

NEWSLETTER

PCC4U

PALLIATIVE CARE
CURRICULUM FOR
UNDERGRADUATES

Funded by the Australian Government
Department of Health

The PCC4U project is led by Queensland University of Technology (QUT) in conjunction with the Queensland Government, Flinders University and Curtin University of Technology.

More information about the project team, project advisory group and project governance is at www.pcc4u.org

The PCC4U project directly articulates with goals one, two and five of the National Palliative Care Strategy 2010. Find out more about the strategy at:

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-npcs-2010-toc>

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Welcome...

to the Palliative Care Curriculum for Undergraduates (PCC4U) newsletter. The PCC4U project aims to:

- encourage the integration of palliative care training within all health undergraduate and entry to practice curricula; and by doing so
- further improve the skill and confidence of the generalist workforce to work with people with palliative care needs.

PCC4U Project Update

The project team systematically contacts, supports and records the participation of health courses in universities nationally in using the PCC4U resources and accessing teaching support. Of 191 medical, nursing and allied health courses contacted, 97 courses are currently actively implementing the project resources in their curriculum; 46 courses are reviewing or planning to implement the resources.

Of the 54 nursing and medicine entry to practice courses nationally, 39 are implementing palliative care in their curriculum; a further 10 are reviewing the project resources and/or their curriculum with a view to strengthening palliative care content.

Of the 137 allied health entry to practice courses nationally, 58 are implementing palliative care in their curriculum; a further 36 are reviewing the project resources and/or their curriculum with a view to strengthening palliative care content. These allied health courses are in the disciplines of speech pathology, dietetics, medical radiation, social work, occupational therapy, physiotherapy, paramedics and pharmacy.

In May and June 2014 the project team hosted a series of seminars in Adelaide, Perth, Sydney, Melbourne and Brisbane. The seminars provided an opportunity for participating health professional academics and educators to:

- critically review the current status of palliative care education in the health professions in Australia
- explore innovative approaches to strengthen this education
- identify future directions and priorities to ensure palliative care capabilities amongst all health professionals.

Each seminar included presentations by academics and clinicians to highlight the range of curriculum activities and initiatives implemented to support the development of the graduate capabilities in palliative care. Summaries of some of these presentations are included on the following pages.

OCCUPATIONAL THERAPY – LA TROBE UNIVERSITY

Dr Carol McKinstry

In the Masters of Occupational Therapy Practice we base our teaching approach on using scenarios within problem based learning tutorials. In 2009, we went from having two separate programs – a bachelor degree and a masters - to an integrated program where students do a hybrid or combined degree or only the master's component for those already with a relevant degree. In the previous masters, we had an oncology scenario and had occupational therapists from Peter MacCallum Cancer Centre assist with the teaching and scenario development however this was 'lost' with the new hybrid and masters degree. Given that cancer has been a national health priority and that occupational therapists working in a range of settings will work with people with cancer, we have been trying to increase the amount of content relating to oncology for some time. We had a PCC4U workshop in 2012 where a significant number of our final year students attended. Overwhelming feedback was that they wanted more in their course relating to palliative care. An opportunity arose in late 2012 when we were revising a final year subject relating to occupational therapy for youth and adolescence and we embedded a scenario involving a sixteen year old girl with leukemia who has been referred to a community palliative care service.

Our subjects are based around two problem based learning tutorials – one to introduce and unpack the scenario and the other one to report back and consolidate learning, and one day of skills and concept classes per week.

PHYSIOTHERAPY – CHARLES STURT UNIVERSITY

Dr Simone O'Connor

A CATALYST FOR CHANGE...

A new era in the physiotherapy programme at Charles Sturt University began in 2010 with the addition of a new site (Orange) and the implementation of a new curriculum designed to better prepare students for contemporary and future health care practice. Last year (2013) saw the first cohort of students graduate under the new programme.

In developing the new curriculum, all aspects of our teaching were reviewed. Palliative care was one area where it was identified that we did not prepare our graduates well. Whilst we used the resources from the PCC4U in our teaching, it was felt much of the teaching was superficial, self-directed, lacking student engagement, and relied too heavily on clinical education.

The 1st solution...

A four week palliative care module was developed utilising the PCC4U resources and included in the final year of the CSU physiotherapy programme. A problem based learning (PBL) approach was chosen to create a context-rich, active, engaging, applied, student centred learning environment which utilised and further developed students' professional practice skills.

MEDICINE – MONASH UNIVERSITY

Dr Leeroy William,
Dr Michael Franco

In 2011, Monash University changed its undergraduate medical curriculum delivery of palliative medicine to teach a standardised course to metropolitan, rural and international final year students. A suite of electronic teaching materials was developed to adapt to the generational learning style, as well as the constraints of time and geography. In order to further engage students both within and beyond the lecture theatre, the use of educational backchannelling was explored.

The material was taught in a single day of face-to-face teaching at Monash University's Clayton Campus, in conjunction with the online materials. An integrated course was developed encompassing an introduction to palliative medicine, pain, major symptom management, end-of-life care and oncology. PCC4U content was adapted to engage the students as adult learners, with the intended learning outcomes (ILOs) facilitating the importance of holistic care through the patient narrative (Michelle's Story). Prospective evaluation of the course was achieved via summative assessment, and surveys at two pre-specified time points – end of the rotation and during the intern year.

Many students fear death on a clinical placement. The Building Capacity in Palliative Care Clinical Training project commenced in 2012 and is providing a dedicated palliative care clinical learning experience for nursing and medical students as part of preparation for palliative care practice in future workplaces. A pilot study as part of the broader project evaluation examined nursing students' experiences of death and how the project driven teaching and learning supported students' learning experiences.

[For a published article about this project see: Gallagher, O, Saunders, R., Tambree, K., Allix, S., Monterosso, L. & Naglazas, Y. (2014). Nursing student experiences of death and dying during a palliative care clinical placement: Teaching and learning implications. In Transformative, innovative and engaging. Proceedings of the 23rd Annual Teaching Learning Forum, 30-31 January 2014. Perth: The University of Western Australia. http://ctl.curtin.edu.au/professional_development/conferences/tlf/tlf2014/refereed/gallagher.pdf]

1. CURRICULUM INNOVATION GRANT

Rationale/aims:

- a) To develop a structured, consistent learning experience for all fifth year undergraduate medical students at the University of Adelaide who undergo an attachment in a hospice/palliative care inpatient unit.
- b) To increase the assessment of undergraduate students' understanding of core issues in palliative care.

This project has been embedded into the Pain week program. This is coordinated centrally by the Medical Program and by a small committee of Acute Pain, Chronic Pain and Palliative Care clinician/teachers. Being incorporated into this structure it is a continuing part of the medical course. It will be reviewed and updated as part of the annual review of this part of the teaching program.

2. FRAMEWORK FOR PCCN EDUCATION COMMITTEE WORK

Objectives

- Research and identify existing palliative care education/ training opportunities within South Australia.
- Identify potential gaps in palliative care education/ training delivery within SA including specific target groups for future education initiatives.
- Develop a proposal which outlines a framework for meeting the needs of palliative care training across the state for both specialist palliative care team members and generalist providers.

3. DEVELOP A SIMULATION MODULE FOR MEDICAL PROGRAM

- Longitudinal simulated scenarios: – cancer, non-cancer, young, old – surgical, hospice, acute hospital, ICU settings
- One simulation scenario on PCC4U website

Palliative Care education is embedded in the OT program at Edith Cowan University. Students gain an understanding of the principles of palliative care and begin to develop graduate capabilities in the first year of the programme. In the third year of this four year undergraduate degree, the students continue to scaffold this knowledge and expand their skill base. At this latter stage of the course the curriculum focuses on developing appropriate communication skills for therapists working in this area, often a challenge for students. In addition to this the curriculum focuses on the psychosocial aspects of life limiting illnesses, the role of non-professional carers and the impact on therapists themselves.

Learning activities utilised in the programme include PCC4U workbooks (Modules 1-4), viva activities and role playing, facilitation of informal group sessions with non-professional carers and DVD documentaries. Alterations to the curriculum are continuous and reflect current research and evidence based practice.

A key issue was that there were no formal learning objectives for the palliative care component of the course, and the first step was to form a working group to write a set of objectives that were achievable in the short time available to teach the students and were aligned with the expected standards for students in phase 2. This task was completed in early 2014 in time for the start of the academic year and included in the student guide for the term. A second task was to write a tutor guide, now nearing completion. The hope is that these steps will give direction to both students and the staff teaching them and help to maximise the educational impact of the palliative care week.

OPPORTUNITIES FOR PALLIATIVE CARE IN COMMUNITY PHARMACY

A PCC4U-funded project sought to develop an online collaborative learning resource that could be used by final year fourth year pharmacy students in either Pharmacy Practice or Rural and Remote Pharmacy units. The educational literature suggests that storytelling, as a learning framework, encourages deep rather than surface learning. It engages the learner on an emotional level and creates opportunities for reflection and assimilation of the story content into the learners' schema (Mimirinis and Bhattacharya, 2007). One of the benefits of using stories to share knowledge is the level of emotional engagement that can be created when learners feel a sense of empathy or 'connectedness' with the characters in a story.

This Moodle-based, on-line program, designed for individual or team problem solving based around patient stories, was developed in conjunction with an accredited consultant pharmacist. It comprises:

- on-line palliative care resource directory
- booklet: "Opportunities for Palliative Care in Community pharmacy" – practical advice
- review quiz to be completed before, continuing on to
- four community-based case studies (post-cards) of authentic patient stories in a small rural community with activities such as:
 - medications information and use glossary (set up like a wiki, in order to enable collaborative information building)
 - multiple choice or short response quiz for each scenario
 - discussion forum focused on effective communication between community pharmacist and patients and their carer(s) in the palliative care setting
 - reflection on the pharmacist's role in supporting the provision of end-of-life care

MEDICINE - UNIVERSITY OF NEW SOUTH WALES

Dr Amy Waters

The medical course at UNSW is currently a 6 year undergraduate course organised into three 'phases'. Phase 1 (years 1 and 2) relies on scenario - based learning, a variant of problem – based learning and is largely based on campus. Phase 2 (years 3 and 4) combines lectures and tutorials at the campus with clinical placements and phase 3 (years 5 and 6) consists entirely of clinical placements and relies on students demonstrating independent reflective practice. Throughout the course, the focus is on the achievement of eight key capabilities to an appropriate standard – using basic and clinical sciences, social and cultural aspects of health and disease, patient assessment and management, effective communication, teamwork, self-directed learning and critical evaluation, ethics and legal responsibilities and reflective practitioner. 'Vertical integration', whereby student groups consist of students from both years of the relevant phase aims to encourage collaborative learning and peer support and mirror medical practice where teams consist of members of varying levels of seniority.

While there are a small number of lectures relevant to palliative care in Phase 1, the main exposure to palliative care occurs in Phase 2. Phase 2 students doing their Oncology and Palliative Care block spend a week devoted to palliative care, including 1.5 days based at campus and 3.5 days on clinical attachment. The convenor for this block has been an oncologist but in 2013 a co-convenor from palliative care was appointed. During a meeting of key staff involved in teaching for the palliative care week, it became apparent that there was lack of consistency in the teaching across the sites and addressing this was identified as a priority.

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DIETETICS – CURTIN UNIVERSITY

Emily Jeffery

The dietetics program at Curtin University has utilised the PCC4U resources for the past two years. In this time we have seen the PCC4U video vignettes stimulate important debates and emotional reactions from students. To prepare for clinical placement, students have also participated in a workshop with a psychologist to explore their personal reactions to loss and grief. This year, Curtin University has converted its dietetic program to a Master of Dietetics. This change has resulted in the introduction of a new professional studies unit. Palliative care education will be an integral part of this unit.

Charles Sturt University is a regional university, teaching a Bachelor of Nursing over campuses: Albury, Bathurst, Dubbo and Wagga Wagga. As we work over a variety of campuses in regional areas, well qualified, specialist staff can be difficult to source and we often rely on casual staff that can be difficult to retain. Approximately 60% of our students study by distance. Our reliance on online methods of teaching and self directed learning has been increasing to meet the needs of our cohort. Although we acknowledge the importance of palliative care in our curriculum and touch upon it during the entire three year course in a variety of subjects and contexts, the majority of this information is embedded in our chronic care subject. This is currently an eight point subject in our third year, but will move in our new curriculum to become a 16 point subject in our second year. This move will strengthen the time allocated to this topic and its links to physiology and pharmacology which previously were taught separately.

University of Notre Dame Australia (Fremantle Campus - 100 students annually, four year MBBS graduate course). Formal palliative care teaching is limited to the final year although palliative care collaborates with and assists in the teaching of communication skills and ethics in Years 2 and 3.

In the final year a series of lectures addressing the what, when, how and why of palliative care is given, supplemented by tutorials in pain management, emergencies in palliative care and communicating and empathizing with the dying patient and their families. The didactic teaching and case-based tutorials are supplemented by a two week attachment to a palliative care inpatient unit supervised by a palliative care physician but emphasizing the multi-disciplinary nature of the specialty.

University of Western Australia (UWA - 240 students annually). The present undergraduate 6-year MBBS course finishes in 2016. One lecture on pharmacology in palliative care is given in 4th year, and all students rotate through a one week “intensive” in palliative care in their final year. The cohort of 6th year students attends their palliative care week on one of 12 weeks within the academic year, and each week consists of formal didactic teaching and small group workshops on the Monday. Tuesday to Friday of the palliative care week is experiential, each student being allocated to one of a hospital consultative service, an inpatient palliative care facility, a regional hospital or community palliative care service (Silver Chain Hospice Care Service.)

Extensive use is made of interactive learning modules and a repository of palliative care resources on the UWA Learning Management System with an emphasis on integration of palliative care needs and learning opportunities throughout 6th year, i.e. not restricted to the palliative care “intensive.”

UWA has commenced a 4-year postgraduate Doctor of Medicine (MD) course in 2014 to ultimately replace the present 6-year MBBS. The MD course will have palliative care input into a lung cancer symposium in 1st year, collaboration in teaching communication skills during year 2, and a 1-week “intensive” in the final 4th year. Although the details are not yet finalized we envisage that the palliative care teaching will again be integrated throughout 4th year and include a blend of teaching styles encompassing on-line activities, face-to-face classroom and small group teaching and experiential one-to-one mentoring within a multi-disciplinary palliative care team.

OUTCOMES OF A CURRICULUM MAPPING PROJECT

In this project we aimed to:

- Be clear and transparent about inclusion of palliative care nursing in the program.
- Sequence palliative care content logically over the course of the 3 year program in line with course content and student’s clinical experience.
- Ensure content was meaningful and relevant.
- Ensure content was applicable to:
 - Aboriginal and Torres Strait islander peoples
 - Culturally and Linguistically Diverse populations (CALD)
 - Aged care population
 - Children and adolescents
 - Special needs groups, intellectually and physically disabled, people with mental health issues and the ‘disenfranchised’.

The curriculum mapping exercise constituted a map of existing palliative care content, involved the formulation of a draft curriculum outline of existing palliative care content, a one day forum with invited key stakeholders and the construction of a curriculum map that reflected stakeholder communication and integration of PCC4U resources. As a result of this project, a new core course was added to the new 2014 accredited curriculum for the BNurs program for all final year undergraduate nursing students.

NEW TECHNOLOGIES TO SUPPORT STUDENT LEARNING IN PALLIATIVE CARE

Using Voice Thread with a cohort of physiotherapy students

Bernie Bissett,
Discipline of Physiotherapy, University of Canberra

In 2013 I introduced PCC4U to my Physiotherapy students as part of the Cardiorespiratory Physiotherapy subjects at the University of Canberra (UC). Following on from our sessions on Intensive Care, we spent 3 weeks covering the PCC4U material, with a particular focus on the assessment and communication modules. While class discussion was very interesting, I did notice that some students were highly reticent to share (perhaps confronted by the personal nature of the material?). In an attempt to allow all students to share their reflections in a safe space, I collaborated with one of my UC colleagues to create a 'Voice Thread' tutorial to accompany the lectures. Through an electronic link, the 'Voice Thread' program allows students to return to the 'Thinking Points' mentioned in the lectures, and leave their thoughts either as text, audio or video files. They can do this any time they like in the week following the lecture, and re-record anything and resubmit it until they are happy. They are also expected to comment on each other's ideas to contribute to the discussion. In this way, even the most introverted student has a forum to share their thoughts, and the extroverted students don't necessarily dominate the debate. I'm looking forward to discovering whether the fusion of PCC4U and Voice Thread results in deeper learning and reflection in our Physiotherapy students.

Coming soon - expanded simulation resource

High and low fidelity human simulation provides health students with a safe learning environment. PCC4U has developed and piloted a simulation case study in palliative care that aims to provide a platform for increased use of simulation in palliative care education. The case study is based on Geoff Holder, a 51 year old man with end stage pancreatic cancer and a history of Diabetes Mellitus type II. In the simulation scenario, Geoff is admitted to hospital for pain control and review by the palliative care team.

Students often find the discussions needed to provide quality psychosocial care for Geoff and his family challenging. As a guide for academic staff to direct and assist students with this, the PCC4U scenario has been filmed to demonstrate how the scenario can run from beginning to end. The film will include students displaying positive and negative aspects of care through the simulation activity. For further information on the PCC4U clinical simulation scenario, go to the PCC4U website. A further update will be sent when the filmed scenario is released.

Updated Learning Resources

An updated suite of learning sources is now available on the PCC4U project website. Materials to support use of the resources across a variety of disciplines and learning contexts include:

- an implementation guide, with all the module and topic learning content
- a curriculum blueprint, that provides a snapshot of module and topic content
- a workbook (NEW), with all module and topic thinking points
- a DVD of all video content from the modules, topics and the case scenario
- a USB containing the module and topic videos, guides and supporting documents.

All of the PCC4U learning modules and topics are freely available on the project website, along with a palliative care simulation scenario, a multiprofessional case study and palliative care teaching and learning resources.



Farewell

This is my last newsletter with PCC4U as I am moving on to a new project. Thank you to everyone who has contributed to this palliative care curriculum work and outcomes. Christine will be the key contact for all project information and resources until a new project manager is appointed.

Alison