Guidelines for clinical placement in palliative care
(Draft outline adapted from MPCU materials, APCA publications and FHSSA report)

1. Introduction & Background

1.1. Strengthening and integrating palliative care into national health systems through a public health primary care approach is the goal of the THET funded project April 2012-March 2015. Lead partners for this project are the University of Edinburgh (UoE), African Palliative Care Association (APCA) and the Makerere Palliative Care Unit (MPCU) which form the project steering group. The implementation of this goal is by working in partnership with the National Palliative Care Associations in Kenya (KEHPCA), Uganda (PCAU), Rwanda (PCAR) and Zambia (PCAZ) alongside the Ministries of Health (MOH) and the key hospital hubs. 12 hospitals have been selected by the MOH and national palliative care associations to act as sites for training, capacity building, mentorship and community networks in order to integrate palliative care into systems, policies, practice and communities.

1.2. A key component in achieving the project goals is to build capacity through training. This training needs to be at several levels and be led by the National Associations to meet the expressed needs of each hospital site and with support and facilitation from the THET steering group. MPCU has a particular role in the technical support for training working alongside the other lead partners through the steering group. Mentors will also have a key role in supporting capacity and embedding training in the clinical and management context.

1.1. Training and capacity building is key and will include basic training for health and social care professionals at each hospital site on generalist and some intermediate palliative care competencies (see aims and objectives in appendix 1). This will include 5 days equivalent of knowledge based training followed by clinical placements 5 days equivalent at approved sites. This clinical placement is an essential component of the training. In addition one site in each country will be strengthened to offer clinical placements for palliative care training in the future. Other training opportunities and placements will also be accessed as part of the project.

1.2. Training should be based on agreed core competencies which can be described as the skills, knowledge, experience, attributes and attitude designed to increase provider’s skills and competencies in essential areas of palliative care and the behaviors an individual requires in order to perform a job effectively. These competencies should be agreed using national guidelines and standards (where available) and based on the
APCA core competency framework and standards documents (see appendix 2) and the International Association for Hospice and Palliative IAHPC essential practices framework. (see appendix 3)

1.3. Clinical placement site approval will be by the national associations in conjunction with the project steering group. It will be based on these frameworks and outlined in this document. This document is designed to provide information to faculty and students involved in the program about placements requirements and expectations. It is recommended that all those concerned review this document before the placement for guidance.

1.4. Competencies can be divided into 3 levels;
1.4.1. Primary, generalist or basic competency; what is essential, the minimum for palliative care.
1.4.2. Secondary or intermediary competency; intermediary care, which provides a wide range of care components.
1.4.3. Tertiary or specialist competency; what is desirable for specialist palliative care services for people with life-threatening illnesses.

1.5. The clinical placement process and content should be specific to the expressed training needs as well as the cadre and previous experience of the trainee and therefore may vary but should be explicitly agreed in advance. Critical reflection is an essential component of clinical placements this should be reflected in documentation and evaluation.

2. Clinical Placement in Palliative Care

2.1. Aims of the clinical placement
2.1.1. To give students an opportunity to put into practice the theory and skills learned in the classroom so as to acquire the required competencies.
2.1.2. To give students an opportunity to work alongside people experienced in the field of palliative care
2.1.3. To enable students experience how multidisciplinary teams function, how systems operate in the practice setting and acquire knowledge on models of care in palliative care.

3. Considerations for National Association

3.1. National Associations are in the best position to recommend and coordinate the clinical placements. They should share the clinical placements plans via APCA and MPCU and ensure the sites chosen will offer the appropriate level of training. They should support the hospitals in choosing those who will participate and help agree the competency frameworks and objectives for each placement. This can be based on national documentation (which should be shared) or use project specific documentation. (see appendix 4). They should also identify one hospital in each country to strengthen as a clinical placement site and work with the steering group to build capacity in that setting by the end of the project there should be a new or strengthen site offering clinical
placements in each country. This can be done on partnership with other services within
the country or hub. In particular the trainees may visit a more established training site
(such as Mulago Hospital) in the first instance and then have mentorship in their own
setting as follow up while capacity is built at the new site.

4. Requirements for placement sites

4.1. The site staff should have the required expert knowledge and clinical skills in palliative
care at least intermediate and preferably specialist level. Therefore staff who are
involved in supervision of students should have completed at least Diploma level of
training in palliative care supported by palliative care clinical practice of at least 2 years
in palliative care to meet the program goals.

4.2. The site resources and facilities should be adequate to support the training of the
students. Therefore the placement site should have experience in delivering palliative
care in a relevant clinical setting for at least 2 years, it should have a sufficient case load
and diversity and adequate trained staff. As this project has hospitals as a hub site the
placement should allow trainees to explore service delivery in this specific setting as
well as in developing community linkages and models of care.

4.3. All sites should be visited by the national associations and steering group and reviewed
using the checklist as well as areas for capacity building agreed for potential new sites.
See appendix 4 for the placement site check list

5. Outline for placement curriculum

5.1. This program aims at training health professionals in generalist and intermediate
palliative care over a minimum period of 5 days.

5.2. Course outline and course outcomes:

5.3. Trainees will be expected to spend minimum 5 days in their clinical placement site.
Trainees are expected to observe practice, have supervised clinical interactions, clerk
and present at least one patient, participate in family support and social and pastoral
care, become familiar with the use of symptom management guidelines, explore how to
take the learning back into their core setting. One case should be formally reflected on
and written up. Trainees should have a clearly identified supervisor and clear goals and
objectives for the placement which will include the following competencies but may
also have specific individual competencies. These should be agreed at the start and
reviewed at the end of each placement.

5.4. Upon the completion of this placement participants should have the following
competencies:

5.4.1. Ability to identify a patient who needs palliative care.
5.4.2. Ability to assess a patient holistically
5.4.3. Ability to do a pain assessment
5.4.4. Ability to appropriately manage pain using the analgesic ladder
5.4.5. Ability to manage some of the common symptoms in palliative care
5.4.6. Ability to communicate with patients especially breaking bad news
5.4.7. Ability to recognize those who need referral to the appropriate specialist
5.4.8. Ability to work in a multi-professional team palliative care and to discuss with the primary care team for the patient

5.5. Upon completion of the placement participants should have the following knowledge
5.5.1. The model of care used to provide care at the placement site.
5.5.2. How to work in a multidisciplinary team.
5.5.3. How to integrate palliative care in hospital settings
5.5.4. How hospitals as hubs can also support community palliative care

5.6. Mode of delivery
5.6.1. Experiential learning
5.6.2. Group discussions in the team
5.6.3. Use of standard protocols
5.6.4. Self study and reflection

6. Roles of supervisors and mentors
6.1. Supervisors and mentors should be agreed in advance
6.2. They should be accessible and available during the actual clinical placement
6.3. Competency frameworks for the placements should be communicated in advance
6.4. Expectations from both supervisors and trainees should be explicitly discussed and agreed and include issues of professional practice.
6.4.1. Trainees should meet prerequisite theoretical learning for placements (should have attended the classroom sessions), achieve 100% of placement attendance, be punctual, be professionally presented, be proactive in seeking learning opportunities and giving feedback, maintain patient, staff and peer confidentiality, comply with principles of medical ethics, observe the placement site rules and regulations, notify appropriate people when unable to attend placement
6.4.2. Supervisors should become familiar with the placement objectives, assist students to seek out relevant learning opportunities, provide constructive guidance and direction for students throughout the placement, demonstrate professional role modeling, comply with professional codes of ethics, provide reliable, valid and fair assessment of student performance, continually evaluate placements to ensure they provide the necessary experience needed by students, conduct debriefing sessions to students, give constructive feedback to students, assist students to reflect on learning experiences to facilitate deep learning.
6.5. Documentation should be available to support this process including self-rated competencies and supervisors comments. This should take the form of a training contract for the specific participant and supervisor to complete at the start of the placement; specify learning objectives, placement activities, and expectations.

7. Evaluation
7.1. The outcomes and effectiveness of the learning process of the placements will be evaluated by participants and the faculty. These assessments of the program will
include
7.1.1. Learning objectives at the start and end of each placement and at 6 months after implementation in practice
7.1.2. Assessment of trainees’ measurable clinical competencies achieved
7.1.3. Use of Most Significant Change tool to assess impact
7.1.4. Assessment of the supervision
7.1.5. Assessment of the site
7.1.6. Ongoing curriculum review and placement evaluation by national associations and steering group
7.1.7. Share lessons learned and identified challenges across the project including UK mentorship team

8. Ongoing support
8.1. Ensure trainees are given ongoing support and opportunities to implement and continue learning through mentorship and access to further training and e-learning materials.

9. Resources
9.1. This document was drawn up to include information from draft report for clinical placement developed by FHSSA with funding from the Diana Fund and in partnership with the African Palliative Care Association (APCA), following a workshop in June 2012 in Uganda to begin the process of developing the guidelines. Approximately 43 participants attended, including representatives from FHSSA, APCA, the Diana Fund, GAPRI, the Ugandan Ministry of Health, and 32 palliative care practitioners implementing programs in Uganda, Kenya, Malawi, Zimbabwe, Zambia, South Africa and Tanzania
9.2. A variety of materials can provide additional information to health care facilities, hospices, and other stakeholders.
9.2.1. THET project website
9.2.2. APCA resources
  9.2.2.3. African Palliative Care Association (APCA), Palliative Care Core Curriculum: Introductory Course in Palliative Care, Kampala, Uganda: APCA, 2012.
  9.2.2.4. African Palliative Care Association (APCA), Standards for Providing Quality Palliative Care Across Africa, Kampala, Uganda: APCA, 2010.
9.2.3. Education resources and references
  9.2.3.1. Calman K, “Education and Training in Palliative Medicine,” In Doyle D,

9.2.3.2. Nursing and Midwifery Council (NMC), A-Z Advice Sheet: Clinical Supervision, NMC, London, 2006


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Appendix 1

Aims and objectives on introductory training THET project

Aim
To deliver introductory training in palliative care to a multi-disciplinary group of health and social care workers

Objectives
1. To introduce participants to principles of holistic palliative care
2. To show that pc can be done in different ways using local resources
3. To improve communication skills
4. To teach participants skills in breaking bad news
5. To raise awareness of spiritual issues and support
6. To improve understanding of grief and bereavement
7. To improve pain assessment and history taking skills
8. To introduce the principles of pain and symptom control
9. To be able to support the use of oral morphine for pain and symptom control
10. To demonstrate the management of common symptoms in palliative care using guidelines and protocols
11. To improve knowledge of end of life care
12. To improve understanding of the needs and support of children in a palliative care setting
13. To improve palliative care advocacy skills
14. To improve understanding of good team work
15. To encourage participants to implement what they have learnt on the course
Appendix 2

Summary of Core Competencies in APCA guideline

The key overall content areas for clinical placements include;

1. Communication
   a) Communication skills
   b) Communicating bad news

2. Assessment and management of common symptoms
   a) Principles of symptom assessment, control and management
   b) Assessment and management of common symptoms
   c) Palliative care emergencies
   d) Nutrition and hydration
   e) Managing symptoms at end-of-life

3. Pain assessment and management
   a) Total pain concept
   b) Holistic history-taking
   c) Physical pain assessment
   d) Pain management (WHO analgesic ladder, non-pharmacological methods)
   e) The use of opioids in pain management

4. Emotional / psychological and social support
   a) Basic counseling
   b) Grief, loss and bereavement care in adults
   c) Grief, loss and bereavement care in children
   d) Working with families and communities
   e) Sexuality and gender issues
   f) Assessment and management of spiritual and cultural needs
   g) Care for carers / Bereavement services from diagnosis to death and beyond

5. Special needs populations
   a) Pediatric palliative care
   b) The elderly
   c) People with mental health problems and/or substance abuse
   d) People who are homeless, refugees, or internally displaced
   e) Members of the armed forces
   f) Religious leaders
   g) Institutionalized individuals

6. Day care (support groups)

7. Home visits

8. Legal and ethical issues

9. Inter-disciplinary teamwork
### Appendix 3
IAHPC List of Essential Practices in Palliative Care

<table>
<thead>
<tr>
<th>Identify, evaluate, diagnose, treat and apply treatment and solution measures for:</th>
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<tbody>
<tr>
<td><strong>Physical care needs:</strong></td>
</tr>
<tr>
<td>Pain (all types)</td>
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<tr>
<td>Respiratory problems (dyspnea, cough)</td>
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<tr>
<td>Gastro intestinal problems (constipation, nausea, vomiting, dry mouth, mucositis, diarrhoea)</td>
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<tr>
<td>Delirium</td>
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<tr>
<td>Wounds, ulcers, skin rash and skin lesions</td>
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<tr>
<td>Insomnia</td>
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<tr>
<td><strong>Psychological / Emotional / Spiritual care needs:</strong></td>
</tr>
<tr>
<td>Psychological distress</td>
</tr>
<tr>
<td>Suffering of the relative and/or caregiver</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td><strong>Identify and evaluate - provide support and when possible, refer for diagnosis, treatment and solution measures for:</strong></td>
</tr>
<tr>
<td><strong>Physical care needs:</strong></td>
</tr>
<tr>
<td>Fatigue</td>
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<tr>
<td>Anorexia</td>
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<tr>
<td>Anaemia</td>
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<tr>
<td>Drowsiness or sedation</td>
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<tr>
<td>Sweating</td>
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<tr>
<td><strong>Psychological / Emotional / Spiritual care needs:</strong></td>
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<tr>
<td>Spiritual needs and existential distress</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Family / caregivers grief and bereavement issues</td>
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<tr>
<td><strong>Other:</strong></td>
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<tr>
<td><strong>Care Planning and Coordination issues:</strong></td>
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<tr>
<td>Identify the resources and support available and develop and implement a plan of care based on the patient's needs.</td>
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<tr>
<td>Provide care in the last days/weeks of life</td>
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<tr>
<td>Identify, evaluate and implement solutions to facilitate the availability and access to medications (with emphasis on opioids)</td>
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<tr>
<td>Identify the psychosocial / spiritual needs of self and other professionals involved in the care</td>
</tr>
<tr>
<td><strong>Communication issues:</strong></td>
</tr>
<tr>
<td>Communicate with patient, family and caregivers about diagnosis, prognosis*, condition, treatment, symptoms and their management, and last days/weeks care issues.</td>
</tr>
<tr>
<td>Identify and set priorities with patient and caregivers.</td>
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</tbody>
</table>
Provide information and guidance to patients and caregivers according to available resources. Sensitize other health care professionals and workers about palliative care.

*Note*: The determination of prognosis and safe delivery of this information requires appropriate training and knowledge.

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Appendix 4

Site evaluation checklist

1. Is the site National Association member?
2. Is there existing, formal Palliative Care program which has been running for at least 3 years?
3. Has the site completed the APCA standards audit?
4. Is this programme able to support the competencies agreed by the trainee as part of the THET project?
5. Are there existing referral linkages between hospital and community settings?
6. Is there sufficient patient load with sufficient diversity?
   a) access to patients with chronic disease management to include HIV/AIDS, cancer, organ failure
   b) across the age and social spectrum
7. Are there adequate staffing levels to support the clinical placement?
8. Is there at least one member of staff with Diploma level training who has been delivering palliative care for at least 2 years?
9. Is the site committed to capacity building and training in palliative care?
10. Are essential medicines for palliative care available including oral morphine?
11. Is there access to specific treatment modalities as required by the competency agreements?
12. Is the site accessible with affordable transport, meals and accommodation options?
13. Are there any legal or financial requirements for placing students in this site?

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1 Developed by ML and LN March 2013