

Special Article

Palliative Medicine Teaching Program at the University of Cape Town: Integrating Palliative Care Principles into Practice

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Abstract

The article describes the development of the postgraduate palliative medicine programs at the University of Cape Town (UCT) through collaboration with the Palliative Medicine Division from the University of Wales College of Medicine in Cardiff, United Kingdom. The course is presented as a distance-learning program supported by web-based learning with three face-to-face teaching sessions during the course. UCT recognized the urgent need to assist African doctors in developing the medical skills required to care for an ever-increasing population of patients and their families who are faced with terminal illness and the physical, emotional, psychosocial, and spiritual distress associated with end-of-life issues. Since 2001, 139 postgraduate students have registered for the course, 10% of whom are from African countries other than South Africa. Using the experience from UCT in distance-learning programs, the Hospice Palliative Care Association developed an interdisciplinary course, "Introduction to Palliative Care." This course recognizes that, although improvement in patient care and palliative care will come as undergraduate training in palliative care is established, it is essential that previously qualified health care professionals are able to enhance their palliative care knowledge, skills, and attitudes. Trainers provide support to participants over a six-month period and assist in the transference of knowledge and skills into the workplace. J Pain Symptom Manage 2007;33:558–562. © 2007 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Palliative medicine education, postgraduate, distance learning, web learning, African doctors, skills transfer

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Introduction

With the explosion of medical knowledge and technical ability to both diagnose and treat serious illness there has been a swing away from patient-centered care. Both users and providers believe that there is a cure for all ills and that cure should be the goal for

all persons and all illnesses. However, patients and families still face life-threatening illness and the physical, emotional, and spiritual issues related to dying and death.¹

In South African health care, the present focus on cure led to health care professions turning away from patients for whom cure is no longer possible and abandonment of patients with far advanced illness to their families or compassionate caregivers. Community-based care is most often outsourced to nonprofit organizations.² There appears to be denial of the fact that, at the end of life, there are often serious and distressing symptoms that require skill and expertise to control, and a need for emotional and spiritual support to promote physical comfort and allow dignity at death.³

As Dr. Neil MacDonald et al. have stated, end-of-life care is an ethical imperative, which unfortunately has been inadequately presented in medical schools. As a result, medical practitioners are not prepared to provide palliative care to their patients and family members.⁴ Fortunately, as there is significant overlap between palliative medicine and other medical disciplines, education that prepares students in the discipline of palliative care will have applications that prepare them in all aspects of medical care. "The foundations for excellence in end-of-life care that are laid in the pre-clinical years are the foundations for excellence in general medical practice."⁵ The principles of palliative care, which stress an emphasis on home care and family involvement, professional teamwork, and the appreciation by health professionals of the importance of communication, are in keeping with modern trends in medical school teaching.⁴

Today, practicing physicians acknowledge uneasiness in caring for patients with terminal illness. This uneasiness is attributed at least in part to limited exposure to palliative care education during medical school.⁶ However, many are eager to improve knowledge and skills in palliative care and are willing to spend time in a hospice or palliative care unit, or attend special courses to enhance their skills in palliating physical problems.^{7,8}

South Africa Palliative Medicine Education—Development

Hospices have been established in South Africa since 1980. The model of palliative

care provision involves a strong interdisciplinary team comprising professional nurses, social workers, pastoral counselors, and volunteers. Many hospices rely on the voluntary services of interested general practitioners who also have busy full-time practices. As palliative medicine and palliative care have only recently been included in the undergraduate medical curricula in South Africa,⁹ most of these doctors have not received formal training in palliative care. They have learned most of their palliative care knowledge from their nursing colleagues. These doctors frequently express a sense of inadequacy, isolation, and frustration when they are not able to access advice from palliative medicine specialists.¹⁰

The University of Cape Town (UCT) recognized a unique opportunity to provide an educational program to fill the urgent need to assist African doctors to develop the palliative medicine skills they needed to care for an ever-increasing population of patients and families who were facing terminal illness and the physical, emotional, psychosocial, and spiritual distress associated with end-of-life issues. In 2000, in collaboration with the Palliative Medicine Division from the University of Wales College of Medicine (UWCM) in Cardiff, United Kingdom, the UCT created an honorary lecturer post in palliative care and a distance-learning curriculum. With support of the Dean, Faculty of Health Sciences and Senate of UCT, the curriculum was approved and the first postgraduate students were registered in January 2001. The course was initially run by a part-time senior lecturer and a part-time administrator. Establishment of these programs was made possible by generous funding from the Diana, Princess of Wales Memorial Fund, which covered costs for the first two years and provided the first study grants for postgraduate students.

Curriculum Development

Palliative medicine courses were first started at UWCM, (now Cardiff University) in Cardiff in 1989 as a distance-learning Diploma (a relatively new concept at that time). They were subsequently expanded to a Certificate and an MSc continuum of palliative medicine education. The Diploma course included resource material from published literature and texts, regular written assignments, a reflective

portfolio of cases, and communication skills assessment. To cater to the growing number of doctors requesting palliative care education, for which travel for regular study was difficult and costly, the majority of the course was delivered through distance learning. There were some contact study periods to enable communication skills teaching and facilitated small-group discussion work. This made the course attractive to an international clientele who represented part of each yearly cohort.¹¹

The collaboration between members of UCT and UWCM facilitated the introduction of palliative medicine as a body of knowledge and skills to the South African medical community. The curriculum was adapted to the South African situation by the inclusion of HIV/AIDS, and cultural diversity relevant to South Africa. An emphasis was placed on palliative care in children, bereavement in children, and family dynamics in the extended and non-nuclear family (which are particularly relevant in the HIV/AIDS epidemic). This created an indigenous curriculum adapted for the local conditions that included the palliative care issues facing doctors in Africa.¹²

UCT Palliative Medicine Programs

Purpose

Today, there are two programs of UCT, a Postgraduate Diploma in Palliative Medicine and a Masters of Philosophy in Palliative Medicine (MPhil). The primary purpose of the programs is to provide doctors with an understanding of the principles and practice of modern palliative medicine. The long-term goal is to broaden access to high-quality palliative services in South African communities where they are most needed.

Entrance Criteria

The programs are open to all qualified medical doctors. While access to a palliative care unit is desirable, it is not a prerequisite for entrance to the course.

Every effort is made to ensure adequate representation of learners from disadvantaged communities. This has been facilitated by generous funding from the Open Society Institute, Medical Education for South African Blacks,

and seed funding provided by the Diana, Princess of Wales Memorial Fund.

The Programs

Both programs include a variety of learning and assessment methods.

Modules: The program includes eight modules—Principles of Palliative Care, Psychosocial and Spiritual Palliative Care, Symptom Management, Oncology, HIV/AIDS, Pediatric Palliative Care, Ethics of End-of-Life Care, and Palliative Care in Chronic Disease. Each module includes six to eight study packs with up-to-date reference articles from current palliative care journals. Each month, study packs are sent to learners and an assignment is posted on the course WebCT site, with instructions about the work to be covered during that month.

Web-Based Learning: Course material is presented on the course WebCT site. Discussion topics, including current clinical problems experienced by the course participants, support the learning process. While this aspect of the course has not yet been used optimally, due to capacity issues for the palliative medicine unit staff, it has good future growth potential.^{13,14}

Face-to-Face Learning: Course participants are required to attend three on-site three-day teaching sessions at UCT. These sessions are interactive workshops conducted by tutors with expertise in palliative care. They focus on practical aspects of palliative care including the development of communication skills, bioethical principles, and sensitivity to cultural diversity in delivering palliative care, practical pain, and other symptom management. Participants' expertise is a rich source of learning material. Each student contributes to the teaching and learning experience.¹⁵

Personal Learning Portfolio: During the course, each student identifies patients and families in their care and writes a personal learning portfolio based on one or two of these patients' histories. This portfolio is presented toward the end of the course to assess the participant's development of knowledge, skills, and attitudes essential to the effective and compassionate delivery of palliative care.^{16,17}

Assessment: Students are required to pass each element of assessment, including 10 written assignments for the Postgraduate Diploma

and 12 for the MPhil coursework (Part 1); a personal learning portfolio; a written examination; and a communication skills assessment comprising two simulated consultations.

Quality Assurance: Quality assurance measures include internal and external validation measures and course evaluation by students, tutors, and examiners.

Demand for Palliative Care Training in South Africa

Positions in the first palliative medicine course were initially offered to South African hospice doctors. An average of 20 postgraduate students have registered each year. Since 2001, a total of 139 students have registered for the course; four have not completed for reasons of illness or work pressures, and 72 have graduated with Diploma or MPhil in Palliative Medicine. There are currently 63 palliative medicine students registered at UCT. Postgraduate students have completed 29 research dissertations. Currently, 16 research projects are in process.

In 2003, the first postgraduate students from outside South Africa enrolled in the courses. To date, 14 international graduates or students have come from Zimbabwe, Uganda, Botswana, Namibia, Malawi, Tanzania, Nigeria, Rwanda, and the United States. In response to requests for postgraduate training in palliative care from health care professionals other than doctors, UCT is now seeking funding to support the expansion of the program in faculty, student numbers, and resources.

The doctors enrolled in the course do so for reasons of personal development and to improve care to patients and families.¹⁰ Palliative medicine is not yet recognized as a medical specialty in South Africa; thus, there is currently no career path or additional remuneration in private practice. Many of the participants volunteer their time in local hospices to care for terminally ill patients and to support their palliative care team. They are committed to patient and family care and to development of palliative care within their work settings and the formal health care sector. They are leaders in their communities and strong advocates for further development of palliative care.

HPCA "Introduction to Palliative Care"

The success of the UCT distance-learning program for postgraduate doctors, and the experience of the Hospice Palliative Care Association (HPCA) of South Africa in training nurses in palliative care through distance learning, stimulated development of a six-month distance-learning program, "Introduction to Palliative Care," for experienced doctors, nurses, social workers, spiritual counselors, and other health care professionals.¹⁸ This program developed with the recognition that, although improvement in patient care and palliative care will come as undergraduate training in palliative care is established, it is essential that previously qualified health care professionals are able to enhance their palliative care knowledge, skills, and attitudes.¹⁹

Within the current health care environment, it was recognized that a Continuing Medical Education program has to be accessible and manageable for the busy practitioner. It was also acknowledged that attendance at a palliative care learning event does not necessarily guarantee transference of acquired knowledge into the work setting and that the education process will require facilitation to be effective.^{20,21}

Recognizing that palliative care is delivered within an interdisciplinary setting,¹⁵ the course was designed for interdisciplinary team training that ideally includes a doctor, professional nurse, and professional clinical counselor. By having the team come from one health care facility, they can support each other learning and may eventually have the opportunity to develop a hospital palliative care team.

The HPCA "Introduction to Palliative Care" course involves three types of learning activity:

1. **Face-to-Face Sessions:** During 10 three-hour face-to-face sessions, participants cover topics from eight modules using presentations and case-based discussions (which can be presented as a block or over a period of time within the six-month course).
2. **Group Study:** Participants from each health care facility (ideally a team) meet weekly to discuss the topic/task for the week (40 minutes per week for six months).

3. Self-Study: Individuals spend 30–60 minutes per week to complete the task set for each module that will form the participants' personal learning portfolio (that will be assessed at the end of the course).

Throughout the six-month course, the HPCA provides training support to participants through the regional palliative care education forums and provincial palliative care development teams. These mentors help participants transfer knowledge and skills in to their workplace and integrate palliative care into their health care settings.

Summary

Through these training programs, the HPCA of South Africa, in collaboration with UCT, hopes to contribute toward achieving the goal of palliative care training for all health care professionals in South Africa. Although there is particular urgency to improve knowledge and skills in palliative care in the light of the HIV/AIDS pandemic, the benefit is felt by patients with any life-threatening illness when they are cared for by a palliative care trained clinician.

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