Teaching and Learning in Palliative Care

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To what extent is palliative care included – nursing

- **UK** – mail survey of 66 curricula (return rate 79%)
  - Included in all courses; average 45 hrs;
  - Attitudes to death and dying; communication; pain and symptom management; grief and bereavement emphasised

(Dickson et al, 2006)

- **Canada** – 58 students from 2 campuses interviewed
  - Students hold positive attitudes to caring for dying patients; have modest knowledge levels, and one third did not feel adequately prepared to care for dying patients
  - EOLC tends to be threaded throughout the program, but emphasis is dependent on commitment of individual professors and clinical instructors experience

(Brajtman et al, 2007)
To what extent is palliative care included – nursing

- US – 580 Baccalaureate Nursing Programs; 71% response rate
  - Death and dying included in 99% of courses; average less than 15 hrs; 87% included offering on palliative care
  - Rely primarily on nurses for teaching
  - Nurses have exposure to palliative care, but in a limited way

(Dickinson, 2007)
To what extent is palliative care included – medicine

- US – 122 medical schools; 81% response rate
  - Death and dying included in 100% of courses; average less than 15 hrs; 87% included offering on palliative care
  - More interdisciplinary in teaching approach
  - Medical students have exposure to palliative care, but in a limited way

  (Dickinson, 2007)
Outcomes – nursing

- US – 14 students from one school;
  - Elective course comprising interactive sessions, field trips and on-line discussion, supported readings
  - Average comfort with caring for dying increased from 4.8-7.5 on a 10 point scale
  - All students agreed the course should be recommended

(Dickinson, 2007)
Outcomes – nursing

- US – ELNEC program introduced into one Baccalaureate; Responses from 73 students
- Outcomes assessed by Frommelt’s attitude to care of dying scale
- Most variance in change in attitude scores explained by “no previous experience with death” and “age 18-22”
  (Barrere et al, 2008)
Outcomes – medicine

- US – 180 graduates from one school (54% response rate) which had implemented mandatory 20 hrs coursework and 16 hrs clinical rotation in palliative care
  - Training perceived as valuable – majority “somewhat or fairly helpful”
  - Rotation was remembered 96%, and this reported a positive impact on practice
  - Comparisons with other schools indicated graduates perceived higher levels of preparedness
  - Training in assessing and managing symptoms perceived as less adequate than training in disease focused areas
  - Majority reported good palliative practices
  - 53% reported dying patients were often or frequently under their care; 91% reported having followed dying patients for more than one week since graduation

(Ross et al, 2005)
Outcomes – medicine

- Australia – 70 graduates from one school (56% response rate) which had implemented mandatory 2 week clinical attachment in cancer medicine and 4 days in palliative care
  - 19% rated their training in palliative medicine as poor or very poor (compared to 35% nationally)
  - 10% rated their training in symptom management in dying patients as poor or very poor (compared to 37% nationally)

(Starmer et al, 2004)
Outcomes – nursing and allied health

- US – Living with loss program for undergraduate college students in liberal arts program; case study format; 15 week, 45 hrs;

- Quasi-experimental design, outcome measure – Frommelt attitude to caring for the dying

- Significant change in attitude found in experimental group suggesting students who participated in the education program had a more positive attitude to caring for terminally ill persons

  (Frommelt, 2004)
Outcomes – medicine

UK – 445 students from 4 medical schools; 97% response rate

– 65% rated end of life education as excellent of very good
– 85% reported having had coursework on palliative care
– Topics included telling a patient he/she is dying (75%); referral to hospice (71%)
– 38% reported feeling very well prepared in talking with a patient about feelings;
  53% reported feeling very well or moderately prepared to address cultural
  issues related to end of life; 64% reported feeling very well or moderately
  prepared to help families during bereavement
– 24% reported palliative care as more satisfying than other areas
– 61% reported learning about care of dying was very important
– Compared to US students, British medical students reported more training,
  more positive clinical encounters, greater educational training in specific end of
  life topics, greater preparedness, and a culture within medicine more favourable
  to palliative care
– students have exposure to palliative care, but in a limited way

(Hammel et al, 2007)
Outcomes measurement

- Self efficacy in palliative care scale, assessing efficacy in communication, patient management, and multi-professional teamwork

- Thanatophobia scale (Mason & Ellershaw, 2004)
Student experience – nursing

- UK – qualitative descriptive study with 38 students after one year of study
- Themes relating to students’ anxiety about caring for dying
  - Coping with physical suffering
  - What to do or say
  - The severing of relationships
  - The type of death
  - Cardiopulmonary resuscitation
  - Last offices
  - Coping mechanisms
  - Interventions that would improve student experience
    - More input on emotional aspects of care
    - Opportunity for sharing of personal feelings
    - Need for explanation of DNR orders
- Conclusion that sources of anxiety mainly from relationship issues rather than dying (Cooper & Barnett, 2005)
Student experience – nursing

- USA – qualitative descriptive study with 12 students who had cared for dying during a clinical rotation

- Themes relating to students’ anxiety about caring for dying
  - Initial hesitancy and discomfort
    - Not knowing how to act; lack of certainty
  - Reflective musings
    - Personal experiences; empathetic feelings; personal loss
  - Personal and professional benefits
    - Importance of sense of connection

(Allchin, 2006)
Student experience – medical

- USA – descriptive correlation study 141 (86% response rate) 3rd year medical students who had completed 15 hrs of EOLC didactic, small group, and preceptorship experiences

- 95.7% reported interactions with patients at end of life

- 36% never saw physician breaking bad news; 63% never saw advance directive discussion

- Student-attending discussions happened rarely or sometimes, although more likely to have discussions with house staff

- 33% reported never having feedback on EOLC activities

- Informal curricular experiences were inversely correlated with perception of quality of education – students with greater number of informal experiences tended to rate quality more negatively

- greater discordance between classroom teaching and observations in practice led to lower ratings for quality of EOLC education

(Rabow et al, 2007)
Student experience – medical

- USA – descriptive qualitative study 10 students who indicated interest in geriatric medicine, and 10 students who were not interested.
- Students who expressed interest in geriatric medicine had more positive and negative experiences with older adults, were more comfortable with palliative care, did not view patients as responsible for illness, and held more fears about aging and death.

(Schigelone & Ingersoll-Dayton, 2004)
Student experience – physiotherapy students

- UK – descriptive qualitative study with 6 students who had completed a placement with a palliative care team
- Six themes:
  - Interprofessional working
  - Support for learners
  - Patient-centred care
  - Physiotherapy in palliative care
  - Emotional aspects of the learning environment
  - Education
- Students exposed to more diverse range of team members than in other practice settings, resulting in perception of increased understanding of contribution of different health professionals
- Diversity of team members was perceived as offering more holistic approach to patient management

(Morris & Leonard, 2007)
Specific topics in palliative care

• Use of care mapping to promote spiritual competence of nursing students  
  (Mitchell et al, 2006)

• Workshops including role play to develop medical students’ skills in breaking 
  bad news, discussing advance directives, and assessing and managing pain; 
  Use of readers’ theatre (script depicting a short story) to develop reflective 
  skills  
  (Torke et al, 2004)

• Use of arts and humanities to promote a deeper understanding of loss, 
  suffering and death amongst nursing students  
  (Johnson & Jackson, 2005)

• Reflection and journalling to promote ‘tactical reframing’ of attitudes to death 
  and dying  
  (Mooney, 2005)
Specific teaching and learning strategies in palliative care

Reflection on experience and attitudes, measured by student reaction essays

- Expressing emotions
- Personal grief and emotional detachment
- Communicating effectively
- Spending enough time
- Feeling ill-prepared to deal with death
- Losing a loved one
- Shifting emphasis from curing to caring
- Listening to patients and respecting decisions
- Previous negative experiences at end of life

(Rosenbaum, 2005)
Specific teaching and learning strategies in palliative care

- Ward based end of life care experiencing program for 3rd year medical students
  - Interview with patients and families, assessment of end of life domains, management plans, reflection, reporting at a MD case conference
    - Recognition of the complexity of patient reactions
    - Students’ appreciation of the value of clinician’s presence
    - Students’ personal reflections
  - Success strategies included dedicated faculty, reflection, written assignment (Ellman et al, 2007)

- Home visit program for medical students focused on assessing geriatric health needs and sociocultural and end of life issues
  - 83% reported positive feedback, especially in relation to psychosocial case, affirming humanity of medicine, understanding family, providing patient centred care, and understanding of patient beliefs (Medina-Walpole et al, 2005)
Specific teaching and learning strategies in palliative care

- Hospice volunteer program for medical students
  - Lessened anxiety and increased comfort (Shunkwiler et al, 2005)
  - Ward based end of life care experiencing program for 3rd year medical students

- Volunteer companion program
  - Quasi experimental pre/post design identified no change in knowledge, although concern scores decreased for the companion group
  - Valuable experiences identified by students included visiting patients, viewing end of life care, attending education, independent reading, making bereavement calls (Kwekkenboom et al, 2006)
Interprofessional learning in palliative care

- Pharmacy, medicine, nursing and social work intensive program 4 days per week for 4 weeks (2 classroom and 2 clinical)
  - Used team teaching, role play, case conferencing, case based learning, assignments, journals
  - Need for discipline specific input; need to balance didactic and experiential; recruiting medical students was difficult; expectations are different (Cadell et al, 2007)