

Models of Integrating PC into the University Curriculum

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WHO Definition of Palliative Care

Sepulveda et al. JPSM 2002; 24: 91-96

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.

Introduction

- Palliative care is an integral part of every health care worker's role
- Every health care professional needs the knowledge, skills and attitudes to provide compassionate patient-centred palliative care to patients facing life-threatening illness

Comparing traditional HS training to training that includes palliative care

Traditional training

- Focus on disease
- Focus on cure
- Often paternalistic
- Death denying – futile treatment

Palliative care training

- Focus on patient's experience of the illness
- Focus on comprehensive care
 - disease specific care + supportive care
- Patient-centred care
- Affirms life, regards dying as a normal process

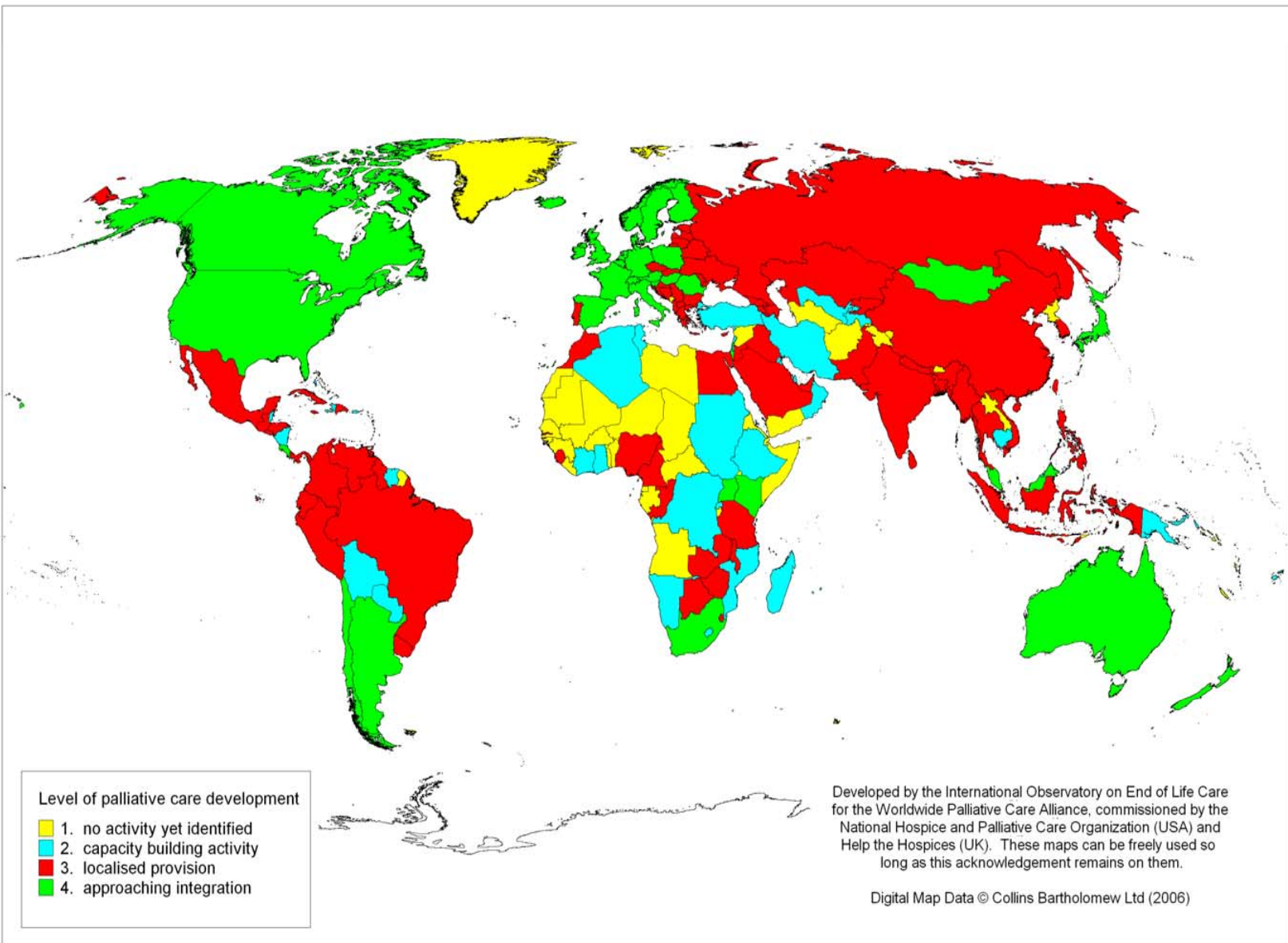
Imperative for palliative care training

- Not an academic exercise
- Death is inevitable and universal
- Palliative Care is about living
 - "Quality of life"
 - "Affirms life"
 - Supports patients to live as actively as possible"
 - May positively influence the course of the illness
- End of Life care
 - Comfort and support
 - Dignity in death

International Observatory on End-of-Life Care

- Level of Palliative Care Development in countries
 - No activity yet identified
 - Capacity building activity
 - Localised provision
 - Approaching integration

http://www.eolc-observatory.net/global/pdf/world_map.pdf



Strategies to address barriers in access to palliative care

WHO public health model:

- Policy
- **Education**
- Drug availability
- Implementation

Stjernsward, Foley, Ferris JPSM 2007 33(5)

Activities undertaken

- Personal development (palliative medicine & higher education modules)
- Development of postgrad programmes
- Development of undergrad training
- Nursing training (through HPCA & UCT)
- Funding

Personal journey

- Working as a volunteer for Helderberg Hospice
- Recognising not equipped to provide effective care to patients
- Learned palliative care from nursing and social work colleagues
- Opportunity to study distance-learning Diploma in Palliative Care University of Cardiff, Prof Ilora Finlay

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- Post-graduate programmes in palliative care
- Diploma in Palliative Medicine 1yr
- MPhil Pall Med – Dip Pall Med entrance requirement 2 yrs – course work + research dissertation
- Development of new curriculum – palliative care in undergraduate curriculum

Diploma Pall Med (pall care)

- Semester 1 – core module – Principles of Palliative Care
- Semester 2 - 1 of 2 elective modules
 1. Clinical Palliative Care
 2. Paediatric Palliative Care
- Initially for doctors, now expanded to include palliative care professionals of multi disciplinary team

Educational methods

- PG
- Draw on experience of students
- Interactive workshops: case-based learning, role play, simulated patients
- Web-based support: discussion forums, internet resources

MPhil Pall Med (Pall Care)

- Semester 1 – research methods
- Semester 2 – advanced palliative care (to include advocacy and policy)
- Dissertation and draft article submitted for publication

Successes

- Generous seed funding – Diana, Princess of Wales Memorial Fund
- Support of UCT FHS
- Enrollment 12-27 PG students/year
- PG students from South Africa, also from other African countries (10)
- No of completed dissertations (45)
- Integration into undergraduate curriculum

Successes

- Influence of graduates
- Every medical school in SA
- National Hospice Palliative Care Associations within Africa
- Collaboration with other educational initiatives – APCA, WPCA, Universities
- Collaboration with Dept of Health

Challenges

- Funding – to date generous support
- Staffing – initially 2 part-time staff members
- Time – staff time, time in curriculum
- Generalist palliative care/Specialist palliative care

Lessons

- Good support for palliative care
 - Locally, nationally, internationally
- Commitment
 - FHS, colleagues, self
- Collaboration, support to educational institutions, DoH
- Continual improvement
 - Student feedback, courses offered by colleagues, current palliative care publications

Next steps

- Palliative care to be a part of health professional training
- Curricula have been developed (sharing of materials)
- Best practice teaching & learning methods
- Scholarships
- **Practical placement**
- Antea Worldwide Palliative Care Conference
Rome, 12-14 November 2008

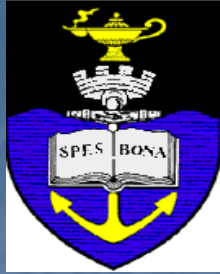
Next steps

- Continuing advocacy for palliative care education
 - HCPs
 - All HCWs
 - Health policy makers
 - Communities
- Palliative Care Specialist/referral centres

Cape Town declaration

Meeting of African Palliative Care Trainers 2002

- Palliative care is a right of every adult and child in need (accessibility, availability & affordability)
- Control of pain and symptoms is a human right (drug availability)
- All members of health care teams and providers need training in palliative care
- Palliative care should be provided at primary, secondary and tertiary levels



Conclusion

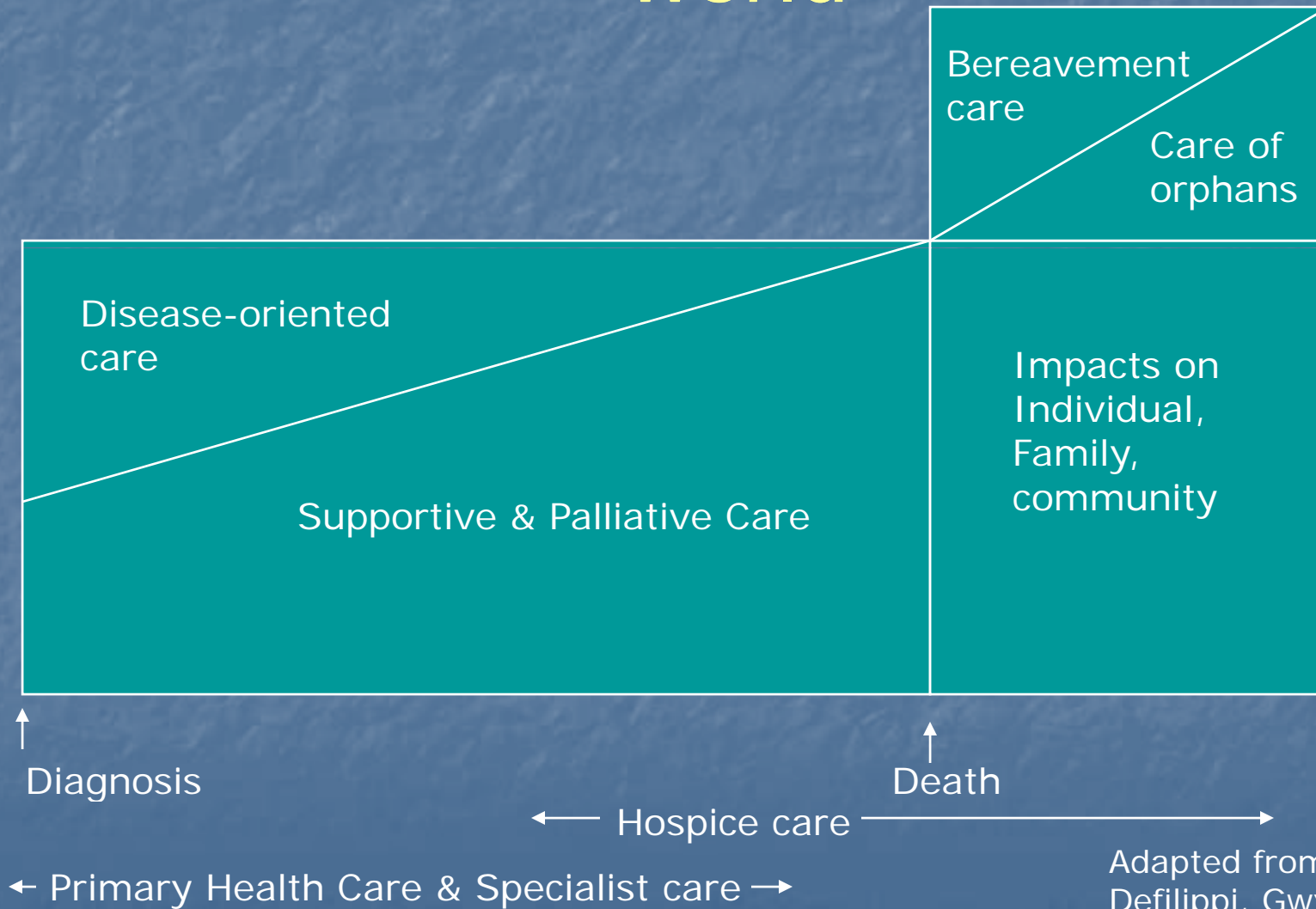


Building on current palliative care education initiatives, we can realize the goal of accessibility and availability of quality palliative care to those in need to promote

Quality of life, dignity in death and support in bereavement

for patients and their families facing life-threatening illness

Palliative care in the developing world



Adapted from WHO
Defilippi, Gwyther 2002