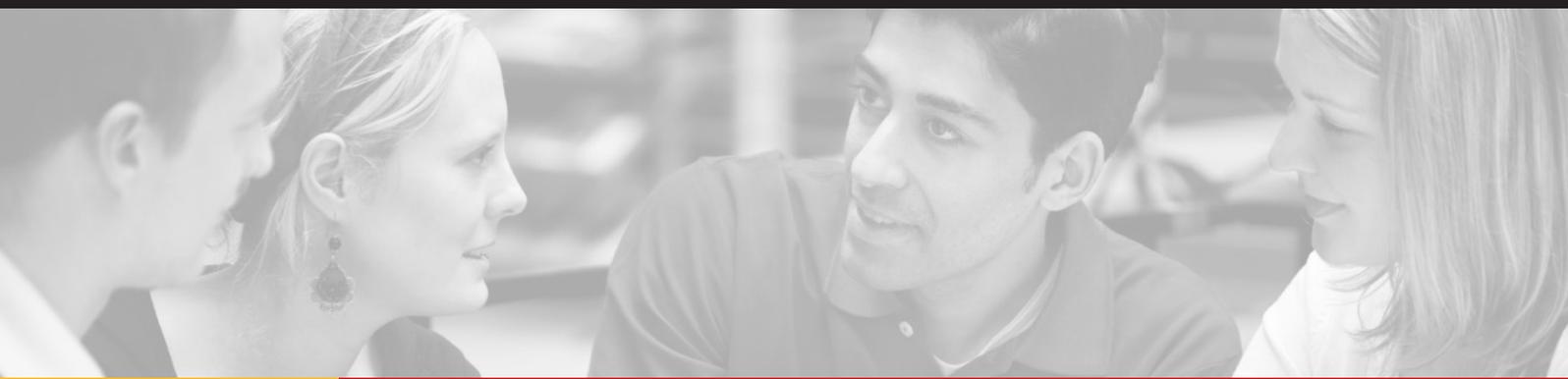


# Principles for including palliative care in undergraduate curricula

2012



**PCC4U**

PALLIATIVE CARE  
CURRICULUM FOR  
UNDERGRADUATES

Funded by the Australian Government  
Department of Health and Ageing

Enhancing the capacity of all health professionals  
to provide quality palliative care.

©QUT 2012

This document was originally prepared by the PCC4U project team in 2005.

ISBN: 0 642 82966 7

Online ISBN: 978 0 646 58201 6

You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved.

In some cases copyright also rests with the Australian Government's Department of Health and Ageing (DoHA) in accordance with the contractual agreement between both parties.

Requests and inquiries concerning reproduction and rights should be addressed to [pcc4u@qut.edu.au](mailto:pcc4u@qut.edu.au)

### **Funding**

The *Principles for Including Palliative Care in Undergraduate Curricula* have been funded by the Australian Government Department of Health and Ageing.

### **Suggested citation**

Palliative Care Curriculum for Undergraduates (PCC4U) Project Team. (2012).

*Principles for including palliative care in undergraduate curricula.*

Brisbane: QUT

# Principles for Including Palliative Care in Undergraduate Curricula

---

## Contents

Acknowledgements	2
1. Introduction	3
2. The Need for Palliative Care	4
3. Palliative Care in Undergraduate Curricula in the Health Professions	5
4. Purpose and Outline of the Paper	6
5. Core Values	7
6. Desired Graduate Capabilities	10
7. Principles for Learning and Teaching Palliative Care in Undergraduate Curricula	11
8. Benchmarks for Inclusion of Palliative Care in Undergraduate Curricula	13
References	14
Appendix: Summary Findings from Consultative Activities	15

## Acknowledgements

Funded by the Australian Government Department of Health and Ageing through the National Palliative Care Program, this paper represents one of the key resources developed as part of the *Palliative Care Curriculum for Undergraduates* Project.

The structure and format of this paper are based on those developed for the *Aged Care Nursing Curriculum Project*, a project funded by the Australian Government Department of Health and Ageing to develop principles for including a core component of aged care in undergraduate nursing curricula. The Project Team wishes to acknowledge the important work published in the document "*Aged Care Core Component in Undergraduate Nursing Curricula. Principles Paper*"\*, which has been used extensively to inform the structure and format for this report.

The project team also wishes to acknowledge the important contributions of the many academics and health professionals from the higher education and health sectors who participated in the consultative phases of this project.

\* Queensland University of Technology (2004). Aged Care Core Component in Undergraduate Nursing Curricula. Principles Paper. Brisbane: Queensland University of Technology.

## Project Team

### Queensland University of Technology:

**Prof. Patsy Yates** (Project Leader)

A/Director, Centre for Palliative Care Research and Education  
School of Nursing

**Ms Robyn Nash**

Assistant Dean – Teaching and Learning  
Faculty of Health

### Centre for Palliative Care Research and Education:

**Dr Geoffrey Mitchell**

Centre for General Practice  
University of Queensland

**Ms Debbie Canning**

Director of Education Programs

### Flinders University, Adelaide:

**Prof. David Currow**

Director, Department of Palliative and Supportive Services

**Ms Meg Hegarty**

Lecturer  
Department of Palliative and Supportive Services

**Prof. Carol Grbich**

Department of Palliative and Supportive Services

**Ms Kim Devery**

Lecturer  
Department of Palliative and Supportive Services

**Dr Hugh Grantham**

School of Medicine

### Charles Darwin University:

**Ms Bev Turnbull**

Lecturer  
School of Health Sciences

### Project Officers:

**Ms Deborah Parker** (Project Co-ordinator)

**Ms Dawn Morris** (Senior Research Assistant)

## 1.0 Introduction

The health workforce is recognised as being the most important of all health system inputs<sup>1</sup>. The development of a knowledgeable, skilled, and competent workforce that is aligned with the health service needs of the population is, therefore, an essential component of a safe and quality health care system.

An important component of our health system is the services provided for those who are dying. In 2002, in Australia sixty four thousand people died as a result of an expected death<sup>2</sup>. The health and support needs of these individuals are diverse and often change over time. People who are dying may have needs which are uncomplicated and which can be met by primary care providers, while others may have needs that require the resources of specialist, interdisciplinary teams<sup>2</sup>.

To respond effectively to these needs, all health care providers require, as a minimum, knowledge and skills to provide a palliative approach to care.

Since the majority of Australians will die from conditions where their comfort and wellbeing will be significantly increased through the application of palliative care principles and practices, attention needs to be given to preparing health professionals to provide a palliative approach to care<sup>2</sup>. *The Palliative Care Curriculum for Undergraduates* Project (PCC4U) is an initiative of the Australian Government Department of Health and Ageing through the National Palliative Care Program. It aims to develop the abilities of all health professionals in Australia to provide a palliative approach to care for persons with life-limiting illness, by promoting and supporting the inclusion of such principles in undergraduate courses in the health professions.

The primary focus of the PCC4U project is to improve professional awareness and understanding of the principles and core values underpinning palliative care. The overall aim of the project is to improve access to quality palliative care for all persons who may benefit from such care.

This paper represents a key resource developed as part of the PCC4U project. It includes four components to guide and support inclusion of a palliative care in undergraduate curricula. These components include:

- Core values
- Desirable learning outcomes
- Principles for learning and teaching, and
- Benchmarks for curricula.

The paper was developed through a consultative process involving academics, clinical experts, and representatives from professional and consumer associations.

## 2.0 The Need for Palliative Care

### 2.1 Defining palliative care

Palliative care has been defined by the World Health Organization<sup>3</sup> (WHO) as:

*“...an approach that improves the quality of life of individuals 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”<sup>3</sup>.*

The WHO further states that 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<sup>3</sup>.

This definition emphasises that the need for palliative care does not depend on a specific medical diagnosis, but on the person’s needs. Palliative care is delivered, where possible, where the person wants to be and can be provided in the person’s own home, a specialist in-patient hospice unit, a hospital, or a residential care facility.<sup>4</sup>

While not all persons with a life-limiting condition will require the support of specialist palliative care services, there is a growing body of evidence that supports the inclusion of a palliative approach to the care of many individuals. A palliative approach to care for people with life-limiting illness has been defined as:

*“... an approach linked to palliative care that is used by primary care services and practitioners to improve the quality of life for individuals with a life limiting illness, their caregiver/s and family. The palliative approach incorporates a concern for the holistic needs of patients and caregiver/s that is reflected in assessment and in primary treatment of pain and in the provision of physical, psychological, social and spiritual care. Application of the palliative approach is not delayed until the end stages of an illness. Instead it provides a focus on active comfort care and a positive approach to reducing suffering and promoting understanding of loss and bereavement in the wider community. Underlying the philosophy of a palliative approach is the view that death, dying and bereavement are an integral part of life”<sup>4</sup>.*

A palliative approach to care is provided by health professionals from many different disciplines and in many different settings. A palliative approach to care has thus become increasingly recognised as being a set of core skills required of every clinician who may, in addition, seek expert palliative specialist help to ensure the best possible quality of life for the person when this is required.<sup>5</sup> Health professionals involved in the care of the persons with life limiting illnesses in any health care setting require core knowledge and skills in the palliative approach, in order to meet the essential health needs of this population.

## 3.0 Palliative Care in Undergraduate Curricula in the Health Professions

### 3.1 Undergraduate education in palliative care: key points from the literature

Available evidence suggests that undergraduate education may not adequately prepare the health workforce for end-of-life care<sup>7-13</sup>. Evidence also suggests there is considerable variation in the nature, scope and approaches to delivery of education about palliative care in undergraduate education<sup>14-16</sup>.

A number of reasons are suggested for this variation, most commonly associated with existing sociocultural attitudes to death and dying as well as the lack of sufficient numbers of academic staff with expertise in palliative care. Moreover, while there is general consensus that palliative care education should focus on developing graduates who are capable of responding compassionately to the diverse human responses to dying, there is little published literature on the desired attributes of graduates in this field.

There is also some debate over the best means by which to develop knowledge and skills in palliative care, given the complex and personal nature of the issues associated with caring for people with life limiting conditions<sup>8,16-23</sup>. Few studies have reported on the effectiveness of various methods for developing graduate knowledge and skills in this area, although the literature reflects a preference for use of experiential and reflective approaches to learning such as through the use of role play and contact by students directly with terminally ill patients or their families. The use of videos and other interactive resources, popular film and fiction, drama, and storytelling, have also been described as providing a useful means for promoting reflection and understanding of the experiences associated with dying and bereavement<sup>24-26</sup>.

Some initial work has been undertaken by groups such as the Australian and New Zealand Society for Palliative Medicine<sup>27</sup> and the International Society for Nurses in Cancer Care<sup>28</sup> to provide guidance to educators regarding the inclusion of palliative care into curricula for their respective disciplines. There has, however, been limited work to date which has

investigated the best means by which to prepare health care providers to provide a palliative approach, and how to promote the inclusion of palliative care concepts into undergraduate curricula in Australia. The development of core principles underpinning learning about palliative care by undergraduate students in the health professions, and the availability of well designed teaching and learning resources which reflect these principles, is intended to address this gap.

### 3.2 The PCC4U project: key findings from consultative activities

A review of the literature highlights the lack of any systematic or evidence based approaches to incorporating palliative care in undergraduate curricula. A series of consultative activities was undertaken as part of the PCC4U project to address this gap. These activities included:

- Scoping of existing curricula through survey and indepth interview
- Survey of health care professional's views about core principles for inclusion of palliative care in undergraduate curricula
- Focus group discussions with a wide range of stakeholders to explore and refine core principles for inclusion of palliative care in undergraduate curricula.

A summary of the key findings from these consultative activities is included as Appendix 1. These findings, together with a comprehensive review of the literature on undergraduate education in palliative care, have been used to identify the core values, graduate capabilities, learning and teaching principles and curriculum benchmarks that are presented in this report.

## 4.0 Purpose and Outline of the Paper

There is limited data to determine the extent to which palliative care is reflected in current undergraduate curricula. The increasing recognition of the unique needs of persons who are dying suggests that the development of clearly defined principles to provide guidance for curriculum design and selection of teaching and learning strategies will assist with promoting the uptake of best practice in this field.

This paper outlines:

- The core values underpinning teaching and learning of palliative care in undergraduate curricula
- Desirable graduate capabilities associated with palliative care
- Principles for teaching and learning palliative care in undergraduate curricula
- Benchmarks for inclusion of palliative care in undergraduate curricula.

The paper is intended to provide a resource for regulatory and professional bodies with respect to standards required for undergraduate programs, as well as for educators in university and clinical settings to provide a framework for including palliative care in undergraduate education. The document is intended to serve many purposes, including:

- To provide a framework and guiding principles for curriculum design and evaluation
- To provide guidance to teachers in academic and clinical settings in ways to facilitate desired learning outcomes in relation to palliative care
- To provide a tool including criteria for use by those involved in evaluating or accrediting curricula when determining the adequacy with which palliative care is addressed in undergraduate curricula
- To provide guidance for students regarding the capabilities required of them in practice and methods for achieving these capabilities

- To provide guidance for employers as to the expected capabilities of graduates in the health professions with respect to palliative care
- To provide guidance for administrators and policy makers with respect to curriculum design and required resources for achieving desired graduate outcomes
- To provide information for consumers as to expected standards of care provided by graduates in the health professions.

Consistent with the objectives of the National Palliative Care Strategy, the overall objective of documenting and disseminating principles for inclusion of a palliative care in undergraduate education in the health professions is to:

- Improve professional awareness and understanding of, and commitment to palliative care practices
- Support continuous improvement in the quality and effectiveness of palliative care service delivery.

## 5.0 Core Values

### 5.1 Core values underpinning palliative care

Palliative Care Australia has developed national palliative care service standards<sup>4</sup> based on the core values and principles of:

- The **dignity** of the patient, their caregiver/s and family
- **Empowerment** of the patient, their caregiver/s and family
- **Compassion towards** the patient, their caregiver/s and family
- **Equity** in access to palliative care services and allocation of resources
- **Respect** for the patient, their caregiver/s and family
- **Advocacy** on behalf of the expressed wishes of patients, families and communities
- **Excellence** in the provision of care and support
- **Accountability** to patients, caregiver/s, families and the community.

During the consultative phase of this project, representatives from the palliative care community affirmed these values. Additionally, responses from the palliative care community highlighted that graduates in the health professions should reflect these values in practice, by displaying attributes and practices including:

- A person centred, holistic approach to care
- Respect for the diversity of individual responses and choices
- Empathy and compassion
- Comfort with being present, listening and talking sensitively with someone who is dying
- The ability to be present with someone who is dying
- An appreciation that death is part of the life cycle
- An interdisciplinary approach to care
- Ethical behaviour and integrity
- Self-awareness and ability to respond effectively to the effects on oneself and others of caring for someone who is dying.

The core values of palliative care thus reflect the beliefs and assumptions that are expressed in the practice of health care professionals who care for a person with a life-limiting illness. While it is not possible to provide a definitive list of ways in which the core values of palliative care can be identified and examined in undergraduate curricula, some examples of the application of these values in practice that can be reflected in learning activities are presented in Table 1.

**TABLE 1: Core values and principles underpinning palliative care: application in undergraduate curricula**

Core Values and Principles in Palliative Care	Examples of the Application of the Core Values and Principles in Undergraduate Education
To show empathy and compassion	<p>The dignity of the person with life-limiting illness is promoted at all times.</p> <p>A sensitive understanding of the needs, responses, and wishes of the person with life-limiting illness guides all interactions.</p> <p>Open and sensitive communication is reflected in all interactions with the person with life-limiting illness.</p>
To respect each individual's personal and social circumstances, preferences and choices	<p>The unique beliefs, values and customs of each individual with a life-limiting illness are recognised, supported and respected, and used to guide care decisions.</p> <p>The needs of the person with a life-limiting illness, their family and caregivers are considered and addressed.</p>
To optimise an individual's sense of control and personal resources	<p>The strengths and personal resources of the person with a life-limiting illness are recognised and promoted.</p> <p>The person's choices and decisions about their environment, manner of living and dying, and health care are supported.</p>
To provide holistic, person-centred care	<p>Care for the person with life-limiting illness incorporates attention to their physical, psychological, social, sexual, and spiritual wellbeing.</p> <p>Culturally appropriate care is provided to all individuals with a life-limiting illness.</p> <p>Care for persons with a life-limiting illness incorporates the principles of promotion of quality of life and good symptom management.</p>
To provide interdisciplinary approach to meeting a person's needs	<p>Care for persons with a life-limiting illness incorporates the expertise of all members of the health team across care episodes, according to individual needs, and in a coordinated and efficient manner.</p>
To ensure excellence in care, being accountable to individuals and the community	<p>Care for the person with life-limiting illness incorporates a commitment to using best available evidence.</p> <p>Care for the person with life-limiting illness incorporates the commitment to ensuring safety and quality in palliative care practice.</p> <p>Care incorporating a palliative approach is accessible and available to all persons with life-limiting illness according to needs and regardless of diagnosis, age, or setting.</p> <p>The effects of caring for persons with a life-limiting illness on oneself and strategies for self care are recognised and understood.</p>

## 5.2 Core values underpinning the learning and teaching of palliative care

Core values underpinning the learning and teaching of palliative care in undergraduate curricula include:

- 5.2.1 A palliative approach to care needs to be a core skill of every clinician, no matter what their practice setting, and therefore should be an integral component of undergraduate curricula.
- 5.2.2 Palliative care should be a significant compulsory component of undergraduate courses in all health professions and should be integrated throughout all components of curricula that are relevant to health care for people with life-limiting illness.
- 5.2.3 The learning and teaching of palliative care should reflect the core values of palliative care, including: empathy and compassion; respect for the uniqueness of all persons; respect for a person's sense of control and personal resources; an holistic, person centred approach to care; a commitment to an interdisciplinary approach to care; and a commitment to excellence in care for persons with life-limiting illness, including the provision of quality evidence-based palliative care, the ability to recognise the impact of caring for persons who are dying on oneself and to respond effectively to this impact.
- 5.2.4 Learning and teaching in palliative care needs to incorporate experiences which encourage students to develop a sensitive understanding of human responses and the intimate and personal nature of caring for persons who are dying.
- 5.2.5 The provision of positive role models and messages related to dying as a normal part of the life cycle and an open attitude towards death and dying are essential to the learning and teaching of palliative care in undergraduate curricula.
- 5.2.6 Good partnerships between universities and health service providers are a necessary component of effective learning and teaching palliative care in undergraduate curricula. Linkages with interdisciplinary teams across a variety of care settings are highly valued.
- 5.2.7 Learning and teaching should reflect that quality palliative care relies on the best available evidence, considered within the context of clinical expertise and the individual person's values and preferences for care.
- 5.2.8 A focus on student learning outcomes and developing the graduate capabilities integral to providing palliative care is required.
- 5.2.9 Learning and teaching strategies should encompass the beliefs, values and emotions of health professionals as well as the clinical skills and knowledge required, and should include strategies for developing self awareness of these beliefs, values and emotions.

## 6.0 Desired Graduate Capabilities

Currently, health professionals in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practice. Education courses leading to registration, or enrolment, are accredited by various regulatory and professional authorities for the different health professions. These various regulatory bodies have developed accreditation and credentialing requirements, or have defined National Competency Standards that provide frameworks for professional practice.

The learning outcomes defined in this project describe specific knowledge, skills and attitudes of graduates in the health professions in the context of caring for persons with a life-limiting illness. These graduate capabilities are intended to complement existing professional standards with respect to graduate outcomes that are specific to each of the various health disciplines. While the application of the graduate capabilities defined in the project will depend on the scope of practice for a particular discipline, the graduate capabilities are intended to define those attributes that should be developed in all health professionals.

Four graduate capabilities have been identified as being integral for health professionals to provide a palliative approach to care for persons with a life-limiting illness. Specifically, undergraduate courses in the health professions should aim to develop graduates who, within the scope of practice of their profession, are able to demonstrate the capabilities outlined in Table 2 in the context of caring for a person with a life-limiting illness:

**TABLE 2: Graduate capabilities in palliative care**

Graduate Capability
Effective communication in the context of an individual's responses to loss and grief, existential challenges, uncertainty and changing goals of care
Appreciation of and respect for the diverse human and clinical responses of each individual throughout their illness trajectory
Understanding of principles for assessment and management of clinical and supportive care needs
The capacity for reflection and self evaluation of one's professional and personal experiences and their cumulative impact on one's self and others

## 7.0 Principles for Learning and Teaching Palliative Care in Undergraduate Curricula

- 7.1 Academic and teaching staff expertise in a palliative approach is essential to facilitate the integration and teaching of palliative care content in undergraduate curricula.
- 7.2 The involvement of recognised industry, academic and clinical experts and consumers in palliative care is important in the teaching of a palliative care in undergraduate curricula.
- 7.3 Regular evaluation of the quality and effectiveness of palliative care learning experiences should be evident, and include feedback from industry, professional bodies and consumers.
- 7.4 A palliative approach should form a core component of learning experiences and should be reflected in components of the curriculum relevant to health care for people with life-limiting conditions and integrated throughout the undergraduate curricula.
- 7.5 Students need opportunities to integrate the principles of a palliative care in a variety of clinical practice settings, including inpatient, consultative or community services.
- 7.6 Clinical learning experiences relevant to developing knowledge and skills in palliative care can be provided in any health care setting that provides care for people with life-limiting illness, not just specialist palliative care services.
- 7.7 Evidence of assessment of both theoretical and where possible clinical components of a palliative approach should be present and identifiable in undergraduate courses.
- 7.8 Emphasis should be placed on the exploration of values, attitudes, assumptions and beliefs and promoting students to develop positive feelings about the care for people who are dying, their families and significant others.
- 7.9 Essential learning outcomes and content relevant to palliative care that should be included in undergraduate curricula are listed in Table 3.

**TABLE 3: Essential learning outcomes and related palliative care content**

Learning Outcomes	Suggested Content
<p><i>Principles of palliative care:</i></p> <p>The graduate should be able to:</p> <ul style="list-style-type: none"> <li>analyse the impact that historical trends have on community perceptions about death and dying and bereavement in contemporary society</li> <li>recognise how their own values and beliefs about death and dying affect their personal and professional responses and interactions with people with life-limiting illnesses and their families</li> <li>describe the core principles of palliative care</li> <li>analyse the various care contexts and the roles of the interdisciplinary team in caring for people with life-limiting illnesses and their families.</li> </ul>	<p>Aims, philosophy, standards, evidence-based guidelines, principles and care locations; social and cultural perspectives on death and dying; personal attitudes to dying; dignity promoting and maintaining interventions; ethical aspects of palliative care; Standards for providing palliative care.</p>
<p><i>Communication in palliative care:</i></p> <p>The graduate should be able to:</p> <ul style="list-style-type: none"> <li>demonstrate the principles of effective communication when interacting with people with life-limiting illnesses and their families</li> <li>identify sources of spiritual, social and psychological support for people with life-limiting illnesses and their families</li> <li>recognise how their own values and beliefs about death and dying affect their personal responses and interactions with people with life-limiting illnesses and their families.</li> </ul>	<p>Assessing needs, personal resources and goals for end-of-life care; providing information about the palliative approach; responding to questions about death and dying; responding to spiritual needs.</p>
<p><i>Principles for clinical assessment and intervention in palliative care:</i></p> <p>The graduate should be able to:</p> <ul style="list-style-type: none"> <li>describe the epidemiological and clinical features along the illness trajectories of specific life-limiting illnesses</li> <li>explain the principles for assessing common symptoms and health problems associated with life-limiting illnesses</li> <li>explain the principles for management of common symptoms and health problems associated with life-limiting illnesses.</li> </ul>	<p>Epidemiological trends and clinical features associated with common life-limiting conditions; Multidimensional approaches to assessment; Evidence-based principles for managing common symptoms including pain, nutrition and hydration problems; oral care; bowel care; fatigue; breathlessness; impaired skin integrity; responding to signs of imminent death.</p>
<p><i>Optimising function in palliative care:</i></p> <p>The graduate should be able to:</p> <ul style="list-style-type: none"> <li>recognise the different responses and emotions of people living with life-limiting illnesses and their families</li> <li>discuss strategies for facilitating collaborative decision-making on care goals with people with life-limiting illnesses and their families</li> <li>identify interventions that will optimise physical, psychological and social function for people with life-limiting illnesses and their families</li> <li>analyse the effect of caregiving on the family networks of people with life-limiting illnesses.</li> </ul>	<p>Social and psychological experiences associated with life-limiting illness for the person and their caregivers and family; loss, grief and bereavement; Assessing and managing changes in physical, psychological or social function;</p>
<p><i>Coping with dying and bereavement:</i></p> <p>The graduate should be able to:</p> <ul style="list-style-type: none"> <li>recognise how their own values and beliefs about death and dying affect their responses and interactions with people with life-limiting illnesses and their families.</li> </ul>	<p>Needs and support for the family and caregivers. Awareness and effective management of the personal stresses experienced by people who work with the dying.</p>

## 8.0 Benchmarks for Inclusion of Palliative Care in Undergraduate Curricula

The benchmarks are intended for use by those involved in developing, implementing and evaluating curricula, and provide a framework for accrediting bodies including the Australian Medical Council, the Australian Nursing and Midwifery Council and the registration authorities and professional bodies responsible for medical, nursing and allied health professionals at national, state and territory levels.

### Benchmark 1

Palliative care forms a core component of the curriculum content and is integrated throughout the undergraduate curriculum.

#### *Source of data:*

Undergraduate curriculum documents, course materials, assessments, clinical placement records and schedules

### Benchmark 2

Academic staff and clinical practitioners with expertise in palliative care are involved in guiding and teaching palliative care in undergraduate curricula.

#### *Source of data:*

Undergraduate curriculum documents, course materials, teaching schedules, clinical placement records, student evaluations, subject or unit databases, credentials and curriculum vitae for academics and clinical practitioners

### Benchmark 3

Evidence is present of the inclusion of the following topics in the undergraduate curricula:

*Principles of a palliative approach; Communication in palliative care; Principles for clinical assessment and intervention in palliative care; Optimising function in palliative care; Coping with dying and bereavement*

#### *Source of data:*

Undergraduate curriculum documents, course materials, assessments

### Benchmark 4

Palliative care learning experiences within undergraduate curricula are based on Palliative Care Australia's *Standards for Providing Quality Palliative Care to All Australians* and integrate best available evidence.

#### *Source of data:*

Undergraduate curriculum documents, course materials, assessments

### Benchmark 5

Where possible, clinical experience related to a palliative approach is provided within a variety of settings, including specialist as well as primary care settings.

#### *Source of data:*

Undergraduate curriculum documents, course materials, clinical placement records and schedules, clinical experience objectives and/or performance criteria, clinical placement evaluations and graduate course reviews

### Benchmark 6

Representatives from palliative care professional, consumer and regulatory authorities and students are included in the consultative processes used to review and evaluate undergraduate curricula and to provide feedback to the teaching staff and students of the Faculty on an annual basis.

#### *Source of data:*

Minutes / records of Faculty curricula evaluation meetings, industry stakeholder's committee meeting minutes (for example, representatives from organizations such as: Palliative Care Australia; Carers Australia), evaluation meetings, industry stakeholder's committee meeting minutes (for example, representatives from organizations such as: Palliative Care Australia, Geriacton, Alzheimer's Australia, Carers Australia)

## References

- World Health Organisation. (2000). *Human Resources for Health – Achieving the Right Balance: The Role of Policy Making Processes in Managing Human Resources for Health*, WHO Issues in Health Service Delivery Discussion Paper No 2. Geneva.
- Palliative Care Australia. (2005a). *A Guide to Palliative Care Service Development: A Population Based Approach*, Canberra.
- World Health Organization. (2002). *National Cancer Control Programmes: Policy and Managerial Guidelines (2<sup>nd</sup> Ed)*. Geneva: World Health Organization.
- Palliative Care Australia. (2005b). *Standards for Providing Quality Palliative Care to All Australians*, Canberra.
- Australian Government Department of Health and Ageing. (2000). *National Palliative Care Strategy. A National Framework for Palliative Care Service Development*. Canberra: Australian Government Department of Health and Ageing.
- Finlay, I.G and Jones, R.V.H (1995). Definitions in Palliative Care. *British Medical Journal* 311: 754.
- Ashby, M. (1998). Palliative Care as a Medical Specialty. In *Palliative Care: Explorations and Challenges*. J. Parker and S. Aranda. Sydney: MacLennan & Petty.
- Billings, J. A. and Block, S. (1997). "Palliative care in undergraduate medical education. Status report and future directions." *Journal of the American Medical Association* 278(9): 733-8.
- Block, S. D. (2002). "Medical education in end-of-life care: The status of reform." *Journal of Palliative Medicine* 5(2): 243-8.
- Charlton, R. and Smith, G. (2000). "Perceived skills in palliative medicine of newly qualified doctors in the UK" *Journal of Palliative Care* 16(4): 27-32.
- Lo, B. (1995). "Improving care near the end of life: why is it so hard?" *Journal of the American Medical Association* 274(20): 1634-6.
- Manias, E. Kristjanson, L. & Bush, T. (1997). "Palliative care nursing education: Australian and Canadian challenges." *Contemporary Nurse* 6: 96-7.
- McCaffrey, M. and Ferrell, B. (1997). "Nurses' knowledge of pain assessment and management: how much progress have we made?" *Journal of Pain and Symptom Management* 10: 356-67.
- Burney-Banfield, S. (1994). "Preparing students for their patients' deaths." *The Australian Journal of Advanced Nursing* 11(4): 24-7.
- Field, D. and Wee, B. (2002). "Preparation for palliative care: teaching about death, dying and bereavement in UK medical schools 2000-2001." *Medical Education*. 36(6): 561-7.
- Hillier, R. and Wee, B. (2001). "From cradle to grave: palliative medicine education in the UK." *Journal of the Royal Society of Medicine* 94: 468-71.
- Block, S. D., Bernier, G. M., Crawley, L. M., Farber, S., Kuhl, D., Nelson, W., O'Donnell, J., Sandy, L. and Ury, W. (1998). "Incorporating palliative care into primary care education. National Consensus Conference on Medical Education for Care Near the End of Life." *Journal of General and Internal Medicine* 13(11): 768-73.
- Charlton, R. (1992). "The philosophy of palliative medicine: a challenge for medical education." *Medical Education* 26(6): 473-7.
- Coles, C. (1996). "Undergraduate education and palliative care." *Palliative Medicine* 10(2): 93-8.
- Fraser, H. C., Kutner, J. and Pfeifer, M. (2001). "Senior medical students' perceptions of the adequacy of education on end-of-life issues." *Journal of Palliative Medicine* 4(3): 337-43.
- Loftus, L. and Thompson, E. (2002). "An evaluation of a palliative care course for generic nurses." *International Journal of Palliative Nursing* 8(7): 354-60.
- MacLeod, R. D. and James, C. (1997). "Improving the effectiveness of palliative care." *Palliative Medicine* 11: 375-80.
- Olthuis, G. and Dekkers, W. (2003). "Medical education, palliative care and moral attitude: some objectives and future perspectives." *Medical Education* 37(10): 928-33.
- Pain, C. H., Aylin, P., Taub, N. A. and Botha, J. L. (1996). "Death certification: production and evaluation of a training video." *Medical Education* 30(6): 434-9.
- Lambrecht, M. E. (1990). "The value of computer-assisted instruction in death education." *Loss, Grief & Care* 4(1-2): 67-9.
- Haylock, P. J. (2003). "Nursing resources. TNEEL: a new approach to education in end-of-life care... Toolkit for Nurturing Excellence at End-of-Life Transition." *American Journal of Nursing* 103(8): 99-100.
- Australian and New Zealand Society of Palliative Medicine. (1999). *Australian and New Zealand Society of Palliative Medicine Undergraduate Curriculum*.
- International Society of Nurses in Cancer Care. (2002). *A Core Curriculum for Post-Basic Course in Palliative Nursing*. Manchester.

## Appendix:

# Summary Findings from Consultative Activities

### Curriculum Scoping Survey

The aim of the survey was to identify from tertiary education providers the extent to which existing undergraduate curricula incorporates palliative care. A total of 62 deans (or equivalent) from 41 universities in Australia were emailed a copy of the survey and asked to either complete the survey for each undergraduate health course provided by their university or to forward it to a relevant staff member for completion. The survey was developed by the project team and consisted of 16 questions (open and closed ended) including details of course offered, questions related to the extent to which palliative care is covered within the curriculum, including assessment options, and issues related to opportunities and barriers to teaching palliative care. A total of 42 completed surveys was returned, representing responses from 23 of the 41 universities contacted (57%).

Responses indicated that more than half of the courses were reported to have palliative care components integrated to a minor degree and a further third to a moderate degree. More than half the respondents indicated that they believed that their curriculum reflected a palliative approach. Nursing and allied health respondents were more likely to indicate palliative care is addressed to a minor degree, whereas medical respondents were more likely to rate palliative care as being addressed to a moderate degree. Allied health respondents also had the highest number of respondents who reported that palliative care was not being addressed at all.

Twenty five respondents indicated that they had palliative care theory hours in their courses; the minimum was 3 hours and maximum 80 hours. The median number of hours for the total sample was 15, with nursing and medical courses including more hours on average than allied health courses. A wide variation in clinical hours was also reported across courses and disciplines, with nursing reporting the highest number of clinical hours dedicated to palliative care.

The most common topics included in relation to palliative care were introduction to palliative care, loss

and grief, and pain and symptom management. Topics such as cultural aspects of care, indigenous issues, and non-pharmacological interventions were less commonly identified as being included in palliative care components of current courses. Respondents identified that clinical experience, use of patient stories and use of experts were the most commonly used methods for developing students' knowledge and skills in palliative care. Only three respondents indicated that palliative care was assessed to a large degree in their current courses. The main gaps and barriers to incorporating palliative care in current curricula were identified as being lack of time, lack of clinical placements, limited numbers of staff with expertise in this field, low priority given to the topic and crowded curricula. Opportunities and suggestions for promoting the inclusion of palliative care included promoting integration of palliative care concepts within the curriculum, development of resources, and promoting linkages between academic and clinical staff.

### Health Professional Survey

The primary aim of the survey was to identify core values, principles and graduate attributes as identified by the palliative care community and those involved in clinical training as being desirable for guiding the development of an undergraduate curriculum in palliative care. The sample for this survey comprised Directors or key contact persons identified from:

- Palliative Care Australia's Directory of Services
- Training hospitals in Australia
- Allied health professional organisations
- Rural Health Training Units
- Australian Traditional Medicine Society and the Australian Naturopathic Practitioners Association
- University Departments of Indigenous Health.

A total of 710 surveys was distributed, with 249 usable surveys being returned (36%). The largest group of respondents were from nursing (50.2%), followed by allied health (26.1%), medicine (21.7%) and complementary therapy (2%).

While there was some variation between disciplines, overall, respondents identified the most important topics that should be included in undergraduate palliative care curricula included communicating with patients and families, pain management, psychological aspects of dying, identification of common symptoms and caregiver and family needs. When asked to identify the most important graduate attributes and skills that should be the focus of undergraduate education in palliative care, respondents identified communication, understanding of the philosophy of palliative care, clinical skills to identify symptoms and principles of management, and individual attributes such as empathy and compassion. The most useful learning strategies identified for this field were reported as being experiential and interactive strategies, and included clinical experiences, use of case studies, and problem based learning. The most commonly identified gaps and barriers to including palliative care in undergraduate education included limited clinical experiences, lack of qualified teaching staff in the field, crowded curricula, and cultural barriers to including palliative care. Strategies for promoting the inclusion of palliative care were identified as being education to overcome the sociocultural barriers to palliative care, offering more clinical experiences, and developing learning resources.

### **Focus Groups**

The primary aim of the focus group discussions was to elicit a broad range of opinions pertaining to undergraduate palliative care education from a purposively sampled group of health professionals. A small group of consumers was also identified for inclusion in one focus group. Based on the findings from the literature review and previously described surveys, a Discussion Document was developed and provided the stimulus for group discussion. Twenty focus group discussions were conducted in Melbourne, Hobart, Sydney, Brisbane, Albury-Wodonga, Adelaide, Perth and Townsville. A total of 132 health professionals and four consumers (one patient and three carers) attended. The composition of health professionals attending the focus group discussions consisted of 52 nurses, 23

medical practitioners and 50 allied health professionals. The remaining seven participants represented various regulatory bodies or professional groups.

The focus group discussions focused on 'what' the project should be trying to achieve for undergraduate capabilities in the area of palliative care and 'how' this could be achieved. Common themes emerging from the focus group discussions included the following:

- The need to be realistic about what can be expected of new graduates.
- The need to define graduate capabilities in the context of the palliative approach.
- The need to consider the varying relevance of specific capabilities to different disciplines.
- The importance of using learning strategies that are patient centred and provide an appreciation for the sociocultural context of living with a life-limiting illness.
- The need to encourage more clinical experience in palliative care, as well as the use of experiential learning strategies given the limited clinical placements.
- The importance of using learning strategies that facilitate attitudinal change towards death and dying and palliative care.
- The need to create awareness that the goals of treatment can vary depending on the clinical setting and that not all treatment is based on a curative model.
- The importance of communication as a generic skill, but the unique context in which communication is undertaken in a palliative care setting. Specific examples of the unique context included: greater involvement of carers, family and friends; highly emotional and possibly conflictual situations; experiences of loss, grief and existential concerns.
- A major challenge to uptake of palliative care is an already overcrowded curriculum.
- Learning resources need to be rich in context and reflect diversity, in terms of cultural and other unique aspects of individual responses to the same situation.

