

# Practical issues for curriculum development

Julia Downing

PhD RGN

Liz Gwyther

MB ChB, FCFP, MSc Pall Med

Kampala, 2008

# World Hospice Palliative Care Day 11<sup>th</sup> October 2008

Theme: Palliative care as a Human Right

# Practical issues in curriculum development

- Time & curriculum planning
- Core content
- Teaching methods
- Assessment methods
- Knowledge, Skills and Attitudes
- Integration within curricula
- Train the Trainers

# Time & curriculum planning

- Teaching time at a premium
- All departments need more time as knowledge/ information increases
- Discuss with colleagues how to integrate palliative care into the curriculum
- Take advantage of curriculum review process
- Know the system

# Core content (who decides)

- Principles of Palliative Care
- Ethics of End of Life Care
- (Advanced) communication skills
- Grief, loss & bereavement
- Symptom management
- Management of advanced disease
- Spiritual and culturally sensitive care
- Care for the carer
- Psychosocial issues

- Lectures
- Tutorials – interactive discussion
- Problem/Case-based learning
- Experiential learning – role play, sculpting, theatre
- Simulated patients
- Patient as teacher

# Teaching Methods

- Reflective journaling
- Self directed learning (identifying personal learning needs)
- Personal learning portfolio
- Debriefing
- Web-based support & resources

# Assessment methods

- Formative assessment:
  - Assessment of clinical practice
  - Written assignments to include reflective learning
  - Contribution to web-based discussion
- Summative assessment:
  - OSCE
  - Communication skills assessment – simulated patient
  - Exams

# Knowledge, skills, attitudes

## Pain Management

- Knowledge:
  - Assessment & re-assessment
  - WHO Guidelines to pain control
  - Pharmacology – analgesics, adjuvants
  - Non-pharmacological interventions
- Skills
  - Pain assessment including pain rating scales
  - Use of syringe driver
- Attitudes
  - Empathy
  - Believe the patient 'Pain is what the patient says hurts'

# Eg Symptom control

HCW	Core knowledge	Core skills
HBC	Cause of symptoms when to refer	Identify Sx, SSx of common condns
Nurse	Understand cause of Sx	Assessment and Mx of Sx, ?prescribing
Doctor	Understand pathophysiology of Sx	Assessment, Mx Prescribing
S/worker spiritual	Cause & impact of symptoms	Counselling, Rx support

# Training for palliative care attitudes

- Time
- Role models
- Feedback on assignments and web-based discussion points
- Reflective journals/personal learning portfolios

# Integration throughout curriculum

- Position within curriculum
- Goal is to produce a holistic, patient-centred practitioner
- Discuss with colleagues from different departments
- Consolidation of elements of palliative care

# Facilitators

- Train the Trainers
- Model inter-disciplinary working and mutual respect, how to utilise the synergy of different skills
- Practical knowledge and skills of PC
- Education skills

# Conclusion

- Effective education and training is the foundation for the delivery of quality palliative care to our patients and their families
- Access to palliative care for patients and families depends on all HCWs developing knowledge & skills of palliative care

Thank you