

Integrating palliative care into undergraduate medical education

*A personal reflection from experiences in
Zambia*

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Overview

- Background to Zambia
- Process of curriculum development and implementation
- Reflection
- Workshop topic

Background to Zambia

- Population 15 000 000
- Geographical area 750,000 km²
- Lower middle income country
- Macro-economic development over past 10 years
- Majority of the population live in poverty



Zambia: health demographics

Indicator	2007/2008	2013/2014	Millennium development goal (2015)
Infant mortality (deaths/1000 live births)	70	45	35.7
Maternal mortality (deaths/100 000 live births)	591.2	398	162.3
HIV prevalence (% of population)	14.3	13.0	-

My connection with Zambia



My role in palliative care in Zambia

- ‘THET Integrate’ mentor
- Lecturer in palliative medicine and honorary consultant
 - To integrate palliative care into undergraduate medical curriculum
 - To support developing clinical service



Curriculum development – initial aims

- To strengthen existing structure relevant to palliative medicine

Curriculum development – initial aims

- Highlight the relevance of palliative care worldwide
- Highlight the established need to consolidate palliative medicine in the undergraduate medical curriculum
- To suggest core palliative medicine competencies of graduates
- To identify existing strands of palliative medicine in the current curriculum and potential areas which would benefit from clarification or augmentation

- Opportunistic:
- 2008 situational analysis of palliative care in Zambia. (Goma et al): ‘Zambian trained doctors and nurses lack knowledge and skills in palliative care’:
 - Unable to give correct definitions
 - Unable to give examples of activities related to palliative care
 - Unable to demonstrate sufficient knowledge and clinical application of providing analgesia
- ✓ Recommendation: to strengthen the palliative care component of undergraduate health professional training

Process

- Used the principle of the 'PEAT' tool (Palliative Education Assessment Tool):
 - To find hidden palliative care topics
 - To identify gaps and potential sites to include new topics

Process

- **Step 1** Identify syllabus to benchmark against
- **Step 2** Identify 'hidden' palliative care topics within the existing curriculum/modules (current mapping)
- **Step 3** Suggest potential sites for unplaced topics (or potential changes to existing sites)
- **Step 4** Build in relevant learning objectives

Outcomes

- Medical school approval
- Implemented 2014/2015 academic year (concurrent identification of long term faculty)
- Block delivery with integrated aspects
- Encouraging feedback from students and clinicians
- Included in assessment process (years 5 to 7)
- Long-term faculty and academic lead recognised



Feedback from medical students

“Communication skills was the most important thing.....Before I did not think it was such a big thing, but it was good to learn the process. You understand that the person is going through something....having the balance of being sensitive, but not over sensitive”

“We are confident we can use these skills – we see the patients dying, we can now break bad news.....oneday we will outnumber those who have not been trained and we can change the system”

“I have not been taught by a nurse previously.....typically there is a mindset that you are better than a nurse, but nothing can surplant experience....it was good to see things through their eyes”

Gaps/areas to build on

- No formal evaluation
- Supporting pre-service training in other specialties
- Postgraduate training/CPD
- Long-term senior supervision, leadership and faculty support
- Definition of a specialist



Reflection

- Building resilience
- Opportunistic change, allowed to evolve from existing ground
- The strength of the 'how' as well as the 'what' and role-modelling within palliative care education
- Peer support/collaboration
- What else could I have done differently to have changed the current outcome?

Ways forward

- Workshop:

**Ingredients towards sustainable integration of
palliative care into education systems**

References

1. Zambian demographic and health survey 2013-2014
2. Zambian national strategic health plan 2011-2015
3. Goma F et al, The 2008 situational analysis of palliative care in Zambia, Palliative Care Association of Zambia