Preparing Occupational Therapists to Work in Palliative Care

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Acknowledgements

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- **Input** from all participants
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Identified Need

- Occupational therapy-specific resources for teaching palliative care to undergraduate and graduate entry OT students
This Project

Designed to address four main questions:

School-related:
1. How is palliative care presently taught in Australian and New Zealand occupational therapy schools?

Clinician-related:
2. Do OTs feel prepared to work in this field?
3. What is the role of occupational therapists in palliative care?

Both Clinician and School-related:
4. What is needed to support undergraduate students to assist them to feel more prepared to work in this field?
Q1 How is Palliative Care taught?

- 6 of the 15 OT Schools in Australia and New Zealand

- Between 2 and 10 hours (average 5.42 hrs) of palliative care content over 3-4 years.

- Other general content that, while relevant to palliative care, is not theoretically linked
Methods of delivery varied:
- Didactic presentations
- Group discussions
- Case studies
- Readings
- Workshops

Resources used:
- Powerpoint presentations
- Case studies
- Television shows and documentaries
- Interviews with clients and family
- Guest lecturers experienced in the field
- PCC4U resource kit (3 schools)
Clinician Survey

- N = 24 occupational therapists employed in palliative care
- 70% Australian
- All adult settings
- Mean period of time employed – 4.64 years
- Mean number of years since graduation – 11.5 years
Q2 Preparation to work in palliative care:

- 54.2% report no PC training in palliative care
- 29.2% report feeling *totally* unprepared
- 41.7% report feeling *generally* unprepared
- Only 8.3% felt *generally* prepared, and
- No one felt totally prepared

*Do OTs feel prepared to work in this field?*

= NO
**Q3 Most common OT tasks in Palliative care**

<table>
<thead>
<tr>
<th>Task</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Equipment assessment/prescription/provision (including cost effective decision making) e.g., wheelchairs, seating</td>
<td>83.3%</td>
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<tr>
<td>Energy conservation/fatigue management/work simplification</td>
<td>58.3%</td>
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<tr>
<td>Counselling and support to client and family – need for rapport</td>
<td>58.3%</td>
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<tr>
<td>Discharge planning</td>
<td>45.8%</td>
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<tr>
<td>Home modifications/home environment set-up</td>
<td>41.7%</td>
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<tr>
<td>Education (e.g., on manual handling, care options, community services, use and care of equipment)</td>
<td>41.7%</td>
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<tr>
<td>Cognitive/perceptual assessments</td>
<td>33.3%</td>
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<tr>
<td>Oedema management including splinting and pressure garments</td>
<td>29.2%</td>
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<tr>
<td>Quality of life – support to maintain roles, leisure, meaning</td>
<td>29.2%</td>
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<tr>
<td>Positioning/pressure care, skin integrity</td>
<td>27.5%</td>
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<tr>
<td>Managing functional decline, facilitating function (including assessment), ADL, safety</td>
<td>27.5%</td>
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<tr>
<td>Activity</td>
<td>Percentage</td>
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<tr>
<td>Assessment of physical/environmental barriers (not specifically home), and adaptations</td>
<td>25%</td>
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<tr>
<td>Stress management/relaxation</td>
<td>20.8%</td>
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<td>Referral to other support agencies</td>
<td>20.8%</td>
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<td>Screening and assessment of other skills (e.g., motor, sensory, psychosocial, volition/motivation, occupational performance)</td>
<td>20.8%</td>
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<td>End of life care planning, end of life goals – client focussed</td>
<td>20.8%</td>
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<tr>
<td>Life stories (video, drawing, diaries/journals, memory projects, letter writing)</td>
<td>16.7%</td>
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<tr>
<td>Liaise with team members, hospice and community services</td>
<td>16.7%</td>
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<tr>
<td>Psychosocial OT – focus on emotional needs (see also relaxation, counselling, life stories)</td>
<td>12.5%</td>
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<tr>
<td>Assessing social environment</td>
<td>12.5%</td>
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<tr>
<td>Pain management</td>
<td>12.5%</td>
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<tr>
<td>Symptom management e.g., breathlessness</td>
<td>8.3%</td>
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<tr>
<td>Sleep hygiene</td>
<td>8.3%</td>
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<tr>
<td>Others e.g. positioning for other conditions, carer groups, living well program, management roles, upper limb management, nutrition, patient advocate</td>
<td>4.2% each</td>
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Q4 What is needed to support work in this field?

Resources desired by OT Schools:

- Establishing partnerships with OTs in the field
- Guest speakers sharing their lived experience of palliative care for family member, or working in this environment
- Handouts for student resources
- OT-specific DVD footage e.g., an OT who works in the area discussing the OT role or the field generally, and her feelings about it; family/clients who receive OT intervention
- Case studies considering the role of the OT
- Role of the OT in multidisciplinary team
- Related photographs
Suggestions from clinicians

Provide students with knowledge regarding:

a) Medical factors (definitions, basic concepts)
b) Occupational therapy factors (impact of life-limiting illness on function and roles, OT interventions)
c) Psychosocial factors (death, bereavement, spirituality, impact of culture, self-awareness, self-care)
d) Services (hospice services, “the system”)
e) Multidisciplinary team members
f) Ethical and cultural issues
g) Client and family focus
Encourage:

- Student reflection on their own beliefs about death and dying and their own mortality

- Applied learning – using clinical reasoning, role plays, observation, clinical case studies, practical stories

- Invited speakers
Outcome

- A **DVD** portraying a range of interview vignettes with OT clinicians in the field
- A collection of **photographs** for use in teaching
- A **powerpoint** sequence for lecturing
- A **powerpoint** sequence with tutorial ideas
- A **bibliography** specific to occupational therapy in palliative care, and
- **Five clinical case studies** (two children, three adult) representing a range of aspects common to work as an occupational therapist in palliative care.
The remaining challenge...

To fit the palliative care-specific content into the curriculum...