PALLIATIVE CARE EDUCATION IN AUSTRALIAN PHYSIOTHERAPY UNDERGRADUATE CURRICULA

REPORT PREPARED BY
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Health services for people receiving palliative care need to be provided by health professionals who are educated to an acceptable level of competence in service delivery in this area. Currently in Australia there is no consensus on curriculum content that enables the development of skills relevant to palliative care for entry level physiotherapy students.

The aim of this report is to assemble material to inform the development of a curriculum for teaching palliative care to entry level physiotherapy students in Australia. Two approaches were adopted in pursuit of this outcome: 1) a search of published literature (for the period 2001 to 2008) for information about how palliative care is taught to health care providers at the undergraduate level, and 2) through assembly of data obtained from collaborating teaching institutions in Australia where entry level physiotherapy programs are offered.

The outcomes of this project include a compilation of learning objectives in palliative care of relevance to physiotherapy students and the assembly of teaching methods considered to be appropriate for achieving these objectives. Resources that educators were prepared to share across physiotherapy programs were also identified and assembled.

This report also identified the need to define and validate processes that enable determination of whether target learning objectives in palliative care are achieved by entry level physiotherapy students.
1 INTRODUCTION

1.1 Review of curricula content in palliative care

1.1.1 Introduction

There is a moral imperative for health professional graduates to be educated to an acceptable level of competence in service delivery in palliative/end of life care. This education could occur during entry level education or as part of postgraduate professional development or specialisation. There is currently no published consensus regarding curriculum content that enables the development of skills relevant to palliative care for physiotherapy students in Australia.

Three reviews were identified that assessed approaches to teaching and learning in the field of palliative care in entry level health profession programs that had been published up till 2006. The review conducted as part of this project summarised the findings of these reviews and extended earlier work by reviewing papers published from 2001 till the end of 2008. In addition to the review, teaching activities and resources utilised in the teaching of palliative care to physiotherapy students by participating Australian universities were assembled. The collated resources, and the means by which they may be accessed, are described in this report. Deficits in knowledge and resources are identified and desirable directions for growth in teaching and learning resources that might serve the needs of physiotherapists are proposed.

1.2 Background

1.2.1 Palliative care

The World Health Organisation (WHO, 2008) defines palliative care as:

“an approach that improves the quality of life of patients and their families facing the problem 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”. Extending this, the Australian Association for Hospice and Palliative Care defines palliative care as care provided by medical, nursing and other health professionals for people who are terminally ill, that provides physical, emotional and spiritual support for the terminally ill, their families and their friends. Hospice based palliative care includes enabling people facing death to be as free as possible from unnecessary suffering (physical, emotional or spiritual), maintain their dignity and independence throughout the experience, be cared for in the environment of choice, have their grief needs recognised and responded to, and be assured that their family’s needs are met.

Palliative care has evolved to include a wide range of therapies in the treatment of a person with terminal illness. This includes coordinating therapies that can improve the quality of life for people living with disease (Billings, 1998, p.74). Billings (1998) stresses that palliative care should be made accessible to patients and families as early as possible following the confirmed diagnosis of a terminal illness.
Awareness of the importance of quality palliative care services appears to be growing. Palliative care is now explicitly provided across a wide range of settings including acute care, intensive care, emergency services, extended care as well as in hospice settings and services in the home (Sherman et al, 2004). There has been an increase in the number of hospices and palliative care programmes throughout acute and sub-acute health services and palliative medicine has developed as a speciality domain of practice. Health services in this field need to be developed (Billings, 1998) and this is recognised by health professions and governments as evidenced in new policies and guidelines for palliative care incorporation into health services (Finlay, 2001; Lloyd-Williams and Field, 2002; Newell-Jones, 2007). Principles of quality palliative care apply to the support of people across a range of life-limiting illnesses such as chronic and debilitating neuromuscular disorders, cardio-respiratory failure, HIV and AIDS and in the management of cancer (Laakso, 2006). A growing ageing population, combined with improvements in care of chronic degenerative diseases, is likely to increase the need for health professionals who are well educated in knowledge and skills in providing care to those with diagnosed terminal illness (Dawson and Walker, 1998).

1.2.2 Palliative care education

Growing social demand for skills in the provision of palliative care services places pressure on health professional courses to produce exemplary graduates. Dickinson (2006) identified that since 2000 many medical schools in the United States have introduced palliative care education into curricula (Dickinson, 2006, p. 201). Curricula content of entry level programs for health professionals might include a basic understanding of palliative care principles, appropriate intervention, planning and assessment, and the roles of the spectrum of health professionals. Several authors (Eva, Percy and Chown, 2007; Lobb, 2006; MacLeod & Robertson, 1999) also emphasise educating health professionals in loss and grief during entry level education. This enables skills to be developed for professional care of those with a life limiting illness and also facilitates the development of coping skills for health professionals working in this field. The ability to identify and assess health and social care needs, to plan care, evaluate outcomes and work collaboratively with other professionals are skills that are common to many areas of health care practice. Basic knowledge would include the ability to recognise palliative care needs as part of general assessment and knowing how these needs can be met, for example, utilising post-operative physiotherapy following breast surgery (Eva, Percy and Chowns, 2007, p.38).

In Australia, all entry level physiotherapy education programs must demonstrate to a national accrediting body that they are producing graduates who meet the Australian Physiotherapy Competency Standards. Despite this common purpose, there is little standardisation of curriculum content across programs and no standardisation or recognised best practice of teaching and learning methods in the field of palliative care.
1.2.3 Physiotherapy and palliative care

Physiotherapists treat a wide range of physical conditions, particularly those associated with neuromuscular, musculoskeletal, cardiovascular and respiratory systems. The physiotherapist is educated to observe, assess and identify health problems, to develop appropriate treatment programs and to work closely with other members of the health care team. Treatment may be directed to reduce pain, restore function or improve an individual’s quality of life (Australian Physiotherapy Association; Australian Physiotherapy Council).

People with terminal illness represent a special challenge to students of physiotherapy who have to overcome a sense of futility associated with treatment that will not heal or restore full health. A sensitive educational approach that is mindful of social denial of death and the special sense of immortality that characterises youth is required to transition students to a platform from which they can see the importance of support and strategic planning for those with terminal illness.

A recent systematic review (Wesley & Keating, Manuscript in preparation) investigated the effects of physical therapy services for patients with cancer in palliative care settings. A comprehensive search of the full databases of Cochrane Registry of Controlled Clinical Trials, CINAHL, PEDro, and Medline identified 14 eligible (pre-post design or controlled) trials published in peer reviewed journals that met the following inclusion criteria: participants were in palliative care due to cancer; interventions were any treatment, service, assistance or program with the potential to promote physical health, reduce pain, or maintain/increase quality of life, that could be provided by a physiotherapist; outcome measures were impairment, activity limitation, participation, pain levels, QOL or satisfaction with care. One reviewer completed data extraction and quality assessment.

The 14 results consisted of: one trial of electrotherapy, two trials of techniques to relieve breathlessness, two trials of oxygen therapy, two trials of exercise and seven trials of massage. Effect sizes were calculated and results pooled where possible. Statistically significant effects were found for anxiety reduction with massage compared to pre-intervention scores and compared to no massage controls, and for oxygen therapy and breathing education for dyspnoea. Massage may also have beneficial effects on pain levels, symptoms and quality of life. One trial of electrotherapy indicated no significant effect. Exercise interventions resulted in statistically insignificant improvements in anxiety, depression, emotional function and dyspnoea compared to usual care. The review highlighted that few studies, and even fewer high quality studies, have examined the role that physical therapies can play in enabling independence and promoting health in those with diagnosed terminal conditions. This reflects the limited attention paid to those requiring end of life support, and the importance of creating an explicit focus on this role in entry level programs.

1.2.4 Reviews of palliative care curricula content and design

1.2.4.1 Introduction

The first stage of this project involved scanning for recent reviews (published after 2003) of methods used to teach palliative care to undergraduate/entry-level health profession students. Three reviews were identified that covered publications up to 2006 although the review by Bickel-Swenson (2007) was limited to palliative care education to medical students in the United States. The findings from these three published papers are summarised in Table 1. Summarising these reviews, most authors felt that palliative care could be improved through improved education of care providers. No review identified a set of core competencies with widespread acceptance.
Table 1: Literature reviews investigating the status of palliative care undergraduate education

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Review scope</th>
<th>Aims of review</th>
<th>Inclusion criteria</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Lloyd-Williams and MacLeod</td>
<td>A systematic review of teaching and learning in palliative care within the medical undergraduate curriculum</td>
<td>1966 to 2001</td>
<td>To investigate undergraduate curricula in palliative care.</td>
<td>Undergraduate medical students. All teaching methods, methods of assessment and methods to identify student’s learning. All study designs.</td>
<td>49 studies identified. None were randomised controlled trials of effects of educational strategies. All included reports were descriptive. Found no evidence of standardised curriculum in palliative care education and variable approaches in the format of teaching and delivery of programs. Recommended that curriculum included: reflective learning, small group activities, multi-disciplinary group learning, support for students learning about life limiting illness (p.688).</td>
</tr>
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</table>
  ● Principles & philosophies associated with end of life care.  
  ● Pain and symptom management.  
  ● Grief and bereavement issues.  
  ● Advance case planning and code status.  
  ● Physician’s role in end of life care.  
  ● Medical and cultural barriers in palliative care.  
  ● Effectiveness of education interventions.  
  ● Surveys to assess student knowledge, attitudes and skills. Concluded that competency of medical students can be improved. Students endorsed the value of clinical placements in palliative care. Authors identified need for establishing competencies. |
| Adriaansen, and van Achterberg.  | The content and effects of palliative care courses for nurses: a literature review | 1990 to 2005 | The effects of courses in palliative care at the pre and postgraduate levels. | Any trial design. Student nurses, palliative care nurses and/or multidisciplinary professionals. Undergraduate and postgraduate courses that addressed                                                                 | 2 studies evaluated the effect of students’ attitudes to caring for the terminally ill and found a significant positive change in attitude of student nurses (Frommelt, 2003 and Mallory, 2003)  
Wilkes et al (2003) found that a course teaching student nurses about pain management significantly improved their competency in knowing how to manage pain.  
A palliative module involving 50 hours of teaching and covering topics such as pain and symptom management, communication and a one week hospice placement was found to significantly increase knowledge in the management of |
<table>
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<tr>
<th>Author</th>
<th>Title</th>
<th>Review scope</th>
<th>Aims of review</th>
<th>Inclusion criteria</th>
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<td></td>
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<td>communication training, attitudes towards death, empathy, pain or combinations. Outcomes of training for patients, nurses or student nurses.</td>
<td>pain and other symptoms in terminal illness (Arber, 2001) Significant improvement in knowledge and attitude was found with student nurses on completing a course that involved 4 hours of theory and 20 hours of contact with those with a terminal illness (Kwekkeboom et al, 2005)</td>
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1.2.4.2 Conclusion

No report of a standardised curriculum in undergraduate palliative care education was found. There is limited information regarding best content of palliative care educational programs at the undergraduate level. Lloyd-Williams and MacLeod (2004) and Bickel-Swenson (2007) agree on the importance of identifying learning objectives in the development of the palliative care curriculum that address the core competencies students need to achieve. The effectiveness of palliative care programs being offered to students of entry level courses has not been quantified. Further research is needed to assess the outcomes of palliative care educational programs using well designed trials.
2 LITERATURE REVIEW

2.1 Study design and methodology

Subsequent to summarising previous reviews, literature published since the last review was sought. The process and outcomes of this search are described below.

2.1.1 Review title

What is best practice in teaching palliative care to students in entry level physiotherapy programs?

2.1.2 Review aim

The aim of the review was to identify curriculum content and methods suitable for teaching palliative care to physiotherapists in preregistration/entry level programs.

2.1.3 Inclusion criteria

The report must provide insight into curriculum content in palliative care that might be suitable for a physiotherapy curriculum. Studies had to be published in peer reviewed journals in English between 2001 and 2008. Only reports regarding content of entry level programs were eligible.

2.1.4 Search Strategy

Key search terms employed were physiotherapy; physical therapy, physio$; allied health; palliative care; terminal illness; end-of-life; undergraduate education; teaching; curriculum

The following databases were searched:

CINAHL (Cumulative Index to Nursing and Allied Health Literature)
EBM reviews
EMBASE
PubMed
ProQuest
AMED

Titles and abstracts were reviewed for eligibility and if the paper appeared suitable for inclusion, or if further clarification was needed, full text was reviewed. When potentially relevant references were identified in retrieved publications these were also reviewed for possible inclusion.

2.1.5 Planned data extraction

Data were extracted that enabled evaluation of the following aspects of palliative care curricula:

- impact of palliative care teaching on student learning;
- topics covered;
- learning objectives ;
- teaching methods;
- educational resources utilised.
2.1.6 Results

2.1.6.1 Search yield

A total of 681 reports were identified, 112 of which appeared potentially relevant on the basis of title and abstract, and 12 that met inclusion criteria following further examination. These comprised six empirical investigations into the effectiveness of palliative care education in an undergraduate setting, two large recent surveys about palliative care education for undergraduates, and four articles that described the role of physiotherapy in palliative care.

2.1.6.2 Curriculum Content

Table 2 below presents a summary from the six empirical studies evaluating the impact of palliative care education on medical students. Three studies (Anderson, Williams, Bost and Barnard, 2008; Mason and Ellershaw, 2008 and Schwartz et al., 2005) found that students felt more competent and less concerned about caring for those with a life-limiting illness on completion of the course. Sanchez-Reilly, Wittenberg-Lyles and Villagran (2007) found that students improved in their knowledge of communication skills on completion of a geriatric palliative care course, but that student ability to apply those skills needed to be improved. Evaluation of a course that addressed issues related to interdisciplinary teamwork using a palliative care setting found a significant change in student understanding and perception of the role of the interdisciplinary team on completion of the course (Fineberg, Wenger and Forrow, 2004).

The learning objectives (see Table 3 below) all addressed similar issues related to the care of those with a life limiting illness. Recognition of the health professionals own response to death, loss and grief; learning effective communication strategies; developing knowledge and skills in the management of pain and other physical symptoms in life limiting illness and learning the importance of interdisciplinary teamwork and resources. These learning objectives are reflected in the topics (see Table 4 below) that are currently being taught in palliative care education in Great Britain (Dickinson, Clarke and Sque, 2008) and the United States (Dickinson, 2006).

2.1.6.3 Teaching Strategies

Palliative care is typically taught using a range of strategies (see Figure 2 below). In the United States (Dickinson, 2006) and Great Britain (Dickinson, Clarke and Sque, 2008) the most common modes of teaching palliative care to medical and nursing students were lectures, small group discussions and clinical case discussions. Other methods employed (in decreasing frequency) included hospice visits, videos, role play, simulated patients, funeral home visits and having terminally ill patients address the class.
### 2.1.6.4 Summary of included studies

Table 2: Studies that report the impact of palliative care (PC) teaching on medical or nursing student’s learning

<table>
<thead>
<tr>
<th>Author</th>
<th>Aims</th>
<th>Participants</th>
<th>Study design</th>
<th>Curriculum content</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Anderson, Williams, Bost and Barnard [2008]</td>
<td>To evaluate the association between exposure to death and students’ attitudes and knowledge about end-of-life care from survey of graduate students between 2001-2006</td>
<td>Undergraduate medical students n = 380</td>
<td>Survey completed prior to graduation. Students assessed for changes in attitude using a 4-point Likert scale with 8 attitude items. Knowledge assessed with a 15-item test to assess pain and symptom management, ethics, hospice and treatment appropriateness.</td>
<td>Preclinical training during first 2 years. Clinical placement in 3rd year. Between 2001-2005 3 hour lectures on end-of-life issues in first year. In 2006 more formalised teaching of end-of-life issues.</td>
<td>Response rate to survey 47%. Positive attitude by student towards a doctor’s responsibility and care for terminal ill. Emotional attitude to palliative care remained negative. Response rate to survey 47%. Authors recommended that medical schools develop a supportive setting for the emotional experiences of students learning about end-of-life illness.</td>
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<tr>
<td>Mason and Ellershaw [2008]</td>
<td>To examine the effect of a short PC programme on perceived efficacy and outcomes in caring for the dying patient.</td>
<td>4th year medical students n = 216</td>
<td>Quantitative analysis of questionnaire conducted before and after course. Qualitative analysis of focus groups to assess students’ attitudes. Outcome measures: Thanatophobia scale, and a Self Efficacy in Palliative Care scale.</td>
<td>One day introduction: philosophy of palliative care; communication skills; pain assessment and management; symptom management; ethical issues. Two week placement with PBL and direct clinical experience. Student presentation of a patient’s history.</td>
<td>Significant improvement in students’ perceived efficacy, communication, patient management, multidisciplinary teamwork. Qualitative analysis indicated improvement in student’s attitudes towards care of the terminally ill.</td>
</tr>
<tr>
<td>Sanchez-Reilly, Wittenberg-Lyles and Villagran [2007]</td>
<td>To assess attitudes, knowledge and behaviour of students undertaking an elective geriatric palliative care course in communication with terminally ill patients.</td>
<td>4th year medical students n = 25</td>
<td>Students completed a questionnaire before and after an elective course in geriatric palliative care. Knowledge assessed by 8 multi-choice questions. Communication skills measured by a student report on “how they would break bad news”</td>
<td>One month, 8 hour/week program. Principles of palliative care; interdisciplinary teamwork; pain and symptom management; interactive lectures and case histories; hospice/hospital visit; case studies; personal reflection project</td>
<td>Significant increase in knowledge of geriatric and palliative medicine (p&lt;.001). No significant change in communication skills. Authors recommended that in addition to evaluating effectiveness of course on knowledge and attitude, competencies such as communication skills, should be evaluated.</td>
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<tr>
<td>Author</td>
<td>Aims</td>
<td>Participants</td>
<td>Study design</td>
<td>Curriculum content</td>
<td>Findings</td>
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<td>Schwartz et al [2005]</td>
<td>To evaluate responsiveness of two validated measures of relevant change associated with two End of Life curricula.</td>
<td>Pretest-post test group: 3rd year medical students n = 98 (one day course) Case control group: 1st year medical students n = 36 (elective Caring for the Seriously Ill) n = 64 (controls who did not take the elective course)</td>
<td>Case control group Pretest-post test group. Assessed with 1. The Concept of a Good Death (17 descriptive statements) 2. Concerns about Dying (10 descriptive statements)</td>
<td>One day course Interview with terminally ill patient, followed by interactive case discussion; communication skills in “breaking bad news”; choice of 5 x one hour workshops: symptom management; limitation of treatment; spirituality; practical aspects; children with terminal illness. Elective Course - 7 sessions Interactive one hour of lecture or panel presentation or interview followed by one hour small group discussion. Topics covered: The Dying Experience; Breaking Bad News; Spirituality; Childhood death and dying; Advance directives; Hospice and Palliative care medicine; Bereavement. Sessions with patient. Assessed by assignment.</td>
<td>One day course A trend that could suggest that students were less concerned about working with terminal illness after the intervention. One year elective course Students less concerned about working with dying patients (p&lt;.001) compared to those not taking the course.</td>
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<tr>
<td>Fineberg, Wenger and Forrow [2004]</td>
<td>To evaluate an innovative palliative care educational programme designed to promote interdisciplinary exchange and understanding.</td>
<td>3rd and 4th year medical and 2nd year social work students. Palliative care education n = 45. No palliative care education n = 26.</td>
<td>Quasi-experimental longitudinal design. Experiential methods to teach appreciation and communicating skills between health professionals. Assessed with surveys pre/post and three month after the intervention.</td>
<td>4 training sessions over 4 weeks in a palliative care program entitled “Multidisciplinary Care Tools: Teamwork and Family Conferencing in Palliative Care”. Professional roles/preconceptions. Family conference role plays. Patient care roles of health professionals. Death/dying issues. PC unit visit.</td>
<td>Significant increase in understanding role of other health professionals maintained at 3 months follow up.</td>
</tr>
<tr>
<td>Lloyd-Williams and Dogra [2004]</td>
<td>To determine attitudes of preclinical medical students towards care of the terminally ill.</td>
<td>Preclinical medical students, n = 186</td>
<td>23 item questionnaire before and after palliative care education.</td>
<td>2 x 1-hour lectures using interactive exchange and teaching media. 4 hours small groups studying case histories. Palliative care concepts; psychosocial, spiritual and cultural issues; healthcare providers and their roles in palliative care. Students had a significantly more positive view of hospices (p&lt;0.004). No other attitude changes.</td>
<td>Response -to post-intervention questionnaire (35%)</td>
</tr>
<tr>
<td>Author</td>
<td>Aims</td>
<td>Participants</td>
<td>Study design</td>
<td>Curriculum content</td>
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<td>care; impact on patient/family on diagnosis of terminal illness.</td>
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<td><strong>Teachers:</strong> Lectures by consultant in palliative care. Small groups with palliative care doctor or clinical nurse.</td>
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Table 3: Learning Objectives in Palliative Care identified as competencies for any health professional.


Note: Headings used below taken from Ogle et al, 1997, p.284-285)

<table>
<thead>
<tr>
<th>Biomedical aspects of caring for the dying</th>
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**Attitudes**

“Recognise the appropriate time for shifting the care plan from curing the disease to providing palliative care for the dying patient.” (Ross et al, 2005)

“Recognise the full range of psychosocial factors influencing pain and the necessary interventions to address these factors.” (Ogle et al 1997, p.284)


**Knowledge**

“State the difference between acute and chronic pain” (Ogle et al, 1997, p.284)


“Describe common symptoms in terminal patients and the appropriate techniques to treat these symptoms. “ (Ogle et al, 1997, p.284)

“Identify signs that a disease process is entering the terminal phase.” (Nelson et al, 2000, p.10)

“State the definition of palliative care.” (Ross et al, 2001, p514)

“Summarize the mission, definition, and philosophy of hospice.” (Ross et al, 2001, p.514)

“State the elements of hospice care and the hospice definition of the unit of care.” (Ross et al, 2001, p.514)

“State the personally rewarding aspects of palliative/ hospice care mentioned by palliative/hospice care professionals.” (Ross et al, 2001, p.514)

**Skills**

“Assess and treat the dying patient’s physical symptoms using pharmacological and non-pharmacological techniques for the relief of symptoms, including but not limited to pain, dyspnoea, weakness, anorexia, insomnia, delirium, loss of appetite, vomiting and constipation.” (Nelson et al, 2000, p.10)

“Identify and use resources for consultation in the management of symptoms.” (Ogle et al, 1997, p.284)

“Assess and manage pain through the use of opioids, adjuvant analgesics and non- pharmacologic therapies.” (Ogle et al, 1997, p.284)

<table>
<thead>
<tr>
<th>Psychological social, spiritual and cultural aspects for the dying</th>
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**Attitudes**

“Recognise and discuss the most common forms of unconventional healthcare sought at the end of life by patients”. (Nelson et al, 2000, p.10)

“Demonstrate ‘cultural competency’ or the ability to elicit a patient’s culturally based health beliefs and respond to those health beliefs knowledgeably and sensitively.” (Nelson et al, 2000, p.10)

“Recognise the psychological, developmental and spiritual issues of patients/families.” (Ogle et al, 1997, p.284)

“Value diverse interventions to address the full range of psychological, developmental and spiritual issues of patients/families.” (Ross et al, 2005)

“Recognise and respond to relevant psychological issues such as depression and anxiety.” (Nelson et al, 2000, p.10)

**Knowledge**
“Describe the essential elements of compassionate care (Freshman level)”. (Ross et al, 2000)
“Describe the basic elements of normal and abnormal grief reactions”. (Nelson et al, 2000, p.10)
“Describe how the suffering of the dying patient may stem from changes in self-image, the loss of social roles and family responsibilities”. (Nelson et al, 2000, p.10)
“Identify the differences among the needs of specific religious or faith groups and demonstrate communication skills and sensitivity in dealing with spiritual issues.” (Nelson et al, 2000, p.10)
“Know the psychological, developmental and spiritual issues that arise in the treatment of the terminal ill and the appropriate treatments”. (Ogle et al, 1997, p.284)
“Describe how a terminal illness can affect the family group”. (Ross et al, 2005),
“Discuss the need for sensitivity to the fears and concerns of a terminally ill patient”.

Skills

“Assess and treat psychological distress, including depression and anxiety.” [Nelson et al, 2000, p.10]
“Develop strategies to prevent pathological grief reactions through effective care of the patient.” [Nelson et al, 2000, p.10]
“Practice effective communication with patients and families regarding the full range of psychological, developmental and spiritual issues.” [Ogle et al, 1997, p.284]
“Develop, document and implement a care plan that respects the patient’s needs and decisions.” [Nelson et al, 2000, p.11]
“Present the prognosis and treatment options to the patient and appropriate loved ones clearly and accurately in understandable language. “ [Nelson et al, 2000, p.10]
“Facilitate the involvement of the patient’s loved ones in providing physical, emotional, social, and spiritual support for the patient.” [Nelson et al, 2000, p.10]
“Convey bad news to the patient’s loved ones in a sensitive way.” [Nelson et al, 2000, p.10]

<table>
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<th>The personal awareness aspects</th>
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<tr>
<td><strong>Attitudes</strong></td>
</tr>
<tr>
<td>“Recognise that their (the practitioner’s) attitude about death influences the medical therapies offered to the patient”. [Ogle et al, 1997, p.285]</td>
</tr>
<tr>
<td>“Recognise potential areas of conflict between the professional’s own attitudes and stresses about death and dying and those of the patients.” [Nelson et al, 2000, p.11]</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
</tr>
<tr>
<td>“Describe how healthcare professionals should respond if they are ethically or religiously opposed to valid choices made by the patient and loved ones.” [Nelson et al, 2000, p.11]</td>
</tr>
<tr>
<td>“Describe one’s own basic values, beliefs, experiences and biases regarding death and terminally ill patients.” [Nelson et al, 2000, p.11]</td>
</tr>
<tr>
<td>“Explain how a physician's feelings and attitudes toward terminally ill patients can affect their abilities to communicate effectively with such patients and their family systems.” (Ross et al, 2005).</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
</tr>
<tr>
<td>“Identify individual challenges in working with death and dying.” (Ogle et al, 1997, p.285)</td>
</tr>
<tr>
<td>“Identify one's own views of palliative/hospice care.” (Ross et al, 2001, p.514)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appreciation of multi-disciplinary resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitudes</strong></td>
</tr>
</tbody>
</table>

“Facilitate interdisciplinary care of the dying patient as required.” (Ross et al, 2005),
“Collaborate with members of the hospice interdisciplinary team (IDT).” (Ross et al, 2005)
“Recognise the value of professional caregivers in other disciplines and hospital services in the treatment of the terminal ill.” (Ogle et al, 1997, p.284)

**Knowledge**

“Access current information on care of the dying using online resources.” [Nelson et al, 2000, p.11]
“Describe resources for the dying patient within the facility and in the community, including the ethics advisory committee, chaplain service, social service, visiting nurse home care and hospice and facilitate interaction between the patient, loved ones and the appropriate support services.” [Nelson et al, 2000, p.10]
“Describe the role of each member of the hospice Interdisciplinary Team (IDT), including the role of the physician.” (Ross et al, 2005)

**Skills**

“Implement collaborative care (team work with nurses, social workers, pastoral care, etc)” [Ogle et al, 1997, p.284].
Table 4: Summary of surveys of 52 undergraduate nursing institutions in United Kingdom and 99 medical schools in the United States reporting topics included in (A) palliative care syllabus for pre-registered nurses in the United Kingdom (Dickinson, Clark and Sque, 2008), and (B) pre-registered medical practitioners in the United States (Dickinson, 2006)

<table>
<thead>
<tr>
<th>Study</th>
<th>Attitudes towards death and dying (%)</th>
<th>Communication (a) with terminally ill patients; (b) with family members (%)</th>
<th>Pain and other symptom management (%)</th>
<th>Grief and bereavement (%)</th>
<th>Spiritual care at the end of life (%)</th>
<th>Psychological aspects of dying (%)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100</td>
<td>98</td>
<td>94</td>
<td>92</td>
<td>86</td>
<td>84</td>
<td>Social contexts of dying (73%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Euthanasia (71%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Policy issues in PC (63%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>End of life nutrition (61%)</td>
</tr>
<tr>
<td>B</td>
<td>90</td>
<td>92</td>
<td>87</td>
<td>87</td>
<td>70</td>
<td>79</td>
<td>Religious and cultural aspects of dying (70%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The experience of dying (e.g. pain and anxiety) (70%)</td>
</tr>
</tbody>
</table>


Figure 2: Methods used to teach palliative care in undergraduate education.

Data used to prepare graph obtained from
- Dickinson, Clark and Sque, 2008, p. 166. (responses from 50 nursing schools in the United Kingdom from survey undertaken in 2006).

Educational Resources

Through the literature search, useful resources were identified and are presented in Table 5. These consist of articles recently published on physiotherapy and palliative care, information on undertaking a needs assessment relevant to developing a curriculum for teaching palliative care and websites directed at curriculum content used at medical schools in the United States.

Table 5: Resources Identified to Facilitate Curriculum Planning in Palliative Care

On-line Resources

End of Life Palliative Resource Center (EPERC), Medical College of Wisconsin
Educational materials such as case studies, slide presentations, “Fast Facts”, and short presentations on palliative care issues are available from [http://www.eperc.mcw.edu](http://www.eperc.mcw.edu) [Accessed: 29 January, 2009]

Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC)
This site identifies competencies for palliative care for medical students at both undergraduate and clerkship level of training. Curriculum, teaching and evaluation methods are also outlined. Competencies that the EFPPEC identified as important for medical students are summarized in the embedded document below.


Ideal Oncology Curriculum for Medical Schools


Journal Articles


2.2 Discussion

No papers were found on palliative care courses for physiotherapy undergraduate students. However, a number of papers were found that provided information on what is currently being used to teach palliative care to nursing and medical undergraduate students. This information could serve as a resource for developing a palliative care curriculum for use throughout Australia to teach physiotherapy undergraduate students.

The need to introduce basic palliative care issues into undergraduate health professional curriculum was strongly supported in the literature. In the United States and Canada, medical schools need to provide palliative care education to be accredited (Anderson, Williams, Bost and Barnard, 2008). The General Medical Council in the United Kingdom recommends that “medical school graduates should know and understand the principles of treatment involved in relieving pain and distress and palliative care, including care of the terminally ill” (Paes and Wee, 2008, p.360). Many authors (Macleod and Robertson, 1999; Lloyd-Williams and Dogra, 2004; Ellison and Radecke, 2005; Schwartz et al, 2005; Anderson, Williams, Bost and Barnard, 2008) stressed the importance of “demystifying illness and death” (Ellison and Radecke, 2005, p.354) for health professional students.

Students can be provided with opportunities to evolve and mature their own views about death, to learn about normal grief reactions, social and cultural differences of loss and bereavement and the impact on a person diagnosed with a life limiting illness and family/caregivers. This can help decrease anxiety and concerns that many students experience with the treatment of those with a life limiting illness.

University based education may be designed to provide increasingly challenging opportunities to learn skills and attitudes required for the care of the dying in an environment that is supportive and less stressful than that associated with the clinical encounter with the terminally ill. The recommendation by Anderson, Williams, Bost and Barnard (2008) was that the school environment was an appropriate setting where emotional support for students could be provided during the teaching of palliative care.

As seen in the studies and surveys, course content in the teaching of palliative care is based on a number of key issues that includes grief and loss management, pain and symptom control, communication skills and the development of coping skills for the health professionals own emotional well-being. Learning specific skills in communicating with those with a life limiting illness and their family/caregiver were identified by those teaching palliative care as an essential part of palliative care education. Another important aspect of palliative care is interdisciplinary collaboration (Hillier and Wee, 2001). Many educators have encouraged students to learn with students of other health professions (Latimer et al, 1999; Wee et al, 2001; Récoché, O’Connor & Lee, 2007) with some indications that this is an effective way to increase awareness of the roles others play (Fineberg, Wenger and Forrow, 2004, p.770).

This review found that the most commonly used strategies for teaching palliative care were lectures, small group discussions and clinical case presentations. This supports findings of literature reviews and other published reports (Spruyt, MacLeod and Hudson, 2007; Weissman and Blust, 2005; Quill et al, 2003; MacLeod and Robertson, 1999; Doyle, 1997 and Haines, Lethborg and Schwarz, 1995). The use of video/film were reported in both nursing (53%) and medical school (39%) palliative care programs surveyed in Great Britain (Dickinson, Clark and Sque, 2008) and the United States (Dickinson, 2006). Quill et al (2003) reported that “edited videotaped segments of interviews with real patients illustrate issues, generate questions and elicit emotional reactions” (Quill et al, 2003, p.369). Relevant documentary films have also been recommended by Ellison and Radecke (2005). Lloyd-Williams and MacLeod (2004) propose that hospices could be approached to help in the preparation of audio-visual material.
Hospice visits were embedded in programs of nursing in the United Kingdom (59%) and medicine in the United States (45%). Students reported that practical experience combined with time to discuss issues raised during the clinical encounter were helpful (Mallory, 2003). Wee (2007) also reported positive outcomes from bedside teaching of palliative care. The curriculum used in many of the studies involved a period of clinical placement (Mason and Ellershaw, 2008; Sanchez-Reilly, Wittenberg-Lyles and Villagran, 2007) or a visit to a palliative care unit (Fineberg, Wenger and Forrow, 2004).

Students reported that role play was helpful in learning communication skills (Ellison and Radecke, 2005; Gwyther, 2008 and Quill et al, 2003). Role play also provides opportunities for students to “try on the new attitudes and… receive encouragement and feedback” (Weissman and Blust, 2005, p.168). Spruyl, Macleod and Hudson (2007) suggest that role play can enhance the development of communication skills with seriously ill patients without the complicating feature of intrusion into the privacy of the patient. Appropriately trained simulated patients can also provide feedback to students (Weissman and Blust, 2005).

Despite consensus regarding the importance of evaluating the effectiveness of the curriculum used to teach palliative care (Ross et al, 2005; Weissman and Blust, 2005; Oneschuck, 2002), few evaluations have been reported for undergraduate courses. Attainment of learning objectives in the area of knowledge has been assessed by oral and written examination (Weissman and Blust, 2005) and it is clear that students can learn principles of palliative care (Anderson, Williams, Bost and Bernard, 2008; Mason and Ellershaw, 2008, Sanchez-Reilly, Wittenberg-Lyes and Villagran, 2007. Pre and post education questionnaires have been used to assess changes in attitudes regarding the care of those with life limiting illness (Anderson, Williams, Bost and Barnard, 2008; Mason and Ellershaw, 2008; Schwartz et al, 2005; Fineberg, Wenger and Forrow, 2004; Lloyd-Williams and Dogra, 2004). It also appears that, through exposure and challenge, students can and do gain confidence communicating (Mason and Ellershaw, 2008) and interacting with people with a life limiting illness (Schwartz et al, 2005).

Through the literature search, useful resources were identified for use both in the development of a curriculum or for a teaching tool. Many countries have educational resources that have been developed by palliative care specialists through their associations or by teaching institutions. Gale (2008) encourages sharing of resources, particularly using the expertise of those working in the field of palliative medicine. An association for palliative care lecturers has been proposed that would include developing a website to share resources (Wee and Hughes, 2007, p.290).
3 IDENTIFYING CURRENT CONTENT IN AUSTRALIAN PHYSIOTHERAPY CURRICULA

3.1 Questionnaire study design and methodology

3.1.1 Aims

A questionnaire was designed to assemble palliative care content in entry level physiotherapy programs across participating Australian universities.

3.1.2 Design

Six questions (see Appendix D) were designed to gather information about learning objectives, teaching formats developed to address these objectives, educational resources used in teaching and assessment procedures. The questionnaire was designed to collect information on the following:

- how palliative care was addressed in the curriculum;
- current teaching method(s) used to teach palliative care;
- specific learning objectives /skills;
- willingness to share teaching and learning resources;
- skills that complement studies in palliative care;
- assessment of palliative care in the curriculum.

3.1.3 Distribution

Six institutions where entry level physiotherapy programs are offered (see below) had previously agreed to participate in the project. These were:

- School of Health Sciences, University of South Australia;
- Faculty of Health Sciences and Medicine, Bond University;
- School of Physiotherapy and Exercise Science, Griffith University;
- Faculty of Health Sciences, La Trobe University;
- Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne;
- Faculty of Medicine, Nursing and Health Sciences, Monash University.

Questionnaires were sent to all participating universities.

3.2 Results

Four questionnaires were completed and returned by e-mail. One institution could not complete the questionnaire as palliative care is not taught in their physiotherapy program and one questionnaire was not returned. Data collated from the four returned questionnaires is reported below.
3.2.1 Learning objectives

Learning objectives are listed in Table 5 below without editing for duplication or ambiguity.

Table 5: Palliative care learning objectives reported for participating physiotherapy programs

Management of Life Limiting Illness

- Demonstrate integrated and multifaceted knowledge of cancer, cancer care, and physiotherapy palliative care as it relates to oncology.
- Demonstrate knowledge of common life-ending conditions including signs, symptoms, clinical course and co-morbidities.
- Demonstrate knowledge and high level clinical skills in examination and treatment of more complex patients including those with cancer or other conditions in which chronic or palliative care is appropriate.
- Demonstrate a familiarity with issues raised by conditions such as cancer pain (including palliative care).
- Demonstrate an ability to plan and conduct relevant and appropriate assessment procedures, and goal setting; plan, implement and evaluate treatment strategies for these conditions, as appropriate.
- Demonstrate ability in knowledge and reasoning, assessment and patient management, safety and professional issues specific to the field of palliative care.
- Understand the principles for assessment and management of clinical and supportive care needs.
- Identify factors affecting death and dying in Australia today.
- Knowledge of Australian Palliative Care Standards of Care.
- Identify the main causes of death within Australia and recognise regional and cultural variation in death causes and incidence.
- Know the core principles of palliative care and to understand the term “palliative approach”.
- Recognise the impact historical trends have on community perceptions about death and dying and bereavement in contemporary society.

Psychological and Social Issues

- Appreciate and respect the diverse human and clinical responses of each individual throughout their illness trajectory.
- Appreciate the importance of professional, community and family network and support services for patients with the cancer who are in the palliative stage of care.
- Identify common needs and preferences for people with life limiting illnesses.
- Able to consider research evidence and knowledge from clinical expertise with relevance to a person’s needs and expectations.

Communication

- Ability to engage in active listening.
- Ability to communicate effectively with clients and their families and friends.
- Able to engage in effective empathic communication on sensitive issues with patient, family and colleagues.
- Develop effective communication in the context of an individual’s responses to loss and grief,
existential challenges, uncertainty and changing goals of care.
- Demonstrate an understanding of the use of effective communication in palliative management of patients/clients.

**Health Professional’s Attitude Towards Life Limiting Illness**

- Recognise their own values and beliefs about dying can affect their personal and professional responses with people with a life-limiting illness and their families.
- Appreciate the student’s own attitudes to cultural differences, and issues related to death and dying, grief and loss.
- Ability of the student to explore their own attitudes and beliefs on death and dying.
- Ability of the student to have knowledge in and be able to engage in self care.
- Develop the capacity for reflection and self-evaluation of one’s professional and personal experiences and their cumulative impact on the self and others.
- Able to use a reflective approach to clinical practice, to identify challenges to effective, empathic practice e.g. own attitudes and beliefs.

**Interdisciplinary Approach**

- Able to analyse various care contexts and role of physiotherapist within the interdisciplinary palliative care team.
- Understand the role of the physiotherapist and other members of the inter-professional team.
- Work collaboratively in interdisciplinary learning groups and recognise the factors which determine effective teamwork.
- Able to engage in team processes including discussion, recognition of professional roles including shared roles and boundaries.
- Appreciate the professional and referral responsibilities associated with working in a multi-disciplinary health care team, including self-care and peer support.
- Ability to work in a team environment.

### 3.2.2 Teaching and Learning Strategies

**Table 6: Teaching strategies used to teach Palliative Care at four institutions where entry level physiotherapy programs are undertaken**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small group work</td>
<td>100</td>
</tr>
<tr>
<td>Audio-visual</td>
<td>100</td>
</tr>
<tr>
<td>Lectures</td>
<td>75</td>
</tr>
<tr>
<td>On-line learning</td>
<td>50</td>
</tr>
<tr>
<td>Reflective exercise</td>
<td>50</td>
</tr>
<tr>
<td>Workshops</td>
<td>25</td>
</tr>
<tr>
<td>Practical session</td>
<td>25</td>
</tr>
<tr>
<td>Role-play</td>
<td>25</td>
</tr>
<tr>
<td>Case studies</td>
<td>25</td>
</tr>
</tbody>
</table>

### 3.2.3 Assessment methods
Table 7: Methods to assess learning objectives at four institutions where entry level physiotherapy programs are undertaken

(Data from four institutions that returned questionnaires)

| Written paper and an informal formative feedback session |
| Written exam and formative assessment through reflective essays |
| Written exam based around case studies |
| Assessment on topics relevant to palliative care |

3.2.4 Sharing educational resources

Table 8: Identified educational resources that could be shared amongst entry level physiotherapy programs

(Data from four institutions that returned questionnaires)

| PCC4U Interactive DVD |
| Other audio-visual material e.g. Human Body Series |
| Lecture series in PowerPoint mode on palliative care and the role of physiotherapy in palliative care |
| Case studies |
| Workshops (dealing with grief and loss) |
| Website on lymphoedema (available to those institutions involved in project) |

3.3 Summary

A list of learning objectives were provided by four institutions involved in the teaching of palliative care to physiotherapy students. These objectives addressed palliative care principles/concepts including loss and grief, communication issues, recognition of interdisciplinary collaboration and symptom management. All considered audio visual material and small groups to be effective teaching methods.

All participants were willing to share resources to facilitate the teaching of palliative care, but these resources are very limited. These included lectures and case history presentations and a newly developed website on the management of lymphoedema all of which are specific to physiotherapy in palliative care.

There is a need to develop a more comprehensive list of learning objectives that takes into account all aspects of palliative care principles and management relevant for physiotherapy students. A consensus can then be sought from physiotherapists involved in teaching palliative care to students in Australia. Following this, strategies can then be developed to teach students the knowledge, skills and attitudes that would enable them to provide high quality physiotherapy services.
4 CURRICULA RESOURCES AVAILABLE FOR TEACHING PALLIATIVE CARE TO PHYSIOTHERAPISTS IN AUSTRALIA

4.1 Introduction

A challenge identified by this report is the lack of published literature on palliative care curricula in entry level physiotherapy programs. Published literature did provide guidance on palliative care curriculum content for nursing and medical students. Using information available from these sources and information provided by four institutions providing entry level physiotherapy programs, the following tables offer curricula resources that could be considered in developing programs to teach palliative care to students in entry level physiotherapy programs in Australia.

4.2 Learning Objectives

Table 9: Learning objectives that have been identified as relevant in the teaching of palliative care to entry-level physiotherapy students.

(Note: Life limiting illness (terminology used in PC4U DVD) has been used in place of terminal illness)

Grief/bereavement Issues

**Attitudes**

- Recognise the impact historical trends have on community perceptions about death and dying and bereavement in contemporary society
- Recognise that one’s own values and beliefs about dying can affect a therapist’s personal and professional responses with people with a life limiting illness and their families.
- Appreciate one’s own attitude to cultural differences and issues related to death and dying, grief and loss.

**Knowledge**

- Identify factors affecting death and dying in Australia today
- Identify main causes of death within Australia
- Demonstrate knowledge on the process of grieving and when to refer to specialist services

**Skills**

- Able to use a reflective approach to clinical practice, to identify challenges to effective, empathic practice e.g. own attitudes and beliefs.
- Develop the capacity for reflection and self evaluation of one’s professional and personal experiences and their cumulative impact on self and others.

**Management/Care**

**Attitude**

- Understand the term “Palliative approach”.
- Understand that aims of treatment will be different
- Understand the principles of assessment and management of clinical and supportive care needs
- Understand relevant issues to be considered for discharge planning within this population

Knowledge

- Demonstrate integrated and multifaceted knowledge of cancer, cancer care and physiotherapy palliative care as it relates to oncology
- Demonstrate knowledge of common life limiting conditions including signs, symptoms, clinical course and co-morbidities
- Demonstrate knowledge and high level clinical skills in examination and treatment of more complex patients including those with cancer or other conditions in which chronic or palliative care is appropriate
- Demonstrate a familiarity with issues raised by conditions such as cancer pain (including palliative care)
- Demonstrate knowledge of differences in pain patterns and presentation
- Demonstrate a commitment to evaluation of results of their clinical practice and an ability to carry this out in clinical practice.
- Demonstrate knowledge of the core principles of palliative care
- Demonstrate knowledge of the Australian Palliative Care Standards of Care

Skills

- Demonstrate a patient-centred approach to physiotherapy practice
- Demonstrate appropriate assessment and treatment skills, taking into account pathology, prognosis and medical management
- Demonstrate an ability to plan and conduct relevant and appropriate assessment procedures and goal setting, plan, implement and evaluate treatment strategies for these conditions, as appropriate.
- Demonstrate ability in knowledge and reasoning, assessment and patient management, safety and professional issues specific to the field of palliative care.

Psychological and Social Issues

Attitude

- Appreciate and respect the diverse human and clinical responses of each individual throughout their illness trajectory.
- Appreciate the importance of professional, community and family network and support services for patients with the cancer who are in the palliative stage of care.

Knowledge

- Identify common needs and preferences for people with life limiting illness.
- Demonstrate an understanding of the use of effective communication in palliative management of patients/clients.
- Demonstrate knowledge on different behaviours and coping reactions of people with life limiting illness and the effect this will also have on families and friends.

Skills

- Be able to consider research evidence and knowledge from clinical expertise with relevance to a person’s needs and expectations.
- Be able to communicate using learnt strategies, such as active listening, observing body language signals, particularly with communicating on sensitive issues with clients, their family and friends.
- Develop effective communication in the context of an individual’s responses to loss and grief, existential challenges, uncertainty and changing goals of care.
Interdisciplinary Approach

Attitudes

- Recognise the value and importance of each member in the interdisciplinary team
- Describe the professional and referral responsibilities associated with working in a multi-disciplinary health care team, including self-care and peer support.
- Have a clear understanding of the valuable role that physiotherapy can play in the care and management of individuals with life-limiting illnesses.

Knowledge

- Analyse various care contexts and role of physiotherapist within the interdisciplinary palliative care team.
- Describe ways of determining efficacy of physiotherapy intervention for the person with a life limiting illness.
- Identify resources available in the case of those with a life limiting illness in both the work place and the greater community

Skills

- Work collaboratively in interdisciplinary learning groups and describe the factors that determine effective teamwork.
- Engage in team processes including discussion and recognition of professional roles including shared roles and boundaries.

4.3 Teaching and learning strategies

From both the literature review and information supplied from the questionnaires, the following have been identified as effective methods for teaching palliative care at entry level education.

| Lectures by experts in field of palliative medicine/care (use of prepared PowerPoint material by health professionals in the field of palliative care an option). |
| Small group work such as: |
| ● workshops in communication using role play as a method of learning communication skills; |
| ● workshops centred on ways of managing grief and loss; |
| ● working through case studies in a small group environment. |
| Workshop groups could be physiotherapy students or physiotherapy students and students of other health professions. |
| Video and other audio-visual material to initiate discussion in either lectures or in small groups. |
| Use of simulated patients. |
| Clinical practice in the field of palliative care |
4.4 Assessment methods

Identified assessment methods comprise written examinations, particularly in the assessment of knowledge of palliative care objectives. Reflective essays and feedback sessions, either informal or formal for assessment of skills and attitudes have also been used.

4.5 Educational resources

Educational resources that could be shared in teaching palliative care are listed below. It is envisaged that a password protected website will be created to allow access of this material.
Resources available for Teaching and Learning Palliative Care

Educational Resources Specifically for Physiotherapy

_PowerPoint presentations_

These lectures have been prepared by Dr. Liisa Laakso, Senior Lecturer, School of Physiotherapy and Exercise Science, Griffiths University, Queensland, 4222

Oncology for Physiotherapists (Part 1)
Physiotherapy Management in Cancer Care and Palliative Care (Part 2)
Managing Loss and Grief in Physiotherapy
Cultural Issues in Physiotherapy –using a Palliative Care Framework

These lectures have been prepared by Prue Morgan, Specialist Neurological Physiotherapist, FACP Lecturer, Physiotherapy School of Primary Health Care, Faculty of Medicine, Health Sciences and Nursing, Monash University, Victoria, 3199

Progressive Neurological Diseases (focusing on MND)
CNS Tumours
Tutorial on physiotherapy and long term issues in Progressive Neurological Conditions

This lecture and workshop has been prepared by physiotherapists at Calvary Health Care, Bethlehem, Melbourne, Australia in April 2009. Calvary Health Care Bethlehem is a palliative facility that covers oncology and non-oncology patients and has a specialist neuro-palliative service. Please contact Karol Connors (9595 – 3441), Blaise Doran (9595 – 3442) or physiotherapy@bethlehem.org.au for further information.

Physiotherapy in Palliative Care

_Website Resource for Physiotherapy Students_

_Lymphoedema Management For Physiotherapists_

The following description of the website was prepared by Mara Bennett, Project Officer and Senior Teaching Fellow, Faculty Health Sciences and Medicine, Bond University, Gold Coast, 4229

The rest of the team involved in creating the website are as follows:

Content: Camille Aked (physiotherapist Gold Coast Hospital, Gold Coast, Queensland)
Web Design: Lauren Hives (web designer – Bond University, Gold Coast)
Independent Reviewer: Hildegard Reul-Hirche (physiotherapist Royal Brisbane Women’s Hospital, Brisbane)

“The website targets physiotherapy students but is also suitable for medical, nursing or occupational therapy students. An evidence based approach has been used to introduce students to the symptoms, diagnosis, and treatment of lymphoedema. The website contains 3 short videos explaining the measurement, massage and bandaging techniques used by physiotherapists in the care of patients with lymphoedema. Prevention of complications, education of patients and exercises suitable for this condition are covered. The site also contains an extensive list of up to date quality resources and references on the topic as well as a list of current research in this area.”
For access to the LYMPH_091 site please contact Mara Bennett marbenne@bond.edu.au
The following information is required;
Username, Last name, First Name, Password, Community Role and Institution/University Name

**Additional Educational Resources**

**Audio-visual**

*PCC4U Interactive DVD* produced by the Department of Health and Ageing (Australia)
A learning resource for health care students

These modules are designed to provide students in health care with information on the principles and practices of palliative care. In addition to the interactive modules listed below, a comprehensive list of resources is provided that includes textbooks and online resources in areas of education and available organisations/associations involved in palliative care both in Australia and overseas.

Module 1 – Principles of Palliative Care
Module 2 – Communicating with People with Life-limiting Illnesses
Module 3 – Palliative Assessment and Intervention
Module 4 – Optimising Function in Palliative Care

This resource is available from:

David Emmett
DipT BA BLitt (Hon) MEd Doctoral Candidate
National Project Manager PCC4U
[http://www.pcc4u.org](http://www.pcc4u.org)

“The End of Life”, the BBC Human Body series. This engaging production is part of a series and covers the end stage of a life limiting illness, an untreatable cancer.

Available via the ABC or BBC


Refer back to Table 5 for information on on-line resources and journal articles.

### 4.6 Discussion

This section of the report identified learning/teaching resources in palliative medicine/care that are available for sharing by institutions in Australia where physiotherapy entry level programs are offered.

Key competencies identified for health professional graduates were:

- learning to understand the important role of the health professional in the care of those with a life limiting illness;
• the development of empathic communication skills;
• the importance of interdisciplinary collaboration; and

• learning how to manage physical symptoms and psychosocial issues in life limiting illness.

Potentially important learning objectives were assembled from the literature (Table 3) and the survey of physiotherapy program staff (Table 5). It is envisaged that these learning objectives can be further developed into a more comprehensive list. In comparison to objectives developed for palliative care in medical curricula by the Cancer Council Australia, physiotherapy programs have focussed on relatively few objectives. A consensus of learning objectives relevant for physiotherapy graduates could be achieved and then used to underpin the development of a standardised curriculum for physiotherapy entry students in Australia.

In addition, a number of teaching strategies/methods thought to be effective in teaching undergraduate students about palliative care have been described. Role play was found to be of benefit in developing communication skills. Learning about palliative care with other health professional students is thought to be effective in learning about the role of other health professionals and learning to work in a team. Small group work provided the setting for students to talk with peers on issues of grief and bereavement and also provided the opportunity for students to discuss concerns/anxieties following clinical placement.

Identifying existing strategies and resources currently used in teaching has also provided both a source for teaching resources which can be shared as well as indicating further resources that are needed. The development of a website would provide an efficient and effective vehicle for sharing this information and a communication tool for those involved in teaching palliative care.

Finally, the report emphasised the importance of evaluating the teaching programme on palliative care in order to identify whether the desired attitudes, knowledge and skills of the physiotherapist graduate have been met. Appropriate measures can be undertaken if changes are needed.

4.6.1 Future research directions

The following needs were identified in the preparation of this report:

• Establish agreement across physiotherapy programs regarding the core learning objectives and goals in palliative care for entry-level physiotherapy programs in Australia.

• Develop a system (e.g. a website) for assembled resources to be shared amongst participating institutions.

• Develop standardised evaluation procedures to assess the effectiveness of palliative care content for achieving specified objectives for entry level physiotherapy students.

• Develop additional teaching resources such as websites, online activities, case studies on issues in palliative care relevant to the physiotherapist.
5 ACKNOWLEDGEMENTS

Learning objectives, teaching methods, assessment strategies and identification of resources used in the teaching of palliative care to physiotherapy entry level programs were all obtained from the following:

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Faculty of Health Sciences and Medicine  
Bond University

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Faculty of Health Sciences and Medicine  
Bond University

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Faculty of Medicine, Nursing and Health Sciences  
Monash University

Dr. Rebecca Scholes  
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Monash University

Dr. Prue Morgan  
Physiotherapy School of Primary Health Care  
Faculty of Medicine, Nursing and Health Sciences  
Monash University
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7 APPENDICES
Appendix A

Specific Learning Objectives in Care of the Dying

(Source: Specific Learning Objectives in Care of the Dying [Nelson et al, 2000, pp. 10, 11]

Biomedical aspects of caring for the dying

Identify signs that a disease process is entering the terminal phase.

Assess and treat the dying patient’s physical symptoms using pharmacological and non-pharmacological techniques for the relief of symptoms, including but not limited to pain, dyspnoea, weakness, anorexia, insomnia, delirium, loss of appetite, vomiting and constipation

Recognise the appropriate time for shifting the care plan from curing the disease to providing palliative care for the dying patient

Psychological social, spiritual and cultural aspects for the dying

Assess and treat psychological distress, including depression and anxiety.

Describe the basic elements of normal and abnormal grief reactions.

Develop strategies to prevent pathological grief reactions through effective care of the patient.

Describe how the suffering of the dying patient may stem from changes in self-image, the loss of social roles and family responsibilities.

Identify the differences among the needs of specific religious or faith groups and demonstrate communication skills and sensitivity in dealing with spiritual issues.

Recognise and discuss the most common forms of unconventional healthcare sought at the end of life by patients.

Demonstrate “cultural competency” or the ability to elicit a patient’s culturally based health beliefs and respond to those health beliefs knowledgeably and sensitively.

The provider-patient and family relationships affecting the care of the dying

Present the prognosis and treatment options to the patient and appropriate loved ones clearly and accurately in understandable language.

Facilitate the involvement of the patient’s loved ones in providing physical, emotional, social, and spiritual support for the patient.

Communicate with the patient and/or loved ones about the transition to palliative care.

Convey bad news to the patient’s loved ways in a sensitive way.

Discuss post-mortem procedures and organ donations with the family of the deceased patient, including legal issues and issues of hospital policy.
Recognise and respond to relevant psychological issues such as depression and anxiety.

**Appreciation of multi-disciplinary resources**

Describe resources for the dying patient within the facility and in the community, including the ethics advisory committee, chaplain service, social service, visiting nurse home care and hospice and facilitate interaction between the patient, loved ones and the appropriate support services.

Access current information on care of the dying using online resources.

Be prepared to facilitate interdisciplinary care of the dying patient.

**The personal awareness aspects**

Describe one’s own basic values, beliefs, experiences and biases regarding death and terminally ill patients.

Recognise potential areas of conflict between the professional’s own attitudes and stresses about death and dying and those of the patients.

Describe how healthcare professionals should respond if they are ethically or religiously opposed to valid choices made by the patient and loved ones.

Develop, document and implement a care plan that respects the patient’s needs and decisions.
Appendix B

Learning Objectives

(Source: End of Life and Palliative Care Education in Medical Schools – Ross et al, 2005 found on http://www.cancer-research.umd.edu/InstructionalDesignTable.htm [Accessed on 13 March, 2009])

Hospice/Palliative Care program Objectives and Instructional Design, Medical Student Level

Terminal Objective I. **ANALYZE** the value of palliative/hospice care as a component of practice in managing specific patient problems.

<table>
<thead>
<tr>
<th>ENABLING OBJECTIVES for Terminal Objective I</th>
<th>Teaching Strategy</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I A. State the definition of palliative care (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP* course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>I B. Summarize the mission, definition, and philosophy of hospice (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP* course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>I C. State the elements of hospice care and the hospice definition of the unit of care (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP* course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>I D. Describe the impact of the culture of medicine on the practice of palliative/hospice care (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP* course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>I E. State the reasons supporting the argument that, when appropriate, palliative/hospice care is a desirable and important service (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP* course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>I F. Identify one's own views of palliative/hospice care. (Freshman &amp; Junior level).</td>
<td>Didactic/discussion, small group sessions in ICP* course Freshman year, participation in junior Hospice rotation</td>
<td>Small group leader evaluation; ICP course final exam, Written essay junior year</td>
</tr>
<tr>
<td>I G. State the personally rewarding aspects of</td>
<td>Didactic/discussion, small group sessions in</td>
<td>Small group leader evaluation; ICP course final</td>
</tr>
</tbody>
</table>
palliative/ hospice care mentioned by palliative/hospice care professionals (Freshman level).

<table>
<thead>
<tr>
<th>ENABLING OBJECTIVES for Terminal Objective II</th>
<th>Teaching Strategy</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>II A. Recognize the difference between compassionate and dispassionate approaches in the care of terminally ill patients (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>II B. Discuss the use of the various levels of the Biopsychosocial Model and the complex nature of terminal illness (Freshman and Junior level).</td>
<td>Didactic and small group learning session 1 Junior rotation, Discussion in IDT meeting</td>
<td>Objective examination, observation with patients and in patient presentation</td>
</tr>
<tr>
<td>II C. Describe the essential elements of compassionate care (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>II D. Recognize behaviors indicative of dispassionate approach to care (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>II E. Recognize the difference between the needs of the physician and those of a terminally ill patient and patient's family system (Freshman level).</td>
<td>Didactic/discussion, small group sessions in ICP course Freshman year</td>
<td>Small group leader evaluation; ICP course final exam</td>
</tr>
<tr>
<td>II F. Explain how a physician's feelings and</td>
<td>Didactic/discussion, small group sessions in</td>
<td>Small group leader evaluation; ICP course final</td>
</tr>
<tr>
<td>II G. Discuss the complex nature of terminal illness (Freshman &amp; Junior level).</td>
<td>Didactic session; role playing exercises; Patient interviews; Patient interviews</td>
<td>Written exam; observation of student in IDT</td>
</tr>
<tr>
<td>II H. Discuss the need for sensitivity to the fears and concerns of a terminally ill patient (Junior level).</td>
<td>Didactic session; role playing exercises; Patient interviews; Patient interviews</td>
<td>Written exam; observation of student in IDT</td>
</tr>
<tr>
<td>II I. Identify cognitive and affective reactions of a terminally ill patient or the members of the patient's family (Junior level).</td>
<td>Didactic session; role playing exercises; Patient interviews; Patient interviews</td>
<td>Written exam; observation of student in IDT</td>
</tr>
<tr>
<td>II J. Perform a psychosocial assessment applying principles of compassionate care (Junior level).</td>
<td>Didactic session; role playing exercises; Patient interviews; Patient interviews</td>
<td>Written exam; observation of student in IDT</td>
</tr>
<tr>
<td>II K. Discuss spirituality as it applies to a person with a terminal illness (Junior level).</td>
<td>Didactic session; Patient interviews</td>
<td>Written exam; observation of student in IDT</td>
</tr>
<tr>
<td>II L. Discuss the spiritual needs of a patient with a terminal illness (Junior level).</td>
<td>Didactic session; Patient interviews</td>
<td>Written exam; observation of student in IDT</td>
</tr>
<tr>
<td>II M. Discuss the unique contributions of hospice care in meeting spiritual needs of the patient and family (Junior level).</td>
<td>Didactic session; out-of-classroom study of selected references</td>
<td>Written exam</td>
</tr>
<tr>
<td>II N. Analyze one's own emotional and cognitive reactions during an interview with a terminally ill patient (Junior level).</td>
<td>Patient interviews; role playing</td>
<td>Required Essay</td>
</tr>
<tr>
<td>II O. Describe several supportive measures to use with patients and families during the end-of-life period (Junior level).</td>
<td>Role playing; case analysis; readings</td>
<td>Written exam; observation of student in IDT</td>
</tr>
<tr>
<td>II P. Discuss how a physician can provide emotional support and psychological comfort to a terminally ill patient or a</td>
<td>Didactic; Patient interviews</td>
<td>Written exam; Observation of student during patient interviews</td>
</tr>
</tbody>
</table>
**Terminal Objective III.** DESIGN, in cooperation with the interdisciplinary hospice/palliative care team, a comprehensive plan of care for a patient with a terminal illness

<table>
<thead>
<tr>
<th>ENABLING OBJECTIVES for Terminal Objective III</th>
<th>Teaching Strategy</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>III A. Explain how to help a patient and family system understand the diagnosis of a terminal illness (Junior level).</td>
<td>Didactic session; role playing; patient interviews</td>
<td>Faculty observation of role play; written exam</td>
</tr>
<tr>
<td>III B. Discuss the physician's role in empowering terminally ill patients to implement their decisions (Junior level).</td>
<td>Didactic session</td>
<td>Written exam; Observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III C. Describe/Clarify the essential information needed by patients and families in their consideration to use Hospice Care (Junior level).</td>
<td>Didactic session</td>
<td>Written exam; Observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III D. Describe how a terminal illness can affect the family group (Junior level).</td>
<td>Didactic session; assigned reading; patient interviews</td>
<td>Written exam; Observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III E. Identify the common emotional and practical needs of hospice patients in finishing their life business (Junior level).</td>
<td>Didactic session; assigned reading; chart review; patient interviews</td>
<td>Written exam; observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III F. Determine the best setting and time for providing palliative/hospice care to a patient with terminal illness (Junior level).</td>
<td>Patient interviews; Didactic session; reading assignments</td>
<td>observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III G. Differentiate the decision-making process in palliative vs. curative care (Junior level).</td>
<td>Didactic session; assigned reading; chart review; patient interviews</td>
<td>Written exam; observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III H. Discuss the ethical and legal dilemmas in</td>
<td>Didactic session by Dr. Keay during Junior</td>
<td>Test questions, student presentations</td>
</tr>
<tr>
<td>III I. Explain how insurance reimbursement policies define and drive hospice care (Junior level).</td>
<td>Didactic session</td>
<td>Written exam</td>
</tr>
<tr>
<td>III J. Describe the role of each member of the hospice Interdisciplinary Team (IDT), including the role of the physician (Junior level).</td>
<td>Didactic session; Participation in IDT meeting</td>
<td>Written exam; observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III K Conduct a comprehensive assessment of the distressing symptoms associated with a terminally ill patient (Junior level).</td>
<td>chart review; patient interviews</td>
<td>observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III L. Identify the pharmacological and non-pharmacological approaches to treating the distressing symptoms associated with a terminal illness (Junior level).</td>
<td>Didactic session; chart review; patient interviews; programs of self-study</td>
<td>Written exam; observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III M. Discuss the complexities of pain management and its relationship to a patient's perceived quality of life (Junior level).</td>
<td>Didactic session; assigned reading; chart review; patient interviews</td>
<td>Written exam; observation of performance in IDT meeting</td>
</tr>
<tr>
<td>III N. Collaborate with members of the hospice IDT (Junior level).</td>
<td>Role playing</td>
<td>IDT participation</td>
</tr>
<tr>
<td>III O. Develop a plan of care aimed at controlling the distressing symptoms of a patient with terminal illness (Junior level).</td>
<td>chart review; patient interviews</td>
<td>Student presentation in simulated IDT meeting</td>
</tr>
<tr>
<td>III P. Determine the impact of the treatment regimen for a terminal illness on the patient and family system (Junior level).</td>
<td>patient interviews; chart review</td>
<td>observation of performance in IDT meeting</td>
</tr>
</tbody>
</table>
Professionalism

- Articulate the impact of caring for seriously ill and dying patients on one’s professional development as a physician.
- Describe how personal values and past personal and professional experiences impact one’s own values toward the care of seriously ill patients.
- Speak personally regarding the impact of helping patients and their families in the setting of life-threatening illness.
- Articulate one’s own personal values and emotional reactions and their impact on patient care related to (with particular emphasis on patients seen on rotation):
  - pain, pain treatment, opioid dependence and addiction, across different cultural/socioeconomic populations.
  - the withdrawal of life-sustaining treatment, palliative sedation, assisted suicide, and euthanasia.
  - withholding/withdrawing artificial nutrition/hydration, mechanical ventilation and dialysis.
  - caring for dying patients in vulnerable populations (cognitively impaired, mentally ill, homeless, patients with substance abuse disorders).
  - caring for dying patients from different cultures and backgrounds.
  - caring for dying patients at different phases in the life cycle.
- Articulate ethical/legal distinctions between withdrawal of life-sustaining medical care, palliative sedation, assisted suicide, and euthanasia.
- Describe the physician’s professional role and responsibility regarding shared decision making.
- Demonstrates an ability to share responsibility for patient and family care with other members of an interdisciplinary team.

Patient care/Medical knowledge

- Demonstrate a thorough pain assessment using a standardized assessment schema (e.g. PQRST)
- Demonstrate knowledge of initial treatment approaches to manage somatic pain, neuropathic pain, and visceral pain.
- Describe the mechanisms of action/pharmacological principles associated with use of morphine, hydromorphone, oxycodone and fentanyl for pain (dose-time efficacy curves for oral, transdermal and parental administration, and common toxicities).
- State the indications (and contra-indications) for use, starting dose, and dose titration schema for
  - short acting and long-acting opioids, for both oral and parenteral administration;
  - one anticonvulsant and one anti-depressant drug for neuropathic pain.
- Accurately perform equianalgesic oral/parenteral calculations for morphine, hydromorphone, oxycodone and fentanyl using a reference guide.
- Define tolerance, physical dependence, psychological dependence, addiction and pseudo-addiction, their incidence and management strategies in the palliative care setting.
- Present a differential diagnosis for:
  - difficult to treat cancer pain
  - new onset dyspnea, delirium, nausea and constipation in the palliative care setting.
Give examples of when and from whom to obtain consultative help for intractable pain.
Describe first and second line pharmacological treatments for dyspnea, nausea, delirium, and constipation.
Describe a minimum of one non-pharmacological treatment for pain, dyspnea, delirium, and nausea.
Demonstrate proper use a delirium assessment scale.
Know risks and benefits of artificial hydration and nutrient at end-of-life
Differentiate sadness from clinical depression from anticipatory grief.
Give examples of when to seek psychiatric consultation in palliative care.
Demonstrate use of one prognostic scoring system for cancer.
Know general prognostic factors for cancer and end-stage hearth, lung, liver and kidney disease and dementia.
Describe normal and complicated grief.

**Interpersonal and communication skills**

- Demonstrate a six step approach to Giving Bad News.
- Demonstrate how to assess medical decision making capacity.
- Demonstrate how to complete a screening interview for depression and delirium.
- Demonstrate the key steps of a patient/family goal setting meeting.
- Demonstrate how to conduct a DNR discussion.
- Demonstrate an approach to managing cross-cultural conflicts in palliative care.

**Practice-based learning and improvement**

- Describe where to find resources for pain and symptom management.
- Describe where to find resources for managing challenging doctor-patient communication situations.
- Demonstrate an ability to self-reflect on personal learning deficiencies and develop a plan for improvement.
- Demonstrate ability to work as a member of an interdisciplinary team.
- Demonstrate the ability to actively seek and utilize feedback.
- Actively seek to apply the best available evidence to patient care.

**Systems based practice**

- Know the eligibility requirements, covered services, reimbursement mechanism, and physician’s role, as defined by the *Medicare Hospice Benefit*.
- Describe differences in eligibility and covered services between home care, home palliative care services, home hospice, and residential hospice.
- Describe four levels of hospice services covered by the Medical Hospice Benefit.
- Know state law(s) concerning advance directives and do-not-resuscitate orders.
## Required Curriculum in Palliative Care: Learning Objectives


<table>
<thead>
<tr>
<th>Goal 1: Understand and practice the physician’s role in palliative care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitudes:</strong></td>
</tr>
</tbody>
</table>
| a) Value active symptom management  
b) Value participation in the care of the dying |
| **Knowledge:** |
| a) Distinguish palliative care from curative care |
| **Skills:** |
| a) Develop goals for treatment in order to preserve the quality of life with patient/family input  
b) Evaluate the effectiveness of care |

<table>
<thead>
<tr>
<th>Goal 2: Assess and manage symptoms in the terminal ill</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitudes:</strong></td>
</tr>
</tbody>
</table>
| a) Recognise the full range of psychosocial factors influencing pain and the necessary interventions to address these factors  
b) Value symptom management that emphasizes prevention and control rather than crisis intervention |
| **Knowledge:** |
| a) State the differences between acute and chronic pain  
b) Describe common pain syndromes including bone and neuropathic pain  
c) Describe common symptoms in terminal patients and the appropriate techniques to treat these symptoms |
| **Skills:** |
| a) Assess and manage pain through the use of opioids, adjuvant analgesics and non-pharmacologic therapies  
b) Assess and manage nausea and vomiting  
c) Assess and manage dyspnea  
d) Assess and manage bowel problems  
e) Assess and manage common psychiatric symptoms of terminal care  
f) Identify and use resources for consultation in the management of symptoms |

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<thead>
<tr>
<th>Goal 3: Understand the full range of psychosocial, developmental and spiritual issues of patients/families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitudes:</strong></td>
</tr>
</tbody>
</table>
| a) Recognise the psychosocial, developmental and spiritual issues for patients/families  
b) Value diverse interventions to address the full range of psychosocial, developmental and spiritual issues of patients/families |
<table>
<thead>
<tr>
<th>Goal 4: Implement palliative care plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge:</strong></td>
</tr>
<tr>
<td>a) Know the psychosocial, developmental and spiritual issues that arise in the treatment of the terminal ill and the appropriate treatments</td>
</tr>
<tr>
<td>b) Distinguish between quackery and valid non-traditional interventions</td>
</tr>
<tr>
<td><strong>Skills:</strong></td>
</tr>
<tr>
<td>a) Practice effective communication with patients and families regarding the full range of psychosocial, developmental and spiritual issues</td>
</tr>
<tr>
<td>b) Practice necessary interventions for therapeutic outcomes</td>
</tr>
<tr>
<td><strong>Attitudes:</strong></td>
</tr>
<tr>
<td>a) Recognise the value of professional caregivers in other disciplines and hospice services in the treatment of the terminally ill</td>
</tr>
</tbody>
</table>

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<tr>
<th>Goal 5: Formulate a personal strategy for dealing with death and dying as a health-care professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge:</strong></td>
</tr>
<tr>
<td>a) Understand hospice philosophy and approach to care</td>
</tr>
<tr>
<td>b) Understand the hospice insurance benefit and eligibility, along with other third payer issues</td>
</tr>
<tr>
<td><strong>Skills:</strong></td>
</tr>
<tr>
<td>a) Implement collaborative care (team work with nurses, social workers, pastoral care etc.)</td>
</tr>
<tr>
<td>b) Fulfil the physician’s role in legal issues (certify death and issue death certificates. Advise on advance directives and living wills)</td>
</tr>
<tr>
<td><strong>Attitudes:</strong></td>
</tr>
<tr>
<td>a) Recognise that their attitude about death influences the medical therapies offered to the patient</td>
</tr>
<tr>
<td>b) Identify individual world view about death and dying.</td>
</tr>
<tr>
<td><strong>Skills:</strong></td>
</tr>
<tr>
<td>a) Identify individual challenges in working with death and dying</td>
</tr>
<tr>
<td>b) Identify symptoms barriers to affective treatment of the terminally ill</td>
</tr>
<tr>
<td>c) Create support systems for self</td>
</tr>
</tbody>
</table>
Appendix D

PROJECT TO ASSEMBLE CURRENT CURRICULUM CONTENT FOR TEACHING PALLIATIVE CARE TO UNDERGRADUATE PHYSIOTHERAPY STUDENTS IN AUSTRALIA

NOTE: Information provided will be used to prepare a final report for submission to the physiotherapists involved with the grant proposal.

1. Is palliative care taught as a specified subject, integrated throughout other modules, or as a combination of both in the undergraduate programme? Please outline topics covered in relation to palliative care.

2. What learning objectives/skills do you think are important for the undergraduate physiotherapy student to acquire in this subject? Please list.

3. What skills complement studies in palliative care, e.g. communication skills / attitudes / beliefs? How are these topics addressed in your program?


5. What materials / resources are used in your program and could any of these be used as a shared tool amongst the other physiotherapy undergraduate programs?

6. How do you assess the learning outcomes in this subject?