
Medical
School for
Doctors.

200
Students
enrolled
annually.

Palliative
Care
introduced
in 1979.

Country Demographic Information

Population

- In 2002 was 11.632 million (Central Statistical Office, 2002)
 - ❖ 41% below the age of 15yrs
 - ❖ 55% between the ages of 15 – 64 yrs
 - ❖ 4% was above the age of 65yrs
- 51% Female 49% Male
- Life expectancy at birth 45 yrs
- Current estimates population around 12.6- 14 million



Activities undertaken

- Island Hospice Services is providing Palliative Care training at Island Hospice premises to 5th year medical students all year round in small groups of 20's since 1992.
- Palliative Care topics introduced to 4th year block sessions.
- Seminars on Palliative Care are conducted to the whole class of 5th year medical students at the medical school bi-annually
- Grand rounds with Palliative Care cases and Island Hospice Team conducted weekly at two teaching hospitals.
- Pain clinics held weekly at Parirenyatwa referral Hospital.
- A workshop on Integration of HIV and AIDS issues into pre-service medical and nursing curricula was conducted in Zimbabwe in 2006, all stakeholders were involved.



Topics Discussed

- Introduction to Palliative Care
- Death and dying
- Psychosocial issues
- Pain management
- Breaking bad news
- Palliative Care case studies
- Communication principles and skills
- Bereavement awareness



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Successes

- Improved pain management using the WHO pain ladder in patients.
- Less reluctance in prescribing morphine
- Early referrals for palliative care by health professionals and self referrals.
- Confident in breaking bad news
- Some doctors have offered their services to Island Hospice on voluntary basis



Challenges

- Less time allocated for palliative care training at Island Hospice
- New topics being introduced into an already overloaded curriculum
- Shortage of palliative qualified human resources.
- There is a shortage of teaching aids and material resources for palliative care



Lessons Learnt

- Medical students would benefit more if they received Palliative Care training throughout their training years.
- Communication skills in palliative care should be introduced in the first year of medical students training.
- Post graduate qualification in palliative care is essential for maintaining a pool of palliative care specialists



Recommendations

- Palliative care attachment for medical students needs a component of patient visits in the community.
- Medical students need to be attached to Palliative Care training for a period of one month or more to enable them to cover more topics.
- Medical students to attend the pain clinic.
- Medical Student's examinations to include questions on Palliative Care.
- Implementation of the already developed curriculum for integrating palliative care and HIV/AIDS care needs to be speeded up.



Conclusion

Sincere gratitude to The Diana, Princess of Wales Memorial Fund, The True Colours Trust and APCA for making it possible for the Zimbabwe team to attend this Conference.

"No man is an Island, entire of itself:
every man is a piece of the continent ...
Any man's death diminishes me
because I am involved in mankind."

John Donne (1571 – 1631)

Thank You.



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