African Palliative Care Association

Effective methods of teaching palliative care

A Guide for Educators and Trainers in Africa

APCA does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred because of its use. The frame work guidelines for measuring the impact of palliative care education and training on patients and their families within Africa. The framework can be adapted to the context of each country and each institution.

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FOREWORD

Palliative care education is one of the four components of the World Health Organization's public health strategy for palliative care and is crucial not only for effective integration or establishment of palliative care in society but also to change the experience of patients with palliative care needs and their families in Africa.

For education to be competency-based and effective, appropriate training methodologies have to be used to support the learner to have the appropriate knowledge and to translate this knowledge into skills and competencies. Such education and training should lead to a change in attitudes, beliefs and values, thus making the palliative care graduate able to do their job very effectively. To that end, APCA has developed this new resource, which is a guide to effective teaching methodologies in palliative care, targeting educators and trainers across Africa.

This guide has been developed to enable educators and trainers to acquire knowledge and skills for using effective, practical, participatory and experiential teaching methods, and to use these in extending learning to all health care providers in Africa. The methods presented in this guide are based on existing practical and documented evidence of effective palliative care education.

The teaching methodologies guide incorporates core palliative care competencies, as defined in the APCA palliative care competency framework, and suggests effective palliative care teaching methodologies that are relevant to achieving different competencies at different levels of service delivery. The guide has also incorporated mentorship approaches that can be used to provide further support to educators and trainers to ensure that knowledge and skills obtained are sustained.

The guiding principles that underpinned the development of this guide include a focus on improving the quality of training instruction and trainer performance, principles of adult learning, reflective practice, palliative care standards, palliative care competencies, mentorship and activity based learning.

It is APCA's hope that educators and trainers of palliative care at different levels use the guide to effectively impart the knowledge and skills needed for the provision of quality palliative care services in Africa.

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LIST OF ACRONYMS

APCA   Africa Palliative Care Association

AIDS   Acquired immune deficiency syndrome

ARV   Anti-retroviral

CBL   Case-based learning

HIV   Human immunodeficiency virus

NRS   Numerical Rating Scale

PBL   Problem-based learning

WHO   World Health Organization

CHAPTER 1:

INTRODUCTION AND RATIONALE FOR PALLIATIVE CARE TRAINING METHODOLOGY GUIDE

Introduction and rationale for palliative care training methodology guide

The process of developing the training methodologies guide for educators and trainers in Africa began with an assessment of palliative care education and training programmes across Africa in 2008. The assessment was performed in 14 African countries, namely Botswana, Ethiopia, Ghana, Lesotho, Kenya, Malawi, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

The main objective of the assessment was to establish the effectiveness of existing training programmes and to identify any unmet needs. Results indicated numerous training programmes on the African continent offering very similar content at similar levels of training, although some were using highly structured methods of teaching others were using very informal methods. Lecturing was found to be the dominant teaching method.

Other findings included the following:
- A lack of country-specific training programmes
- Training curricula were not standardised across institutions;
- A lack of qualified palliative care trainers was a major challenge. Some countries had qualified trainers for short courses and not for the long academic courses;
- Training materials and resources were insufficient and had gaps, and so they could not provide sufficient depth, breadth and authority in relation to palliative care.

Two major recommendations emerged to address gaps found. One was that APCA should develop a palliative care core curriculum for an introductory course in palliative care, as well as an M&E framework for assessing palliative care education and training. The other recommendation was that the two publications should be provided to trainers in palliative care education. Implementation of those recommendations would translate into trainers using an agreed training curriculum, and assessments and evaluation methods being formalised and standardised. Since lecture method of teaching was found to be most prominent yet not the best method for facilitating acquisition of palliative care skills and competencies, it was agreed that a training methodologies guide be developed to further formalise, standardise and structure training programmes and facilitate educators and trainers to use teaching methods that enhance acquisition of needed palliative care skills, beliefs, values and competences. By using effective adult learning methods, more health providers would be trained to provide quality palliative care to patients and their families and advance palliative care training and education in Africa. The critical mass of palliative care trainers and educators would lead to increased access to quality palliative care services in Africa.

The methodologies guide will also be used by lecturers, tutors and trainers while developing curricula for pre-service and in-service training programmes for health providers so that most effective methods of teaching palliative care are included and used to enhance acquisition of recommended palliative care skills and competencies. The guide also incorporates mentorship approaches that can be used to provide further support to Learners in acquisition of appropriate knowledge, skills, and competencies as outlined in the palliative care core competency framework.

CHAPTER 2:

OBJECTIVES OF THE TRAINING METHODOLOGY GUIDE

Objectives of the training methodology guide

Aim

The guide for teaching methodologies in palliative care aims to expose educators and trainers to effective teaching methodologies in palliative care. Suggested methodologies in this guide are based on available evidence as well as notable best practices in Africa. The guide also elaborates adult teaching and learning methodologies in palliative care and incorporates both reflective and traditional class room teaching and learning methodologies.

As more health professionals are trained well in palliative care, a critical mass of good-quality palliative care providers will be created, and this in turn will facilitate increased access to quality comprehensive palliative care services in Africa in agreement with APCA's overall strategic objective.

Specific objectives

The guide for effective teaching methodologies in palliative care aims to:

Provide guidance to educators and trainers of palliative care in identifying and using effective palliative care teaching methodologies

Outline a combination of reflective methodologies of teaching palliative care to enable educators and trainers choose and use effective adult learning methodologies and teach palliative are effectively. Acquisition of required skills and competencies will facilitate change of behaviour and practice and lead to provision of quality palliative care services for patients and their families

Present a resource that can be used to orient educators and trainers on effective teaching and learning methodologies for palliative care in Africa.

Facilitate innovation and creativity while teaching palliative to medical and nursing Learners; and improve quality of medical education as well as Learners performance

CHAPTER 3:

GUIDING PRINCIPLES

Guiding principles

The six guiding principles used in the creation of this training methodologies guide are set out as follows:

A focus on improving quality of training instruction and Learners performance

The main aim of developing this training methodology guide is to facilitate lecturers, tutors and trainers to acquire better knowledge and skills for facilitating medical and nursing Learners to learn and understand the core concepts and principles of palliative care. It is expected that, as a result of improved teaching methods, more palliative care providers will be trained both at in-service and pre-service levels, palliative care practice will also be improved and there will be increasing access to quality palliative care services for patients and their families in Africa.

Principles of adult learning in palliative care education and training include:

Palliative care in a new concept in Africa and there is need to teach it effectively. Palliative care provision requires that the provider has required skills, values, beliefs and competencies for providing quality palliative care to patients and their families.

There is need for educating providers who are already in service and those in pre-service in order to create a critical mass of health providers for increased access to quality palliative care across Africa

Empowering others with knowledge and skills to change attitudes, values, behaviour and practice will go a long way in ensuring sustainability of palliative care education   across Africa

Use reflective teaching and learning methodology to enhance practice to get deeper understanding of palliative care and continual professional growth

Reflective practice

Harris (1998) showed that effective teaching practice is linked to inquiry, reflection and continual professional growth. The primary benefit of reflective practice for lecturers/tutors of palliative care is to establish a deeper understanding of their own teaching style and, ultimately, greater effectiveness as a lecturer, tutor and trainer of palliative care.

By reviewing and evaluating previous sessions, lecturers are be able to identify what enhanced Learners learning and why, what hindered learning and why, and what needs to be done in order to improve Learners learning. This systematic way of thinking is aimed at helping lecturers/tutors to learn from previous experience, avoid previous mistakes and plan better strategies for dealing with any teaching/learning difficulties that may be encountered.

Palliative care standards

Principle 4 of APCA's standards focuses on education and training. This principle is in agreement with the WHO public health strategy for palliative care, which must be addressed for the effective integration and/or establishment of palliative care in society. The principle advocates for palliative care education and training as a continuum, which begins at undergraduate level through to specialist training and to continuing professional education.

This training guide is a tool that can contribute to achieving an appropriate standard for education and training.

Palliative care core competencies

Material in this teaching guide has been developed in line with the APCA palliative care core competency framework. Methods have been carefully selected to ensure that Learners achieve expected learning outcomes. The outcomes can only be achieved if Learners develop the required competencies. These competencies form the basis for Learners learning and assessment, and for the monitoring and evaluation of the teaching and learning process.

APCA's competency framework should be used alongside APCA's standards to guide all training activities such that Learners   develop the desired competences as spelt out in the core competency framework.

Mentoring

Mentoring is an integral part of the teaching and learning process, as well as a staff development mechanism. Mentoring should provide rich learning opportunities for both the mentor and the one being mentored (the mentee). Mentor and mentee growth and development should be nurtured through reflection, to enable them develop effective learning relationships. Mentoring should focus on helping both lecturer and Learners to acquire knowledge together with practical and intellectual skills. Since palliative care provision requires specialised skills, mentorship facilitates Learners to put into practice what they learned in theory. Mentorship is a powerful way of facilitating change of attitudes, values, beliefs and practice.

Activity-based learning

Adults learn most effectively through activity and practice. The training methods described in this guide are designed to maximise participation through engaging Learners, using practical and interactive teaching approaches, so that they relate to the curriculum content. The training guide focuses on case studies, problem solving, experiential learning, demonstration, role play, brainstorming, 'buzzing', question and answer sessions, and cooperative learning. A number of techniques related to these approaches are described later in this guide.

CHAPTER 4:

ADULT LEARNING METHODOLOGIES

Adult learning methodologies

Brief introduction

This guide provides notes on the use of each training method and includes information and instructions on the activities to be undertaken by a lecturer, tutor or trainer when they are facilitating others on how to use the method. The methodology is deliberately embedded in the activities to enable a smooth and sequential flow of procedures and instruction, which makes learning interesting, experiential and learner-centred. Discussion points following each activity contain tips for the lecturer, tutor and trainer to ensure that those key points form the basis for discussions.

Important points to note about adult learning methodologies

Adult learning refers to a collection of theories and methods for describing the conditions under which the processes of learning are optimised. The pioneer of adult learning, Malcolm Knowles (1984), used the term 'andragogy' to describe the principles of adult learning. He identified characteristics of adult learners as follows:

1. **Adults are autonomous and self-directed:** Therefore lecturers/tutors must actively involve Learners in the learning process. Learners should be involved in agreeing on what objectives are covered, and be involved in leadership roles such as presenting group work and general leadership of the group. Learners should also be guided so that they know how this learning is contributing to their personal goals and objectives in a way that will motivate them.

2. **Adults have acquired a lot of life experiences and knowledge**: The learning experience should relate to and draw from those experiences to make learning relevant.

3. **Adults are goal-oriented:** The learning should be guided such that Learners know how their goals and objectives for enrolling on a course will be achieved. Stating the learning goals and objectives at the beginning of the course will enable Learners to understand how their objectives will be achieved.

4. **Adults are relevance oriented:** Learners will want to know how knowledge will be translated into practice on their return to their workplaces. Lecturers/tutors should know that Learners have varied experiences and should allow Learners to work on projects that bear a relationship to their work environment.

5. **Adults are practical:** Adults are not interested in learning things that are abstract and that they cannot relate to adult Learners will want to know the most useful aspects of the learning and how that will be applied in their daily work.

6. **Adults need to be respected:** The learning environment for Learners should be conducive to mutual respect, and not only lecturers/tutors but also Learners should have respect one for the other. The lecturer, tutor and trainer for a course is in this case a facilitator, assisting Learners to learn and translate their learning into practice.

Adult learning methodologies are needed in order to teach palliative care effectively. This is because palliative care is a new concept in Africa and there is therefore a need for building new knowledge, skills, values and beliefs to support change of behavior and practice of health providers and advance palliative care discipline as well as providing quality palliative care to patients and their families. Having background information on palliative care prior to use of the methodology guide is important to enable

Learners to relate new knowledge learnt to practice. It is important to note that effective training and learning methods are needed to enhance positive change of behavior and practice. Change of knowledge, skills, values, beliefs and practice can lead to improved quality of services for patients and their families and lead to increased access to palliative care services in Africa.

Commonly used adult training/teaching methods

Commonly used adult training and learning methods include lectures, plenary discussions, group discussions, role plays, 'sculpting', problem-based learning, clinical placements, case conferences, case-based learning, demonstrations, cooperative learning, journal club presentations, video usage, 'microteaching', 'buzzing' and brainstorming.

Methods involving lectures and plenary/group discussions are well known enough not to require further explanation in this publication. The remaining 13 methods are the subject of the training guide being proposed and are thus described in detail, with associated activities, methodologies are outline.

METHODOLOGIES

METHODOLOGY 1: Role play

🕐 DURATION 2 HOURS

Learning outcomes

By the end of the session, Learners should be able to:
- Describe role play as a method of teaching palliative care
- Discuss the steps involved in a role play
- Explain the benefits of using role play in teaching palliative care
- Have practical experience of role playing.

Content

Role play involves, in the context of palliative care, Learners taking on the role of patients, families, communities and health professionals to enact a situation. Role play is suitable for use in the small-group setting. In larger groups, Learners should be split into smaller groups pairs or triplets.

Use of the method

Role play can be effectively used to develop competencies in communication in palliative care. The focus should be on practising good communication with patients, families and communities, because effective communication within the health care team and with patients is of paramount importance in palliative care service provision.

Effective communication is required in teaching the breaking of bad news, in pain assessment and management, in dealing with psychosocial issues such as stigma and discrimination, or in dealing with cultural and gender issues in palliative care.

Activity

👤 ACTIVITY 1.1: Sample role play

Topic: Communication in counselling
Objective: To demonstrate the challenges involved in communicating with patients and their families

> Kate is a 30-year-old mother of three children. She has been nursing her husband Harry, who was diagnosed with prostate cancer 10 years ago. Recently she found out that on top of the cancer, Harry also has AIDS. She is very angry with him and threatens to run away with her children and leave Harry to suffer. However, before leaving, she decides to come to your hospital/hospice, where Harry is receiving treatment, for help. She wants to find out if she has AIDS and what she can do to take care of herself and the children.

Identify Learners to role-play this scenario, bringing out how they would help Kate and the family.

👤 ACTIVITY 1.2: Reflection

Reflect on the process used to conduct a role play, and discuss the steps involved in conducting it.

💬 _Discussion points_

The following steps help in understanding how a role play can best be carried out to facilitate learning.

Briefing
Briefing is a key aspect of role playing, where:
- The lecturer, tutor and trainer gives guidelines on how to carry out the role play beforehand. The outcome of the role play is not, however, disclosed during the briefing but after role playing – Learners are allowed an opportunity to discover the outcome for themselves. The lecturer, tutor and trainer explains the aims of the session and the situation to be role-played.
- The lecturer, tutor and trainer checks with the group that this situation is acceptable.
- The lecturer, tutor and trainer explains the technique of role play and checks the Learners' previous experience of role play.
- Learners' expected behaviour during the role play is set.

Conducting a role play
- The facilitator assigns the roles to the participants and asks them to start role-playing.
- The role play may be stopped by the lecturer, tutor and trainer at any stage, either for discussion of an interesting point or where the lecturer, tutor and trainer detects that one of the players is having difficulties fulfilling the role.

De-roling
Once a role play has been completed, the players must 'de-role'. It is useful to have the role players say their own name and say they are not the character name they have been given.

Debriefing
The debriefing can have three stages: a description of what occurred; sharing of Learners' feelings about the activity; and examining the implications of the activity for future work.

As soon as the role play ends, the lecturer, tutor and trainer should ask the role players and other Learners what they saw and their interpretation of what was happening Positive and negative things about the role play should also be discussed. The lecturer, tutor and trainer and Learners should discuss what could have been done differently to enhance learning.

Both briefing and debriefing are essential in maximise learning from a role play.

✎ Assessment

👤 Activity 1.3: Discussion of role play usefulness
In small groups, participants should discuss what to look for when assessing a role play.

💬 _Discussion points_

When assessing a role play, you look at both the **process** and the **outcome**.

Process
- The focus is on how the role play started and how it progressed to the end. For example, in the role play presented for Activity 1.1 above, the facilitator might discuss with Learners how the counsellor started the session and how things progressed from there.
- Opening statements: Did the 'counsellor' in the role play create rapport with the 'client'?
- Listen attentively: Observe the 'counsellor' to see if they are listening attentively and identifying the issues at hand – for example, the issues causing Kate's anger.

- Note the interactions between the 'counsellor' and the 'client' via body language and other gestures. For example, are they relaxed, and do they make eye contact?
- Who is doing the talking? Remember, it is the client's story, and not the attending clinician's or counsellor's, story that matters.
- Take note of the steps involved in communicating to patients.
- Review the message being put across. Is the 'counsellor' giving information to the 'client' to provide alternatives, or is the 'counsellor' advising?
- Assess the knowledge and confidence of the 'counsellor' in communicating information.
- Language: The language used should be simple. Medical jargon, when used, can confuse.
- Consider how the role play ended.
- Look at what went well and what did not go well, and emphasise the learning points..

Outcome

The outcome focuses on whether the objectives of the role play were achieved. For example, in the role play used in Activity 1.1 above, the objective was to demonstrate the challenges involved in communicating with patients and their families. Was this achieved? Were there any challenges faced? What was the mood of the client at the end of the session? Did the client look satisfied with the support given?

Benefits of role play

Using role play to teach palliative care has a number of benefits:
- Role plays help Learners create empathy with other people's points of view and gain insight as to why someone might behave in a certain manner.
- Role plays help Learners to master specific skills and build confidence.
- The Learners receive support and feedback from colleagues, and this helps them improve their skills and practical application.
- Lecturers/tutors and Learners find out what has worked and what aspects need improvement.

Summary of key points:
- Role play is an effective method of teaching palliative care.
- Role plays helps create empathy.
- When assessing role plays, it is important to assess both the process and outcome.
- For effective learning, it is important to debrief Learners after a role play

METHODOLOGY 2: Sculpting

🕐 DURATION 2 HOURS

Learning outcomes

By the end of the session, Learners should be able to:
- Explain what sculpting is
- Describe how sculpting is carried out to teach palliative care
- Discuss the benefits of sculpting in teaching palliative care
- Practice sculpting.

Content

'Sculpting' is a form of dynamic non-verbal role play in which Learners are arranged in positions that symbolise feelings, conflicts and power relationships. It is a technique that originated as a form of family therapy. In this setting, the members of a family are represented in positions symbolising the relationships between them.

A family member creates a 'sculpt' by arranging the other members in a way that physically represents their interpersonal relationships. Aspects of relationships such as loving, conflict, loss, power and status can thus be depicted spatially in terms of distance or closeness. The positions can be altered in the light of different observers' perceptions.

Use of the method

Sculpting can be used in teaching palliative care to enhance competencies related to:
- Improving communication skills
- Exploring family relationships
- Enhancing team working.

Activity

👤 ACTIVITY 2.1: Sample of sculpting in a clinical situation

Topic: Teamwork in the care of a dying patient.
Objective: To gain insights into the advantages and challenges of multidisciplinary teamwork.

> *Mati is a 55-year old tutor/lecturer with advanced cancer of the prostate with bone and liver metastases. He has had surgery, radiotherapy and hormone treatment and is aware that there are no further treatment options for the cancer. He lives at home with his wife Mona, aged 50, who retired from community nursing because of severe asthma. They have one son, Sunday (28), who lives close by. Mati's condition is deteriorating day by day; he spends much of the time in bed. He is taking oral morphine for his back pain but still has disturbed nights. He has constipation and finds using the commode increasingly difficult. He has expressed the wish to remain at home to die.*

💬 *Discussion points*

The group should brainstorm around the people they feel should be there to support 'Mati' and his family. The people might include: his wife, a doctor, nurse, social worker, community volunteer, palliative medicine consultant, spiritual advisor, or community nurse.

One member of the group volunteers to be 'Mati'. Other members are allocated one of the roles listed. 'Mati' then sits or lies down on a mat/mattress and places each person in the room in a position which best suits his perception of their relationship with him. The facilitator checks whether 'Mati' is happy with the arrangement and then asks each person in a role to say how they feel about the position they have been placed in. Some of the comments could be as follows:

- General practitioner – "I have known Mati and Mona for seven years and feel I should be closer."
- Nurse – "As Mati grows weaker, I would like to support Mona more."
- Social worker – "I am here to support Mona and Sunday, and I would like to be closer to them."
- Community volunteer – "I was involved earlier but now I feel I should step back and let the community nurse take the lead."
- Community nurse – "I would like to be around whenever I can."
- Palliative medicine consultant – "I am in the background but would like to be closer to the health team and community nurse."
- Spiritual advisor – "Mati's relationship with God is very important to him. I feel comfortable being with him and his family."
- Wife – "I want to be closer to my husband and to protect Sunday, who has never seen anyone die."
- Sunday – "I want to be closer to dad but there are so many people around."
- Mati – "I feel very supported but sometimes I need privacy."

After each person has spoken, they are allowed to move to a position which accurately symbolises their role in the care of the patient.

Facilitators should then de-role the sculpting participants and lead a plenary session in what learning points can be identified.

ACTIVITY 2.2: Discussion on sculpting use
Discuss how sculpting can operate as a method of teaching palliative care.

Discussion points

The technique involves a small group of participants – ideally no more than 12 and two facilitators. It is important that the facilitators are comfortable with experiential learning methods and, particularly, role plays. One facilitator takes a lead in conducting the sculpt; the other has the task of detecting any signs of distress amongst the Learners and, where necessary, calling a pause to the activity in order to protect group members.

The process followed is as follows:
- One of the facilitators describes the technique of sculpting, including the ground rules that apply (such as no speaking during the sculpt).
- Learners should be asked whether they have any previous experience of either sculpting or role play. They then have an opportunity to describe positive and negative past experiences.
- A facilitator describes the clinical situation being portrayed, which may have come from the Learners or a facilitator. If the chosen scenario triggers some personal experience for a group member, a different scenario should be set up.
- The facilitator mentions the different members that the sculpt might contain, such as nurse, doctor, family member.
- Roles are assigned to the Learners.

- The person acting as 'patient' then positions the group members involved in the sculpt according to the perception of the 'patient' as to their closeness (or otherwise), and they get into position.
- Each Learners reflects for a minute or so on how this positioning makes them feel, and then they carry out a dynamic repositioning according to their own perceptions and feelings.
- The group receives verbal feedback from the facilitator(s).
- A discussion is held regarding the sculpt, and the learning points are identified and emphasised.
- When sculpting is completed, participants are de-roled by a facilitator in the same manner as in role play (see Session 1).
- The sculpt is then evaluated: what went well and what did not go well, and why.

A sculpt should be used with Learners who are familiar with each other.

Assessment

Sculpting is a powerful way of exploring feelings and emotions that Learners may not express in a verbal communications exercise.

ACTIVITY 2.3: Discuss how to assess a sculpt

Discussion points

Assessment should comprise the following:
- Check whether participants and facilitators feel safe in the sculpting situation and trust each other.
- Observe body language and other gestures of Learners in relation to their positioning.
- Identify emotions and feelings expressed by different team members.
- Observe the dynamics of the setting.

Summary of key points
- Sculpting is a form of dynamic non-verbal role play in which Learners are arranged in positions that symbolise feelings, conflicts and power relationships.
- A family member creates a sculpture by arranging the other members in a way that physically represents their interpersonal relationships. Aspects of relationships such as loving, conflict, loss, power and status can thus be depicted spatially in terms of distance or closeness.
- The positions can be altered in the light of different perceptions by the participants.
- It is a powerful way of learning about family relationships, especially in end-of-life care.

METHODOLOGY 3: Problem-based learning (PBL)

DURATION 7 HOURS

Learning outcomes

By the end of the session, Learners should be able to:
- Define problem-based learning (PBL)
- Outline differences between traditional based learning and problem based learning
- Explain the rationale for using PBL
- Outline benefits and disadvantages of using PBL
- Outline PBL set up
- Describe steps used in PBL
- Identify effective PBL scenarios
- Identify topics in the PC curriculum where PBL method can be used effectively to enhance learning
- Identify ways of assessing PBL.

Content

Definition of Problem based learning

Barrows defines PBL as the learning that results from the process of working towards the understanding of a resolution of a problem. The problem is encountered first in the learning process (Barrows 1995). PBL is both a curriculum and a process. The curriculum consists of carefully selected and designed problems that demand from the trainee:
- Acquisition of critical knowledge
- Problem-solving proficiency
- Self-directed learning strategies
- Team participation skills.
- Process - Spiraling

Differences between Traditional Method of Learning and Problem Based Learning

PBL Model
- In a problem-based learning (PBL) model, Learners s engage complex, challenging problems and collaboratively work toward their resolution.
- PBL is about Learners connecting disciplinary knowledge to real-world problems—the motivation to solve a problem becomes the motivation to learn.
- Problem-based learning (PBL) is an exciting alternative to traditional classroom learning.
- With PBL, the tutor/lecturer presents the learners with a problem, not lectures, assignments or exercises.
- Since learners are not handed "content", learning becomes active in the sense that learners discover and work with content that they determine to be necessary to solve the problem.
- ***In PBL, the tutor/lecturer acts as facilitator and mentor***, rather than a source of "solutions."

Introduction and overview

Introduction and overview lectures of PBL are delivered in a variety of ways. They include overview lectures, large group discussions/ seminars and in laboratory practice as well as in clinical/practice demonstrations.

Overview lectures for PBL learning are:
- Given by discipline experts.
- They serve the purpose of outlining areas to be covered in the course, explaining principles and concepts, and explaining the difficult areas related to a particular discipline.

Large group discussions/seminars
- Large group discussions/seminars are discussions between Learners and discipline experts on difficult content areas.

Laboratory practical /clinical demonstrations
- These are related to ongoing tutorial problems to demonstrate specific and practical aspects of what the Learners are currently studying.
- They help Learners acquire skills especially during early stages of the programme.

Rationale for using PBL and benefits
There is a strong trend toward the use of PBL by many successful and progressive universities across the world and graduates from this form of education consistently achieve better and progress faster in their careers than graduates from comparable traditional classroom based education.

PBL provides learners with opportunities to:
- Examine and try out what learners know
- Discover what learners need to learn
- Develop interpersonal skills for achieving higher performance in teams
- Improve communications skills
- State and defend positions with evidence and sound argument
- Become more flexible in processing information and meeting obligations
- Practice skills that learners will need after education

http://www.staford.edu/dept/CTL/cgi-bin/docs/newsletter/problem-basedlearning.pdf (accessed on 26th March 2014)

Benefits of PBL
- Encourage academic proficiency
- Meets traditional learning outcomes or course aims
- Goes beyond simply knowing; facilitating the learner to think about what they know.
- Develops habits in the way the mind is used (e.g. Encourages an attitude of lifelong learning, social responsibility and achievement of career goals)
- Integrates different disciplines and sub disciplines (encourages a broader multi-disciplinary and lateral thinking approach to problems)
- Builds relationship skills (requires interaction with other learners fostering team working)
- Assessment is naturally based on a criterion that is closely related to real world situations.
- Is more inclusive (motivates less motivated Learners; the same projects can be worked on by Learners with varying skill levels encouraging learning from others).
- Learners tend to have more energy and enthusiasm.

Disadvantages of PBL
- PBL is a shift from traditional lectures: lecturer, tutor and trainers who enjoy using traditional methods of teaching may find PBL facilitation a problem and frustrating as it is about building on the Learners' knowledge rather than lecturing.
- More staff have to take part in the facilitation process because each tutorial group requires a facilitator to support them.

- Large numbers of Learners need access to a library and computers simultaneously. Therefore academic institutions with limited resources my find challenges
- Learners may not receive inspirational and exemplary tutoring in PBL to guide their future learning if their tutors are not interested in PBL learning.
- Learners may generate a lot of information during the self-directed study and fail to select the most relevant for their study if they are not well guided.

PBL Set Up

- In a PBL tutorial, a small group of learners (usually 8-10) work together on a problem.
- There is a tutor per group.
- The role of the tutor is not to give information or a mini-lecture on the problem but rather to facilitate the PBL process and Learners' reasoning through the problem.
- Various roles are allocated to tutorial members (learners) on a rotational basis. Roles include the chairperson, scribe, time keeper and group members. Details of the roles of each member are attached in appendix (indicate appendix number)
- Learners brainstorm ideas for solving the problem, review the facts of the problem, name things they need to learn about and make an action plan.
- In practice, learning issues are handled in a variety of ways in different PBL initiatives.
- Some initiatives get all Learners to research all learning issues.
- Other initiatives encourage Learners to divide out the learning issues to different group members to encourage active participation of learners.

Use of PBL in palliative care

PBL can effectively be used in teaching/learning about management of complex disease related conditions such as;

- Pain management
- Symptom control
- Death and dying
- Grief and bereavement

PBL facilitates learners to acquire competencies like demonstration of effective practical application of assessment and management of pain and other symptoms, coaching and mentoring others, sharing and using evidence based practice, multi-displinary team working, critical analysis skills and reflection on real life experiences.

Activity

ACTIVITY 3.1: Discussion and reflection on the seven steps of PBL

PBL steps can be repeated to strengthen understanding of all learners

1. Explore the issues:
   - Your tutor/lecturer introduces the problem to you
   - Discuss the problem statement and list its significant parts.
   - You may feel that you don't know enough to solve the problem but that is the challenge! You will have to gather information and learn new concepts, principles, or skills as you engage in the problem-solving process.

2. Make a list of "What do we know"?
   - What do you know to solve the problem? This includes both what you actually know and what strengths and capabilities each team member has.

- Consider or note everyone's input, no matter how strange it may appear: it could hold a possibility!

3. Develop, and write out, the problem statement in your own words:

A problem statement should come from your/the group's analysis of what you know, and what you will need to know to solve it. You will need:

- A written statement
- The agreement of your group on the statement
- Feedback on this statement from your instructor (This may be optional, but is a good idea)
- Make a list of possible solutions
    - List them all, then order them from strongest to weakest
    - Choose the best one, or most likely to succeed
    - Make a list of actions to be taken. Give a time frame when each action will be completed
- What do we have to know and do to solve the problem?
- How do we rank these possibilities?
    - How do these relate to our list of solutions?
      Do we agree?
- Make a list of "What do we need to know"?
    - Research the knowledge and data that will support your solution. You will need information to fill in missing gaps.
    - Discuss possible resources; Experts, books, web sites, etc.
    - Assign and schedule research tasks, and deadlines

Operational Definitions

1. Learners are presented with a problem
2. Learners in a small PBL tutorial group;
    - define what the problem is.
    - brainstorm ideas based on the prior knowledge.
    - identify and define key terms/phrases
    - develop a theme
    - Identify what they need to learn to work on the problem, what they do not know (learning issues).
    - develop student own learning objectives(SOLO)
    - specify an action plan for working on the problem
3.   Learners engage in independent study on their learning issues outside the tutorial. This can include: library, databases, the web, resource people and observations
4. They come back to the PBL tutorial(s) sharing information, peer teaching and working together on the problem
5. They present their solution to the problem
6. They review what they have learned from working on the problem. All who participated in the process engage in self, peer and tutor review of the PBL process and reflections on each person's contribution to that process

PBL Model: Seven Jump Approach

1. Clarify unknown terms and concepts in the problem description
2. Define the problem: make a list of the phenomena to be explained
3. Analyse the problem: "brainstorm": try to produce as many different explanations for the phenomenon as you can. Use prior knowledge and common sense
4. Criticize explanations proposed and try to produce a coherent description of the processes that, according to what you think, underlie the phenomena
5. Formulate learning issues for SDL[self-directed learning]

6. Fill in the gaps in your knowledge through self-study
7. Share your findings with your group and try to integrate the knowledge acquired into a comprehensive explanation of the phenomena. Check whether you know enough now.

(Schmidt and Moust, 2000: 23)

The role of Argument

Through various stages of this process, you or your group will be expected to come to consensus on how to proceed. While each member is expected to "argue" his or her viewpoint, the focus should be on the issues and reason, not on personalities and emotion. If your group has difficulty, refer to your tutor/lecturer for assistance as a mediator.

Ways to be a great PBL Facilitator
- Be interested and enthusiastic
- Limit lecturing to only overviews
- Be willing to listen to learners point of view
- Encourage learners to talk to each other and not to you
- Make sure the group agree on learning issues before researching materials
- Promote the use of accurate current information resources as Learners research their learning issues
- Keep focus of the learning outcomes of the course
- Establish a good learning environment for the group
- Be yourself

(Catchum PBL users guide www.catchum.utub.edu. (Accessed on 26th March 2014)

How and where to derive PBL Problems in Palliative Care
PBL issues/problems can be derived from;
- Scenarios
- Dialogue
- Diagrams
- Poems
- Cartoons
- Metaphors
- Photographs
- Video clips
- Letters
- Posters
- Dilemmas
- e-mail briefs
- Physical objects
- Photographs
- Newsletter articles
- TV shows
- Audio tape recordings
- Literature reviews

Activity

ACTIVITY 3.2: PBL Case Scenarios

http://books.google.com.tr/books/about/ProblemBased_Learning.html?nl=tr&id=vLM5TgNjPuEC (accessed on 26th March 2014)

ACTIVITY 3.2.1: Group work

Learners are divided into three tutorial groups. Each group is assigned a case study to analyse and lay strategies for solving the problem identified in each scenario. It is good for all groups to work on all case studies if there is enough time to do that. Each tutorial group is supported by a facilitator/tutor.

First case study

A 41-year-old HIV-positive mechanic complains of cough, shortness of breath, and fever. He has lost his appetite and has had virtually no sleep in the last month. He has become increasingly weak and has had to give up his job at the local garage. Last week he fainted and today he has a very bad headache.

- What is wrong with this man?
- What could be the cause of his problems?
- Suggest how you would manage each problem.

Second case study

Gida is a 34-year-old patient cared for by your team of health care professionals. She is a new patient to your clinic and has a diagnosis of WHO Stage 4 AIDS. Although at one time she was taking antiretroviral therapy, she stopped them more than seven months ago. The precise reason for this is not clear.

Gida lives with her boyfriend Muno who is HIV-positive. They have a 2-year-old daughter. Gida also has a 5-year-old son from another relationship and he lives with them. Both Gida and Muno are unemployed at present.

Gida complains of weakness, tiredness, and diarrhoea that has been present for two months and seems associated with abdominal cramps. She also has sores in her mouth that "sting" when she eats or drinks. She complains of a burning sensation in the soles of her feet that is so unbearable that it affects her sleep. Gida is so wasted that she says her "whole body aches".

- What is wrong with Gida?
- What could be the cause of her problems?
- Suggest how you would manage each problem.

Third case study

Lilly, a 10-year-old girl, was born with HIV. She is a total orphan under the care of her maternal aunt, who herself lost her husband due to AIDS. Lilly was neglected by her paternal relatives after they realised that she was HIV-positive.

Lilly's caregiver, her aunt, has six biological children and they live in a single rented room built of mud and wattle. The caregiver earns a living through brewing and selling the local brew. She is a drunkard and sometimes beats Lilly. Lilly has not been very well since late last year and has stopped school for some time because of this.

- What is the major problem here?
- Identify the major psychosocial issues Lily is going through.
- Show what steps you would take to deal with each of the problems identified.

ACTIVITY 3.2.2: Tutorial Guide:

The tutorial guide assists learners to identify key words, themes and learning issues and learner learning objectives for each scenario. Each learner then assigned a role to play in the learning process. Learners research for relevant information, analyse it and compile for presentation and critic. All this learning is aligned to learners overall objectives as well as course objectives.

Case one

Key words
- HIV – positive
- Complains – cough, shortness of breath, fever, loss of appetite, bad headache
- Weak

Theme
- Tuberculosis in HIV infection

Learning issues
- Tuberculosis in HIV infection
- Clinical features
- Management

Student Own Learning Objectives (SOLOs)
1. Define tuberculosis in HIV infection
2. State the clinical features of tuberculosis in HIV infection
3. List other HIV opportunistic infections and their signs and symptoms.
4. Describe the management of TB in HIV infection

Case Two

Key words
- WHO stage of HIV infections
- Team of health care professionals
- ARVS and defaulting
- HIV positive partner
- Two year old daughter
- Five year old son
- Unemployed couples
- GIDA'S Symptoms-weakness, tiredness and chronic diarrhea, sores in the mouth that stings, burning sensation at the feet

Theme
- Multidisciplinary team and their role in HIV care

Learning issues
- Default tracing
- Multidisciplinary team and their role in the HIV care
- Staging of HIV infection

Student Own Learning Objectives (SOLOs)
1. Define Multidisciplinary approach
2. Identify the team members and their role in HIV care

3. Discuss the issues related to ART default
4. Outline the WHO stages of HIV infections

Case Three

Key words
- Ten year total orphan
- Neglected due to HIV status
- Guardian brewing and selling brew
- Lily unwell since last year when she dropped out of school

Theme
- Psychological impact of HIV Infection

Learning Issues
- Psychosocial issues
- Mother to child transmission (MTCT)

Student Own Learning Objectives (SOLOs)
- Outline psychosocial issues related to HIV infection.
- Describe the impact of psychosocial issues on:
- Individual
- Family
- Community
- Discuss the different approaches of managing issues discussed

ACTIVITY 3.3: Assessment of PBL

ACTIVITY 3.3.1: Discuss how to assess problem-based learning
Tutor and learners discuss assessment of PBL. Some of the important aspects in the assessment of PBL include:

- Learner submission of reports of their learning process including case reports, poster presentations, guide for oral presentation in relation to each case scenario. Tutors should give guidance on how the reporting is done by providing an outline. The facilitator assesses group work and generates a group mark.

- Individual performance is reviewed using the peer review process to generate an individual generating factor. It is done by completing a peer assessment form at the conclusion of the project. This is handed over to the facilitator at the formal assessment event. Each individual in the group will be assessed depending on how well they demonstrate the following competencies:
  - Analysis of the problem
  - Innovative possible solutions
  - Critical evaluation of group suggestions
  - Demonstration of prior theoretical knowledge, as well as knowledge newly acquired through the case study
  - Use of practical skills in completing the case study.

- Evaluation of team roles is undertaken by the facilitator, who is responsible for moderating individual scores generated from the peer review process. These scores should reflect each individual performance with consideration of the feedback from the other Learners.

▪ Each participant then completes a case study group assessment form for their group that should be handed over to the case study group leader. The case study group leader collates all the group marks and the scaling factors to generate individual marks for each PBL case study. Participants are encouraged to differentiate between individual performance marks and group marks – but the individual marks should not alter the average mark obtained by the group.

Key points in problem based learning as identified by Barrows and Tamblyn, 1980

www.Problem-Based Learning: An Approach to Medical Education –Howard S. Barrows MD, Robyn M. Tamblyn-windows internet explorer (accessed on 26th March 2014)

1. The problem is encountered first in the learning sequence before any preparation or study has occurred,
2. The problem situation is presented to the learner the same way it should present in reality
3. The learner works with the problem in the manner that permits his ability to reason and apply knowledge to be challenged, and evaluated; appropriate to his level of learning
4. Needed areas of learning are identified in the process of work with the problem and used as a guide to individualised study
5. Skills and knowledge acquired are applied back to the problem, to evaluated effectiveness of learning and to re-enforce learning
6. Learning that has been acquired through study is summarised and integrated into the learners existing knowledge and skills

METHODOLOGY 4: Clinical placement

DURATION 2 HOURS

Learning outcomes

At the end of the session, Learners should be able to:
- Identify the objectives of a clinical placement
- Discuss the activities Learners should engage in during a clinical placement
- Discuss the expected learning outcomes of a clinical placement
- Explain how to assess Learners during a clinical placement
- Demonstrate knowledge and skills of facilitating a clinical placement.

Content

A clinical placement is a period of study in a palliative care course when Learners are sent to hospitals/hospices and other palliative care service providers for a practicum. The placement period varies depending on the nature of the course. A placement can be for a day or several weeks or months, depending on Learners need and the availability of resources. The longer the placement, the better the expected skills acquired and competency to effective practice palliative care provision.

Use of method

The clinical placement offers Learners an opportunity to gain clinical hands-on experience on all aspects of pain assessment and management for both adults and children. It also offers an opportunity to practice the use of holistic pain assessment tools. Learners are able to appraise pain management practices in patient care and can be introduced to the practical aspects of using oral morphine and other palliative care drugs. Learners are also able to understand the role and importance of the multidisciplinary team in providing holistic care to patients and their families.

For fruitful clinical placement, it is the role of the lecturer, tutor and trainer to:
- Identify appropriate institutions for palliative care clinical placement
- Meet with all placement managers of the institutions to discuss what support is needed and what the expectations are (e.g. mentors for individual Learners, placement reports)
- Deploy Learners for placement
- Ensure Learners have placement guidelines and other requirements
- Conduct follow-up to support Learners and review progress.
-

Activity

ACTIVITY 4.1: Discuss clinical placement activities
In this session there should be discussion of what activities are expected of a Learners during a clinical placement.

Discussion points

A clinical placement offers Learners the opportunity to practice the provision of comprehensive holistic palliative care. To achieve this, Learners undertake a number of activities involving patients, which can include those listed in 1–4 below. There are also actions related to meetings and records related to the placement itself (items 5 and 6 below).

1. Identification of patients with palliative care needs
Learners identify patients with life-threatening illnesses who have pain and other distressing symptoms. Patients can be identified in placement sites with the support of the person in charge of Learners supervision.

2. 'Clerking' patients
Following identification of patients with palliative care needs, the holistic assessment and management of pain will be done using a specific patient case sheet (see Appendix 3 for a sample). Patients may be seen on site through in-patient/out-patient clinics or through home visits and community day care.

During the process of 'clerking' a patient, Learners are expected to:
- Take a history of the patient regarding symptoms and pain. The history includes personal details such as age, sex, and marital status, while pain assessment includes its character, nature, onset, duration, effect on sleep and movement, medication, aggravating or relieving factors, etc. Learners should be able to use a pain chart and numerical rating scale (NRS) under the guidance and supervision of a mentor while assessing the patient.
- Communicate effectively with the patient by listening attentively, asking the right questions in the right way, and taking note of what messages the patient communicates. Such an approach will help to maximise the value of interactions with patients and families.
- Explain the need for administering an extra dose of pain-controlling medicines as soon as pain begins to break through.
- Explain to patients the side-effects to anticipate should use of morphine be started.

3. Pain assessment
A numerical rating scale (NRS) chart assessing severity of pain will have been used for the patient as part of the 'clerking' process (see Appendix 3). Additional actions need to be undertaken in relation to assessing pain, as follows:
- Learners should carry out a physical examination after history-taking to confirm what has been recorded, as appropriate, and the examination results should be recorded on the examination chart. A problem list should be developed explaining what, why, how and what for.
- Management action should then be decided upon according to the problems identified, using both pharmacological and non-pharmacological measures.
- Learners should know how morphine is used, recorded and stored.
- Learners should explain or educate the patient and the carers on the use of oral morphine and other palliative care medicines.
- Psychosocial and spiritual pain should also be assessed using a holistic approach. If the patient's condition is too complicated for the team to manage, the patient should be referred to a service provider with the required expertise.

4. Reviewing of patients
After the initial assessment of a patient, an appointment should be made to review the patient's status within 2–3 days, depending on the condition of the patient. On review of the patient:
- Refer to the problem list and any other new problems arising, such as lack of adherence to medications, side-effects of drugs.
- Review pain control and titrate drugs depending on the findings.
- Review any referral, and ensure that psychosocial and spiritual issues are being addressed.
- Plan for subsequent reviews and follow-up by obtaining and giving telephone contact details.

5. Clinical placement follow-up
As the clinical placement progresses, it is necessary for the Learners to plan meetings with their mentor in order to present and discuss challenging patients and issues. The mentor can then arrange

for a case conference with a multidisciplinary team, so as to come up with the best management plan for each individual patient. (Case conferences are discussed further in session 5.)

6. Log book documentation
A 'log book' in this context is an individual record of clinical skills training for health professionals. The main purpose of this book is to provide documentation of skills and competencies that the health professional has acquired. The Learners should rate honestly how confident they feel about the competency areas under consideration.

While using the log book, Learners are expected to document their own learning objectives, how the set objectives will be achieved, what indicators will be defined to show that the objectives are being achieved, and target dates when those objectives will be achieved. Learners should aim to produce a record of achieved objectives.

A Learners' log book should be reviewed at each follow-up visit by the lecturer, tutor and trainer/mentor. It should be reviewed again when Learners complete a clinical placement and come back for face-to-face classroom sessions. Log books enable Learners to assess their core competencies through the clinical experiences undertaken. Lecturers/tutors should develop log books based on learning outcomes given under activity 4.2 below.

Assessment

ACTIVITY 4.2: Evaluating Learners learning outcomes from a clinical placement
Every Learners should have built up experience and knowledge from attending a clinical placement. The outcomes from the placement should be assessed, and those that should be considered are listed below.

Discussion points

Upon successful completion of clinical placement, Learners should be able to:
- Demonstrate skills in undertaking holistic assessment including the clinical examination of patients
- Perform an appropriate assessment and management of pain and other symptoms in patients with palliative care needs
- Demonstrate an ability to utilise professional judgement to make prescribing decisions, based on the needs of patients
- Demonstrate an ability to use relevant patient-record, prescribing and information systems, and decision support tools
- Demonstrate an ability to communicate effectively with patients and their families
- Maintain a log book with regard to clinical care
- Work with a multidisciplinary team
- Feel confident to apply in their settings the competencies they have acquired in the provision of holistic palliative care

All six areas discussed as part of activity 4.1 should be assessed. The assessment should be based not only on whether a Learners has achieved the objectives of the placement, but also the degree to which the Learners continues to demonstrate the competencies that are expected. The following areas of assessment can be used:
- Directly observable practice as the Learners 'clerks' patients.

- The presentation of case write-ups. Each Learners presents a specific number of case write-ups, depending on the requirement of the teaching institution. The standard and structure of the case write-up is set by the institution, and Learners are taken through it before the clinical placement.
- The manner in which documentation of skills acquired is recorded in the Learners' log book.
- A report from the placement manager/mentor. This may be oral or written, depending on the agreement made at the beginning of the placement between the training institution and the placement manager. The training institution should provide a sample format for the report.
- A Learners' own reflective paper evaluating the placement, including initial learning objectives, clinical and other experience gained, learning points (both positive and negative), and how this will help them in their current and future practice.

Summary of key points

- The role of the lecturer, tutor and trainer is to ensure that Learners have set objectives for their placement; are placed in an institution that provides palliative care service, receive coaching and mentoring in the placement context; and are followed up and supported during the placement to ensure their objectives are being met.
- Clinical placements give Learners the opportunity to acquire hands-on clinical experience on all aspects of pain assessment and management for both adults and children.
- All activities that Learners get involved in should be assessed: identification of patients with palliative care needs, clerking patients, using a pain chart to assess and manage patients' pain and symptoms; reviewing patients; case conferences and meetings with a mentor; and upkeep of the log book.

METHODOLOGY 5: Mentorship in palliative care

⏲ DURATION 2 HOURS

Learning outcomes

By the end of the module trainees will be able to:
- Define mentorship in relation to palliative care provision
- Outline the rationale for mentorship in palliative care
- Describe types of mentorship used in palliative care
- Describe the mentorship process
- Identify qualities required for effective mentorship and role modeling
- Outline barriers to effective mentorship and how identified barriers can be overcome

Content

Definition of mentorship

Mentorship is a process of support and capacity building to health professionals interested in palliative care provision to manage their own learning in order that they may maximize their potential, develop their skills, improve their performance and become the person they want to be.

According to the WHO, mentoring is a "system of practical training and consultation that fosters on-going professional development to yield sustainable high-quality clinical care outcomes. Mentors need to be experienced, practising clinicians in their own right, with strong teaching skills". Mentoring should be seen as part of the continuum of education required to create competent health care providers. It should be integrated with and immediately follow initial training. Initial in-service training should be case-based and participatory, based on the principles of adult learning. Mentoring is an integral part of the continuing education process taking place at the facilities where health care workers manage patients. It starts at the point where the initial training ends.

Mentorship in Palliative care is the quickest way to transfer skills and knowledge resulting in acceleration of empowerment in the workplace. No amount of formal and informal courses can achieve what mentoring can do. It is however important to note that mentoring without supervision cannot bring about the desired result, so for mentorship to be effective, there is need for supervision. A key to successful mentorship is clear understanding of the goals, whether the mentee is seeking clinical knowledge or the mentor's support in coping with the emotional nature of palliative care.

Mentorship can be done through:
- Clinical case review
- Bedside teaching
- Journal clubs
- Morbidity and mortality rounds
- Assistance with care and referral of complicated cases
- Through e-communication (WHO, 2005).

Although mentorship is traditionally considered as a relationship between two people, APCA expanded the concept to include relationship between two organisations. When viewed as an organizational partnership, a monitoring and evaluation system is put in place to assess the value of mentors' work in facilitating them address identified needs in an agreed time frame. The mentor also determines how well mentorship has achieved desired goals and objectives (APCA 2007).

APCA's mentorship programme includes among others:
- Provision of technical assistance to Non-governmental and Faith based organisations working on HIV/AIDS, cancer and non-communicable diseases to facilitate them integrate palliative care into existing work programmes.
- Technical and financial support to well established palliative care organisations and national palliative care associations.
- Technical and some financial support to ministries of health in Sub-Saharan Africa by offering country exchange visits where high level officials from different countries share experiences on integration of palliative care into existing health services. This has also been a good and effective for learning about the use of oral morphine. Many countries have experienced effectiveness of oral morphine and have become advocates of policy change in their countries.

Rationale for mentorship in palliative care
- Palliative care is a new discipline and there are few health care professionals trained in provision of quality palliative care
- The number of people within Africa in need of palliative care is substantial, especially due to the impact of HIV/AIDS, cancer and non-communicable diseases. By 2008 deaths from NCDs were 6 times more than those of HIV, TB and malaria combined. (Global Health Briefing Book 2013/23 (www.PDFdrive.com/non-communicable-diseases-e4347753html) accessed 31st March 2014)
- With increased donor funding, many fledgling organizations are emerging across Africa in response to this need. Those individuals, organizations and associations that are relatively new to palliative care may lack the experience and skills necessary to deliver effective services. Through a mentorship programme, such people and organisations within the region are given an opportunity to share their knowledge and expertise with established individuals, organisations and associations
- Mentorship can help improve the quality of palliative care
- It is the best way to change beliefs and attitudes of professionals towards palliative care
- Palliative care requires to be integrated in the health care system thus the need for mentorship
- It is in this sense that APCA sees mentorship as a formal process of support and capacity building for national palliative care associations or, where they do not have existing palliative care organizations based within the continent.
- Whatever the type of organization, APCA will work to connect them to an established palliative care organization through its mentorship programme.

Use of the method

Short-term mentorship by palliative care experts can improve patient care, in areas such as pain and symptom management and bereavement support. Clinical mentorship programs should include a range of learning opportunities such as attending family meetings and interdisciplinary team meetings, and observing clinical assessment and management of patients. Case studies and one-on-one teaching are other important mentoring strategies. Mentorship also involves facilitating guidance, support (technical or emotional), good leadership, advocacy, training and supervision.

Activity

ACTIVITY 5.1 Group work
Learners are divided in groups to discuss

Develop a case study scenario where a nurse or a palliative care practitioner needs mentorship; and use the case study to discuss the following:

- types of mentorship,
- mentorship process
- areas covered during a mentorship and supervision session

In plenary, each group presents their work, get feedback from other learners and lecturer/tutor summarises

5.1.1 Types of mentorship
One on one:
- The traditional mentoring
- Often hierarchical in nature and typically internal to a department or organization.
- Relationships can be formal or informal
- May be assigned or self-selected.

Group Mentoring
- Group mentoring can involve multiple mentors and multiple mentees meeting on a regular basis on one focused topic or multiple topics.
- An alternative is to have different groups of "mentors" discuss topics in which they have special expertise with a group of mentees, either the same group of mentees or different groups of mentees, depending on the topic.

E-Mentoring
- One of the newer areas in mentoring is mentoring via email
- There are some national academic mentor networks that have formed, in which individuals can find mentors and correspond via email
- Such e-mentoring may also be found through some professional societies

Others:
- Internal Mentor – mentor who is in the same department as the mentee
- External Mentor – mentor who is not in the same department as the mentee
- Can involve 2 organizations
  - These organizations have a membership fee that is paid by the institution
  - When viewed as an organizational partnership a monitoring and evaluation (M&E) component is added to the mentoring process
  - The mentee needs to assess the value of the mentor's work in addressing their identified needs within the agreed time frame
- Peer Mentoring – a group of junior colleagues meeting to encourage each other and share their insights.

5.1.2 Implementing a mentorship process
Like all other organisation development interventions, mentoring must also be implemented in a carefully planned and professional approach in terms of both the process and content of the intervention
- Create mentoring implementation structures.
- Planning
- Developing mentorship tools
- Communication with the mentees to prepare for patient visits
- Use of available support structures
- Implementation
- Providing training in areas which need capacitating
- Giving feedback
- Plan for next exercise
- Debriefing with mentees
- Document

5.1.3 Areas covered during mentorship and supervision
- Clinical case load
- Challenging cases
- Professional development
- Organisational and management issues
- Interpersonal problems
- Educational support
- Personal matters

ACTIVITY 5.2: Conducting mentorship sessions
5.2.1 Conducting an Individual Mentorship session
Learners in their earlier groups' role play conducting an individual and individual mentorship sessions. In plenary discussion, the lecturer/tutor should ensure that the following areas are covered in a discussion.
- Ensure privacy
- Ensure confidentiality
- Environment should be non-threatening
- Discuss caseload and its effect on carer
- Explore other options of patient care
- Show interest in the carer as an individual
- Avoid being inquisitive about personal issues
- Provide support when needed
- Encourage carer to take short re fuelling breaks
- Agree on date for next mentorship and supervision
- Document

5.2.2 Conducting a Group mentoring Session
- The mentor meets with the group to be mentored at a comfortable venue.
- The mentor should make catering arrangements for the comfort of the group to be mentored
- Set ground rules to be observed during the session
- Everyone in the group is given an opportunity to present their case load, and discuss areas challenging cases or where they are getting emotionally involved
- The mentor will assess the skills within the team and;
- Identify areas of weakness
- Decide whether additional resources are needed
- Provide extra information as required
- Provide extra training using an appropriate training method e.g. Role plays, demonstration or lecture
- Clear misconceptions
- Document

5.2.3 Qualities of a good mentor
Learners in plenary brainstorm on the qualities of a good leader and lecturer/tutor summarises key points which include:

1. Mastery of Technical Knowledge and Skills to Provide Quality palliative care
- Working knowledge of the specific area of essential package of care for patients with life limiting illnesses
- Ability to help mentees improve knowledge, skills and confidence to provide palliative care service accurately, consistently and independently.

2. Effective Mentoring Techniques

- Ability to utilize effective mentoring techniques and communication skills to transfer or impart the mentor's knowledge/skills to the mentee;
- Establish an effective learning environment as part of a mentoring process
- Help the mentee and the patient to feel at ease and comfortable at each other
- From time to time, share with the mentee teaching tips or clinical management suggestions in the presence of mentee and patient
- Ensure that communication flows appropriately in three directions between mentee-client, mentor-mentee, client-mentor
- Use a variety of mentoring techniques such as bedside teaching, demonstration and clinical case review/discussions at several avenues including grand rounds

Discussion points

Barriers to effective mentoring

- Lack of commitment towards mentoring
- Lack of planning of the mentoring process
- Ineffective communication
- Insufficient training
- Resistance to change
- A lack of monitoring
- Diversity related problems
- Poor selection of mentors

Monitoring mentoring (indicators of success)

- number of site visits over a specified period of time for each mentor;
- number of mentor hours per month per facility;
- monitoring the knowledge and skills of mentees across a period of time;
- mentee feedback after each mentor visit:
- evaluation of individual mentors
- appropriateness of mentor's questions or comments to the mentee concerning technical
- aspects of the mentee's practice
- the mentor's questions and phrasing of suggestions to the patient are appropriate in content and timing;
- review of mentors' and mentees' logbooks); and
- periodical mentors' review meetings: a forum for exchange of experiences among mentors.

Summary of key points

Overall good mentorship is about empowering your mentee to:-

- Become self-aware - evaluating themselves, developing awareness of their personal strengths and weaknesses, their skills, the contributions they make that are valued, their interpersonal relationships with others etc.
- Become self-directing - following their own sense going where their natural feelings take them, choosing the directions they want to take.
- Develop a sense of their own purpose - understanding their personal needs, what interests them, what they want, where they are going in life.
- Experience their own success - the reward from feedback from accomplishments in which they have shared. Learning from their mistakes. Gaining deeper insights into selves and others and the world in general through "doing".

A sample tool for assessing mentees is in appendix 4

METHODOLOGY 6: Case conferences

🕐 DURATION 2 HOURS

Learning outcomes

At the end of the session, Learners should be able to:
- Explain what a case conference is
- Discuss how a case conference is used to teach palliative care
- Outline advantages and disadvantages of using a case conference in teaching palliative care.

Content

A case conference is a unique way of providing continual professional development through the presentation of patient cases that the palliative care team find unique, difficult, critical, challenging and/or interesting. Such cases are presented to an audience comprising Learners, doctors, nurses, allied professionals and palliative care consultants (i.e. the multidisciplinary team).

Case conferences include a regularly scheduled series of conferences that are organised daily, weekly or monthly for discussion about specific patient management problems to improve the care of the patients involved. Note that patients' real names are often not mentioned during the discussion for reasons of confidentiality.

The objective of a case conference is to bring together selected specialists and managing physicians, social workers, occupational therapists, spiritual advisors and other team members to review cases and discuss options related to care and treatment, depending on the needs of each patient in order to ensure that a holistic approach is used to manage the patient's needs.

A case conference involves the multidisciplinary team undertaking the following activities:
- Discussion of the patient's history – name, sex, age, marital status, family tree, history
- Identification of the patients' multidisciplinary needs – physical, spiritual, social, economic, psychological and cultural
- Presentation of key factors such as how long the patient has had the illness, when the patient was first diagnosed with the illness, etc.
- What the team found out and what was done in order to manage issues
- What management was given for each issue and what medications were prescribed
- The current status of the illness In the patient
- Assessment of success or otherwise of previously identified outcomes
- Identification of currently required outcomes that are to be achieved by the team members giving care to the patient – e.g. controlling symptoms and pain, and other issues
- Identification of tasks to be undertaken to achieve agreed outcomes, and the allocation of those tasks to team members
- What follow-up needs to be done, by whom and when.

Some case conferences may take place in the community at a community day care centre. This is an opportunity for the multidisciplinary team to organise and coordinate a meeting or participate in a meeting with community service providers in order to discuss and identify palliative care needs of patients and their families. The important thing to bear in mind when carrying out a case conference in a community is the confidentiality of patients' records and information.

Use of the method

Case conferences can be used, within the context of palliative care, to develop the following competencies: pain assessment and management, symptom assessment and management, history taking and recording, use of the analgesic ladder, communication skills and analysing complex patient issues.

A trainee presents a case to the whole class. Other Learners listen and take notes following the guide given to them prior to the presentation. Using guiding questions, the facilitator leads a plenary discussion to help Learners identify the crucial aspects of the case and the main teaching and learning points.

Arrangements for Learners' case presentations should be made at least two days ahead of the presentation date in order to help the Learners prepare thoroughly.

Activity

ACTIVITY 6.1: Reflection on the process used

It is valuable to reflect on the process used to present and discuss a case in a case conference, and to discuss the main points to consider when using a case conference to teach palliative care.

Discussion points

In order to use case conferences effectively in teaching palliative care, the following points should be considered:

- Lecturers/tutors should clarify the objectives of the case presentation
- Learners should present a case they have worked with and learned from, so that they can share what they have learned with other Learners
- The best cases for presentation are those which are complex, with the patient needing physical, social, mental and spiritual care. Such cases demostrate the need for a multidisciplinary approach to care and the importance of teamwork.
- Facilitators should pre-plan each case presentation so that the relevant team member clearly understands what issues they will present, where they must recommend referral, and how and where the referral is made.
- Facilitators should give clear guidelines to Learners about what to look out for. For example, if the objective is to critically appraise pain management practices in patient care, then they need to listen carefully to understand the following:
    - Assessment made
    - Management plan
    - Prescription and medication given, and why
    - Explanation to the patient and their family as to why the patient has to take a particular medication
    - Instructions given to the patient and their family on how to take prescribed medication
    - Intended follow-up
- Facilitators should lead a discussion and allow Learners to critically reflect and analyse what was done in relation to the principles of pain assessment and management and analgesic use and make their contributions.
- Learners can suggest an alternative management plan if they are not in agreement with the one presented, and give reasons for their decision.
- Learners should listen to the contributions of other people, especially the palliative care consultants/experts and the team handling the patient, and learn from them.
- The lecturer, tutor and trainer should make a summary and emphasise the key learning points.

- Learners should be encouraged to write down their reflections of the case presented, identifying major lessons learnt, what more they need to learn, and how. They should share the reflections with the lecturer, tutor and trainer so that he/she can plan for more support for individual Learners arising from their reflections.
- There should be an assessment of whether the expected learning outcomes were achieved.

ACTIVITY 6.2: Discussion of advantages of using a case conference

The facilitator of the session should ask Learners to identify any key benefits coming from consideration of a case conference. Review the responses given by Learners and consolidate their responses with the discussion points below.

Discussion points

The objective is to present a case so that it is discussed and critiqued, with a view to ascertaining whether a correct assessment regarding a patient's presentation of symptoms of pain and other problems, and the right management plan and prescription, have been made. In this regard, it should be noted that:

- The discussion helps Learners and other professionals to understand patient management better.
- Alternative (i.e. better) management plans and medications are sought.
- Ways of improving the patient's quality of life are identified, and appropriate referrals are suggested as necessary.
- A case conference provides an opportunity for team members learning from experienced technical people; it is a method of clinical teaching that enhances role modelling; and it leads to shared decision-making and improved patient care.
- Being involved in a case conference enhances the objective reasoning and decision making of Learners, and it builds their confidence. It also helps to improve reflective practice and the building-up of critical analysis and problem-solving skills.
- Furthermore, i.e. case conference provides basic skills for new palliative care team members by providing a forum for Learners, clinicians and multidisciplinary team members to learn, to modify their behaviour and judgement that had been based on previous experience, and to provide quality care.
- It is an important way of identifying system issues that impact patient care.

There are some disadvantages too of using case conferences to develop Learners in the context of palliative care. These can be summarised as follows:

- Case conferencing takes a lot of preparation if it is to be done well. Each member of the multidisciplinary team has to prepare and present their experiences working with a client being presented in the case.
- Can only be effective if all team members are present to discuss issues raised and to design a way forward.

Summary of key points
- The focus should be to: review cases and discuss holistic assessment, including standards of care; discuss alternative options of management, depending on the need of each patient; and to ensure that each patient is managed using the holistic approach.
- Case conferences provide a forum for Learners, clinicians and multidisciplinary team members to learn, to modify their behaviour and judgement that had been based on previous experiences, and to provide quality care.
- Case conferencing helps to improve reflective practice and the building-up of critical analysis and problem-solving skills.

METHODOLOGY 7: Case-based learning (CBL)

DURATION 2 HOURS

Learning outcomes

At the end of the session, participants should be able to:
- Describe case-based learning (CBL)
- Discuss how to use CBL in teaching palliative care
- Discuss the advantages and disadvantages of using CBL in teaching palliative care
- Explain how to assess and evaluate CBL
- Demonstrate an ability to use CBL to teach palliative care.

Content

Cases usually describe particular situations or events in which Learners are engaged in discussion of complex issues and are encouraged to think and make decisions on the best course of action to overcome that problem. Cases are presented as stories or narrative. In palliative care education, cases are used to study complex palliative care issues indicated in a case. Learners are placed in a role of decision makers. Case studies stimulate Learners to think of the best possible option to choose in a given situation. The narrative of a case should include what happened, who was involved, why and how.

Some cases can be used as references. In such cases, a problem and a solution are presented. In such cases, Learners are required to appraise the problem in relation to the solution of the presented problem and to discuss whether alternative solutions could have been explored. Case-based learning is about using a case to emphasise specific learning which may or may not include a problem. An appropriate case should be selected so that Learners achieve their intended learning outcomes.

Use of the method

Case studies are used to stimulate critical thinking and decision making on issues presented in a case. Learners are encouraged to read the case and have a common understanding of issues presented in the case, identify possible causes, looking at possible options on how to overcome those issues and a plan of action on the way forward and recommendations.

Activity

ACTIVITY 7.1: Recollection of special cases

Learners should be asked by their lecturer, tutor and trainer to reflect on some of the patients (cases) encountered in their career as a health care worker. They should be asked to think through one case in particular and identify how it could be used to teach palliative care.

Discussion points

The lecturer, tutor and trainer must have the objectives of the case used clearly in mind, must structure the presentation to develop the analytical skills of the Learners, and must be sure that Learners participation is maximised. In that regard:
- Each participant should select a topic/theme and decide what kind of a case to present to the other Learners.
- Each participant should prepare an outline of concepts and sub-concepts to be elicited or discussed through the case.

- The session facilitator's job is to guide Learners to identify various issues and problems, possible solutions, and consequences of the actions taken (or not).
- The facilitator asks probing questions and Learners analyse problems depicted in the case scenario.
- The facilitator uses a non-directive class discussion technique to discuss cases.
- The facilitator should be clear on how to assess Learners' effort, and should consider the content of the case as well as the discussion process.

Learners should ask themselves the following questions before writing a case or looking for a case to use to allow them choose an appropriate case to use. These are:
What is the case about?
- What are some of the potential learning issues?
- Are these central enough to the case for me to use this case?
- Can I modify the case?
- How difficult or obscure are the issues in the case?
- Will there be issues my Learners will care about?
- Is the case open-ended enough for Learners to go beyond fact finding?
- What are the possible areas for investigation?
- What concepts, principles, knowledge or skills will it help Learners to apply?
- Is the case too short or too long for the available time?

Activity

ACTIVITY 7.2: Study a particular case scenario
In groups, participants can study carefully the following case scenario to come up with a plan for the assessment and management of the patient's symptoms. Participants need to:
- Identify the patient's symptoms
- Discuss how to assess and manage the symptoms identified in the scenario
- Mention the medicines to be used to relieve the pain in the patient's lower limbs, giving a rationale for the choice of medicine
- Discuss the next steps to be taken if the medicine fails.

Sheka, a 49 year old male and father of four children, has HIV/AIDS and has been on ARVs for the last four years. However, over the last two months his condition has deteriorated. He looks emaciated, he is very weak and his skin is rough. He has developed painful multiple swellings on the lower limbs, with a foul-smelling discharge. He is not eating regularly because of the severe pain that he experiences on swallowing both solids and liquids. Recently, he lost his job due to absenteeism as a result of the general weakness he is experiencing. He is very worried about his children's school fees and house rent. He has also lost hope to live.

Discussion points

Learners should:
- Read the case scenario and try to understand it in the context of palliative care
- Identify the problems as they perceive them
- Try to connect the meaning of the story to their own experiences in pain management and symptom control
- Raise points and questions, and defend their positions
- Formulate strategies to analyse the data and generate possible solutions.

ACTIVITY 7.3: Discussion of advantages and disadvantages of using case-based learning

There are both advantages and disadvantages for case-based learning. The session facilitator should encourage session participants to discuss what these might be.

Discussion points

The advangages of case based learning are that it:
- Stimulates thinking and enhances learning
- Enables Learners to think critically about issues presented in a case
- Strengthens critical thinking and analytical skills
- Enables Learners to appraise what they have learned in theory and relate this to their practical learning experiences
- Promotes active learning through problem solving
- Facilitates skills acquisition and transfer to real-life situations
- Increases Learners participation and engagement.

In addition:
- Cases can be used as the catalyst for class discussions and lectures
- A Learners-centred discussion can be a main classroom activity as Learners collaborate to analyse the full dilemma and the data provided and decide upon a course of action.
- Case-based studies can be used in small or large classes.

The disadvantages are as follows:
- Failure to structure the activity properly may lead to Learners not understanding and not learning at all. For example, if there are no leading questions, Learners will read the case but may not identify the critical issues under discussion.
- Sometimes facilitators do not monitor to check on the progress of their Learners on the task at hand and on the group dynamics. This may lead to individual Learners doing the activity for the whole group. This does not maximise learning for all Learners.
- If the cases used are not carefully selected to match the concepts being taught, then the lesson is not useful at all.
- Sometimes the facilitator may be tempted to analyse cases for Learners, in which case Learners do not develop insights into the case nor will they develop analytical and problem-solving skills.

Assessment

It is necessary to assess Learners' use of a case, and the session facilitator needs to generate a discussion on the manner in which the assessment should be performed.

ACTIVITY 7.4: Discussion on how to assess Learners' use of a case

Discussion points

The major focus in assessing Learners' use of a case is their understanding of the case. Guiding questions are as follows:
- Are the Learners able to understand the concepts, principles and theories being raised in the case?
- Are the Learners able to use their understanding to critically analyse the issues at hand and subsequently solve the problem?
- Do their responses indicate reflection on theory and practice?

- What process did Learners use to arrive at their responses? Did they work well as a group or were there a few individuals who did the work for the rest of the group?
- Have they made the right conclusions? Are the conclusions based on the facts, concepts or theories reflected in the case study, or are Learners just hypothesising?

Summary of key points
- CBL helps Learners to work together collaboratively to learn how to solve problems.
- For Learners to maximise their learning, guiding questions should be set to help them focus on the real issues being raised in a case.
- CBL is a Learners-centred teaching methodology that enhances learning.
- Cases add meaning by providing Learners with the opportunity to see theory in practice.
- If not well-structured and well-utilised, case-based learning may not be fruitful at all.
- Assessment focuses on whether Learners actually learnt the concepts, knowledge, principles and theories in the case, and what conclusions they make as a result of the learning.
- Facilitators should be non-directive and should avoid analysing cases for the Learners as that limits Learners in learning and developing problem-solving skills.

METHODOLOGY 8: Demonstration

🕐 DURATION 3 HOURS

Learning outcomes

At the end of the session, Learners should be able to:
- Discuss demonstration as an effective method of teaching palliative care
- Identify steps involved in using a demonstration
- Discuss advantages and disadvantages of using the demonstration method
- Show how use of demonstration is a method that enhances learning.

Content

Demonstration is a technique used to illustrate and consolidate theoretical principles outlined during a tutor/lecturer's exposition. The exercise may include: assessing patient's pain, filling in the patient's case sheet, making a management plan, demonstrating how to administer a particular medicine, and/or discussing treatment options.

A demonstration is a visual explanation of facts, concepts and procedures. It is a teaching method used with both large and small groups.

Use of the method

This method can be effectively used to teach topics such pain assessment, physical examination and nutrition in HIV/AIDS patients. It is a good method used to develop Learners' practical skills.

Activity

👤 **ACTIVITY 8.1: Identify key steps used when carrying out a demonstration**
There are certain key steps to take when using demonstration as a teaching method. The course facilitator should encourage the session participants to think through and identify those steps.

💬 *Discussion points*

When Learners have made their responses regarding tips for carrying out a demonstration, the facilitator can consolidate those responses and make a summary of the main learning points, using the following discussion points that are relevant:
- Plan your demonstration well in advance.
- The procedure should be presented simply and in the way that Learners can acquire knowledge and skills at the same time.
- Ensure that you have all equipment and materials and that they are in good working condition.
- Set clear objectives that are in line with course objectives.
- Make sure you have enough time to give Learners an opportunity to practise the procedure demonstrated.
- Involve Learners in preparation for the demonstration if possible.
- Ensure the room is quiet and has enough light and fresh air.
- Be prepared for various room arrangements: you may need to be flexible, so go prepared for a variety of settings. Make sure Learners see what you are doing. The room should be arranged in such a way that all Learners can see each other.
- Be organised: have everything for the demonstration in one place. Place the materials in a logical order.

- Face your Learners as much as possible.
- Provide hand-outs to support what you say.
- Review the key points of the demonstration.
- Follow safety precautions. Remind Learners to (for example) wash their hands before handling patients, and to wear gloves before cleaning a wound of an HIV/AIDS patient.
- To be effective, demonstrate, step-by-step, the procedure in carrying out a task/ activity so that you provide a model to the Learners about how best to do it.
- While demonstrating, explain the reason for, and the significance of, each step. To be effective, plan the demonstration so that you will be sure to show all steps in the proper sequence.
- If you have to give the demonstration before a large group or if Learners have trouble seeing because of the size of the equipment involved, use enlarged devices or training aids.
- Allow Learners to repeat the procedure in a hands-on practice session to reinforce the learning process.
- By immediately correcting the Learners' mistakes and reinforcing proper procedures, you can help them learn faster

ACTIVITY 8.2: Discuss the advantages and disadvantages of using demonstration to teach palliative care

Once the key steps for conducting a demonstration have been established, the facilitator should generate a discussion about the advantages and disadvantages of using the method, in line with the discussion points following.

Discussion points

Demonstration is a very effective method of teaching if well utilised. Its advantages are as follows:
- Good demonstration leads to increased attentiveness, learning, and performance.
- Demonstrations help Learners to see good practices being modelled.
- Learners engage several senses: they can see, hear, smell, and possibly experience an actual event.
- Demonstration presents ideas and concepts clearly.
- Learners acquire practical skills faster than by some other teaching methods.
- The disadvantages of using this method are as follows:
- Sometimes the lecturer may not be very sure of a procedure and may miss out some steps during the demonstration. This may confuse Learners.
- At times during a demonstration, the lecturer may forget to explain the reason for and the significance of each step. This may prevent Learners from fully understanding why certain steps are necessary as part of the correct procedure to be followed.
- If a demonstration is not well performed, Learners will not observe the intended good practices being modelled.
- Sometimes the lecturer may demonstrate a good practice or procedure but fail to give Learners an opportunity to practise it for themselves. Without this, the lecturer is unable to assess the Learners by observing any mistakes they may make in attempting the procedure and correct them and/or reinforce the proper procedures.

ACTIVITY 8.3: Observe a sample demonstration (on rating pain)

The facilitator, using the numerical rating scale (NRS) discussed previously and shown in Appendix 3, demonstrates how to rate pain. Session participants observe the appropriate steps are taken, and the sample demonstration is a mean of showing participants how a demonstration should be conducted as an effective teaching method.

💬*Discussion points*

Special points for the facilitator to consider when undertaking a sample demonstration are the following:

- When the demonstration by the facilitator is over, give an opportunity to Learners to practise the same demonstration and, as they carry out the activity, observe whether they are able to copy the demonstration sufficiently to follow the correct procedure.
- Lead a plenary discussion to talk about the procedure, what went well and what did not go well, and why. Explain and clarify where Learners seem not to understand.
- Emphasise the need to follow the exact laid-down procedure.
- Summarise and review the objectives and learning points.

Summary of key points
- Demonstrations become more effective when explanation accompanies them. For example, in a half-demonstration/half-lecture session, an explanation should accompany the actions performed.
- A formal demonstration requires careful arrangement for all to see.
- Prepare well in advance to make sure all is expected to go smoothly.
- Explain every step as you demonstrate it to Learners to make sure they understand both the concepts and the procedure correctly.
- Good demonstration leads to increased attentiveness, enhanced learning, and improved performance.
- Lecturers/tutors should give an opportunity to Learners to practise the procedure and master the skills required.

METHODOLOGY 9: Cooperative learning

🕐 DURATION 2½ HOURS

Learning outcomes

At the end of the session, Learners should be able to:
- Define cooperative learning
- Discuss the role of the lecturer/ tutor in cooperative learning
- Describe five basic elements of cooperative learning
- Differentiate between cooperative learning groups and traditional learning groups
- Explain how cooperative learning can be used to teach palliative care
- Discuss the advantages and disadvantages of using cooperative learning to teach palliative care.

Content

Cooperative learning is an approach that uses a group of instructional strategies and involves Learners working together to achieve a common learning objective, through group activities that are structured and guided by a facilitator.

Use of the method

Cooperative learning can be used effectively to teach many palliative care topics, such as factors affecting the provision of palliative care in disease-specific conditions, pain management, symptom control, psychosocial issues, communication, and death and dying. Cooperative learning can be used to develop the competencies that Learners need for communication in palliative care, psychosocial issues, end-of-life care, and the monitoring and evaluation of programme quality.

Learners working in cooperative groups are assigned roles. The roles may include: leader, resource manager, scribe/recorder, timekeeper, encourager, social skills checker/peacemaker, and reporter. The table below sets out the responsibilities envisaged for each role. Depending on the number of Learners in the group, some members can play multiple roles – especially those roles that overlap such as leader and encourager.

Role	Responsibility
Leader	Controls the 'noise' within the group. Gets the group focused on the task in hand and ensures that each member of the group has an equal opportunity to contribute.
Resource manager	Takes responsibility for the materials used by the group. Collects and returns materials used by the group. Ensures that the materials are well maintained.
Scribe/recorder	Takes notes of the agreed discussion points.
Timekeeper	Keeps track of time and informs the group of how much time they have used and how much time they have remaining for the task at hand.
Encourager	Encourages the individual members to contribute.
Social skills checker/ peacemaker	Watches out for any unacceptable social behaviour and advises the person concerned to desist. Ensures that every member of the group is treated with respect.
Reporter	Presents group report to the class in a plenary session.

Activity

ACTIVITY 9.1: Reflection on group work and roles therein

To help understanding of cooperative learning amongst participants, the facilitator should encourage reflection by participants on their group working carried out in the previous sessions of this course. The aim should be for participants to use those reflections to understand the role of the facilitator in cooperative learning.

Discussion points

When using cooperative learning to teach, a facilitator plays multiple roles – affecting what happens before the session begins as much as when it is under way.

Beforehand, the facilitator should:
- Determine academic and social objectives. Cooperative lessons always have two types of objectives – academic and social – where:
    ◦ Academic objectives communicate the content and skills to be learned.
    ◦ Social objectives communicate the interaction skills that are emphasised and practiced.
- Determine the appropriate group size. The size of a group affects the attainment of the academic and social objectives. Considerations when deciding on group size include the following:
    ◦ Tasks that demand diversity in thinking or a wide range of skills and expertise are often most successfully accomplished in larger groups (eg 5–7 Learners).
    ◦ The larger the group, the more skilful the group members must be in maintaining good working relations.
    ◦ The nature of the task or materials available may dictate the group size.
    ◦ The shorter the time period of a group working session, the smaller the groups need to be in order to maximise involvement.
    ◦ Assign Learners to groups. Heterogeneous groups are recommended for most tasks. The consideration for a group can depend on ability, cultural background, sex and learning style. By assigning groups, a facilitator can carefully build supportive group situations for any Learners with special learning needs.
    ◦ Arrange the room carefully. Because room arrangement influences Learners' interactions, consider clustering chairs or desks. Prepare all necessary materials and ensure there are sufficient materials to enable Learners to complete tasks.
    ◦ Structure 'positive interdependence' when setting the lesson content. Learners will work and effectively learn together if they: feel linked to one another and believe they need one another to accomplish group tasks; formulate common objectives and establish shared responsibility among group members to achieve the set objectives; and have meaningful roles, share materials and achieve reward for group success.

During the session itself, the facilitator should be engaged as follows:
- Explain the academic task. Clearly explain what the task is and how it is to be carried out in order for Learners to understand what they are supposed to accomplish. If necessary, provide a model for an academic task.

- Explain the criteria for success. Groups should know how their success will be measured or evaluated. The criteria can be generated by Learners with support from a facilitator. Structuring the evaluation of individual contributions is important. Learners can be called upon to answer on behalf of their fellow group members.
- Specify desired social behaviours. Facilitators and participants should specify key appropriate behaviours expected during the lesson (but note that desired learner behaviour may vary depending on activity).
- While the Learners are working in groups, the facilitator should move around the area occupied by the groups to observe and record both Learners progress and Learners behaviour.
- Intervene during group work in the following manner, as deemed necessary:
    - Provide task assistance: this might include clarifying instructions, reviewing procedures, teaching skills or asking and answering questions. When providing task assistance, try to draw on the skills and expertise of the group members as much as possible – for example, if a Learners asks a question, first redirect it to the team instead of responding instantly yourself.
    - Teach collaborative skills when a group is not functioning cooperatively. For example, in a group where one trainee is dominating, the group needs to learn the skill of getting everyone involved.
    - Determine how long a group should stay together – this requires careful observation of the members during cooperative activities. Keep group members together long enough for them to succeed: breaking up groups that are having difficulty is usually counterproductive because Learners learn to avoid dealing with problems. Groups that are struggling will need guidance in problem solving, but persistence usually pays off.

At the end of the session, the facilitator should evaluate the participants to ascertain what learning took place. See section 8.4 for details on assessment**.**

ACTIVITY 9.2: Review the five basic elements of cooperative learning
The facilitator should encourage participants to think about the different group roles and the process they went through while discussing the roles of the facilitator in cooperative learning. This information can be used to discuss the five basic elements set out next.

Discussion points

Cooperative learning has five basic elements. These elements are very important because they form the basis for assessing learning in cooperative learning. They are:
- **Positive interdependence:** This is when all members of a group feel connected to each other in the accomplishment of a common goal. All individuals must succeed for the group to succeed.
- **Individual accountability:** This refers to holding every member of the group responsible to demonstrate accomplishment of learning.
- **Face-to-face interaction:** This is when group members are in close proximity to one other and in dialogue with each other in ways that promote continued progress.
- **Social skills:** These are the human interaction skills that enable groups to function effectively (for example: taking turns, encouraging, listening, giving help, clarifying, checking understanding, probing). Such skills enhance communication, trust, leadership, decision making, and conflict management.
- **Processing:** This is the time when group members assess their collaborative efforts and target improvements.

ACTIVITY 9.3: Discuss the advantages and disadvantages of cooperative learning
Like any other teaching method, cooperative learning has advantages and disadvantages, as given below. The facilitator should aim to bring these out in discussion with participants.

Discussion points

The advantages are such that cooperative learning:
- Facilitates learning from one another
- Facilitates the development of social and problem-solving skills
- Improves reflection and communication.
- The disadvantages are as follows:
- Cooperative learning requires careful preparation in terms of time, materials and activities. Otherwise the lesson may not be useful.
- If not well monitored, Learners may spend more time arguing and less time on the activity.
- Sometimes facilitators do not give enough opportunity to Learners to assess their own learning and reflect on the knowledge and skills they have learned. In such cases, planning for improvement strategies may be hindered.

Assessment

ACTIVITY 9.4: Decide what has to be considered when assessing cooperative learning
In cooperative learning, both the process and the outcome are assessed. Assessment is focused on the five basic elements of cooperative learning, and the discussion should bring out some of the issues mentioned below.

Discussion points

Learners demonstrate positive interdependence when they:
- Take turns
- Contribute ideas to their group
- Listen to each other
- Accomplish tasks together as a pair/group
- Give and receive help to solve a problem
- Share resources (e.g. teaching/learning materials).

Learners show individual accountability when:
- Each does their share of work so that they contribute to the success of the group
- They are an essential part of the group and are useful to the task at hand
- They make their needs known to others
- They take up assignments given to them.

Face-to-face positive interaction can be detected when group members:
- Sit in a group facing each other
- Talk to each other, and encourage and care for each other
- Look at each other while talking.

Learners show a use of interpersonal skills when they:
- Take up leadership roles
- Communicate their ideas and are able to convince others
- Accept other people's ideas

- Negotiate with team members
- Work as a team
- Wait for their turn to speak
- Celebrate other people's success
- Accept their own (and others') weaknesses
- Talk to others freely
- Listen to others
- Make their problems known to others
- Avoid wasting time and focus on the task
- Offer themselves to the service of the team
- Resolve conflicts amicably.

Furthermore, evaluation in cooperative learning is implicit in almost every step. Learners will:
- Talk about their work
- Explain how they did the work
- Talk about what they liked and what they did not like, and why
- Suggest ways of improvement
- Reflect on suggestions and agree on the best course of action
- Reflect on the whole process
- Give recognition for things done well.

Assessment of cooperative learning should also provide an opportunity for closure.
Providing closure involves the following:
- Learners need opportunities to summarise and reflect on their learning. The facilitator's role is to facilitate those opportunities. 'Closure' provides a chance for both facilitator and Learners to highlight major points, ask questions, or generate insights.
- Evaluating academic objectives involves assessing how well the Learners not only carried out their assigned tasks but also provided subsequent feedback. To this letter end the facilitator may, for example, randomly choose one group member to share the group's response to a question.
- Evaluating social objectives involves processing how well the groups functioned – in particular, how successfully group members enacted the expected social skills. Processing involves two aspects: reflecting on what went well in the group; and determining what could be improved.

Learners reflection on group functioning is a critical element to successful cooperative learning

Summary of key points
- The five key elements of cooperative learning are positive interdependence, individual accountability, face-to-face interaction, social skills, and processing.
- Learners are assigned different roles in a group to facilitate group functioning.
- The size of the group affects the attainment of the academic and social objectives.
- Academic objectives communicate the content and skills to be learned.
- Social objectives determine the interaction skills that are emphasised and practised.
- The mix of the group membership is important in helping group members achieve the objectives of cooperative learning.
- Group members need opportunities to summarise and reflect on their learning.

METHODOLOGY 10: Journal club presentations

DURATION 1½ HOURS

Learning outcomes

At the end of the session, Learners should be able to:

- Define a journal club
- Discuss the steps involved in making journal club presentations
- Discuss advantages and disadvantages of using a journal club to teach palliative care
- Demonstrate an ability to critically analyse presentations.

Content

A journal club has been defined as an educational meeting in which a group of individuals discuss current articles, providing a forum for a collective effort to keep up with the literature (American Journal of Critical Care, 2002).

The general purpose of a journal club is to facilitate the review of a specific research study and to discuss the implications of the study for clinical practice. Journal clubs are usually organised around a defined subject in basic or applied research – for example, the application of evidenced-based practices in palliative care to some area of medical practice can be facilitated by a journal club.

Typically, in a journal club each Learners can voice their views relating to a number of questions, such as the appropriateness of the research design, the methodology used, the appropriateness of the controls that were used, the results generated by the study and the recommendations made.

Use of the method

Journal club presentations usually focus on research carried out on patients and treatment options. This research might have been by one of the journal club members or something described in a published journal article.

The topics that can be best handled through a journal club include: pain assessment and management, symptom control, complementary alternative medicine, and disease-specific conditions. The competences developed include: use of evidence-based practice; study skills and presentation skills; and analytical, critical and evaluative skills. These all encourage evidence-based practice.

Activity

ACTIVITY 10.1: Consider the steps deemed necessary for presenting in a journal club
When a journal club meets, it will be considering results from targeted research, and this means that from time to time a member of the club will present their findings to the other members. The steps that are deemed necessary to achieve this can be discussed between the session facilitator and participants, and the discussion should be based on what follows under 'Discussion points' next.

Discussion points

First, the journal club leader identifies a facilitator for the meeting (initially, this could be a clinical educator, lecturer, clinical nurse specialist, nurse practitioner, or senior staff member). The facilitator is responsible for ensuring that selected topics include all relevant information, that appropriate

specialists and other healthcare team members are invited to the journal club, and that discussions are facilitated well.

There are then a number of steps for the presenter to follow in order to undertake the journal club presentation. The presenter should:

- Prepare a one-page summary of the case/article as a hand-out. This will serve as an overall guide for the presenter and will help steer the group's attention through the detail of the case/article.
- Describe the case/article, and explain how you came across it and what attracted you to it.
- Start the presentation with a brief case presentation, or briefly explain how the case/ article is relevant to a patient or problem you are considering. This helps other members of the journal club to fully engage with the presentation and makes it more of a story. Describe the case/ article in more detail, starting with a statement of the clinical problem. If it is a study, you might ask the following questions:
  - What type of question was asked – for example, diagnostic, therapeutic or prognostic?
  - What type of study (method) was used – for example, randomised controlled trial, retrospective cohort, case control, meta-analysis, cross-sectional, descriptive, decision analyti**c**, or cost effectiveness?
  - Where was the study undertaken (if relevant)?
  - Were there any other outstanding features – for example, written by a well-known author, or first study of its kind?
  - What was the research question? A well-built research question has four basic components:
    - **P**opulation – who was studied?
    - **I**ntervention or exposure – what therapy, risk factor, tests etc.?
    - **C**omparison or control – what alternative to intervention or exposure?
    - **O**utcome – clinical, functional, economic, etc.
- State the importance/relevance/context of the research question.
- Describe the methods used by giving more detail on the question components. Give an indication of the numbers included in the study. Identify gender issues.
- Summarise the primary results. Limit the summary of the results to the primary question and only present secondary results if they are relevant. It is helpful to bring Learners' eyes to a particular row on a table or a bar on a graph to illustrate your point – no-one will be offended to be led carefully through the results and conclusions.
- Describe why the results can or cannot be applied to your patients/situation. Are the patients or the setting so different from your own as to make the findings inapplicable for your situation? How much might the study findings have to be adjusted due to differences between the study's patients or setting and your own?
- Conclude with your own decision about the utility of the study in your practice, and resolve the case or question with which you began. If you started your presentation with a case, be sure to leave time to come back to the case at the end and try to apply the study's findings to your patient or problem.

While the club is in session, the facilitator should also lead a 20-minute discussion on the clinical and methodological issues that have arisen from the presentation, giving an opportunity to those present to ask questions and to make observations and comments regarding clinical issues (Polit and Hungler, 1999).

Once the foregoing is completed, the journal club facilitator should evaluate the session by, for instance, gathering feedback from the members present. The facilitator should thereby determine

how the next journal club meeting could be made more beneficial, for example by encouraging more attendance, holding more than one session, or recording the next session for those unable to attend.

ACTIVITY 9.2: Determine the advantages and disadvantages of using a journal club to teach palliative care

Like all the other teaching methods described in the guide, there are advantages and disadvantages to using the journal club method for teaching. The session facilitator should generate a discussion on what the pros and cons of the method are, in line with the points below.

Discussion points

The advantages of using a journal club within the context of palliative care teaching are set out next. The journal club:

- Improves Learners' study skills, especially self-directed study, as Learners review literature and evidence for appropriateness and relevance
- Exposes Learners to literature in palliative care
- Promotes evidence-based practice and the teaching of critical appraisal
- Plays a part in fulfilling requirements for continuing professional education
- Improves Learners' understanding, their abilities in critical appraisal, and their presentational and debating skills on topics of active interest in palliative care
- Helps Learners to be more reflective.

The disadvantages are as follows:

- Some Learners may not feel confident to present.
- Sometimes cases that have not been well researched may be presented which may not have a lot of evidence base to prove or disapprove a theory, principle or applicability in a specific palliative care context.
- If a case is not well presented and discussed, effective learning will be hindered.

Assessment

ACTIVITY 9.3: Decide what has to be considered when assessing journal club meetings

As stated at the end of the description for activity 9.1 above, there is a need to assess how any one session of a journal club has gone. There is also a higher need to review the general use of journal clubs. Certain aspects need to be taken into account in these assessments, and these aspects should be discussed. Some pointers are given next.

Discussion points

Journal club assessment takes place at two levels. Level one is the process of presentation and level 2 is the result of the presentation.

The Level 1 process focuses on how the presentation was made, by examining the following elements:

- The introduction of the topic and explanation of the choice of topic regarding relevance to Learners learning
- The presentation of objectives
- Description of the case study or problem
- Presentation of results
- Presentation of conclusions made and recommendations.
- The Level 2 process focuses mainly on the clinical and methodological issues and should examine the following elements:

- The key teaching points of the case or problem
- The relevance to Learners learning
- Applicability in the Learners learning environment.

Summary of key points:
- Jounal clubs are important in helping Learners to critically appraise cases and learn from evidence-based research in palliative care practices.
- A clear description of the case is key to Learners' understanding of the issues central to the case being presented.
- It is important to show how relevant the case is to the Learners learning and how the lessons learned can be applied in the Learners' own work environment.
- Journal clubs expose Learners to advanced literature in the field of palliative care.
- Journal clubs provide an opportunity for Learners to learn from one another and from experts in the area of palliative care.

METHODOLOGY 11: Video clips

🕐 DURATION 1½ HOURS

Learning outcomes

By the end of the session, Learners should be able to:
- Discuss the use of video as an effective method of teaching palliative care
- Identify topics that can be effectively taught using video clips
- Discuss the steps of using video clips to teach palliative care
- Discuss the advantages and disadvantages of using video clips in teaching palliative care
- Discuss how to assess learning when using video.

Content

Video clips can be an interactive and effective method of teaching because they help a Learners to focus on those very specific concepts, procedures and skills being taught. Video as a method of instruction helps to engage Learners through multiple senses – sight and sound – and can generate excitement about a subject or concept. Learners will enjoy the experience and retain more information from the class. When video is used to teach, it can effectively communicate complex information to Learners and, if used creatively, can become a powerful expressive tool.

Use of the method

Video can be used to teach a number of topics in palliative care, including counselling adults and children, pain assessment and management, nutrition, the physical examination of patients, and nursing skills. It can be used to demonstrate competencies in practice.

As with any other instructional technology, video should be used to enhance teaching and learning. To effectively utilise video, it is important to first determine a specific learning objective and create an activity that uses the video in support of that objective. The questions below, which a lecturer, tutor and trainer should consider, can assist in developing learning objectives:
- What is it that you want Learners to learn?
- Is the video to introduce new concepts, review old ones, or clarify and demonstrate something that happened in class?
- Is video being used to provoke thoughts and promote critical thinking, or is it to provide simple, factual information?

Before using a video clip in the classroom, it is important to watch the entire clip to ensure that the material selected is necessary and relevant. It is important to check that the video demonstrates the topic or content effectively.

Activity

ACTIVITY 11.1: Video presentation
Session participants view a 10–15-minute video, and then the facilitator leads a discussion focusing on the central concepts, procedures and/or skills being taught.

ACTIVITY 11.2: Discussion on how to use a video to teach
Learners reflect on the process used to present the video in the activity 10.1, and then use those reflections in activity 10.2. Points relevant to these two activities are set out next.

💬*Discussion points*

Before the video is shown, the facilitator should:
- Explain to Learners the objective of the video presentation. This will help them to understand what is expected of them in learning from the video.
- Prepare Learners for what they are about to see and to introduce the broad topic. Any parts of the video that the facilitator believes will challenge Learners can be outlined at this time. Pre-viewing exercises such as brainstorming may help to focus attention.

During viewing:
- The facilitator should give Learners simple tasks to carry out while watching the video, during predefined pause points. This will help them to engage with the video's content.
- Predefined pause points may also act to engage Learners by eliciting opinions during the viewing process. However, continual interruptions during viewing risk breaking Learners concentration and should be avoided.
- The video should not be too long, but should be long enough to ensure that Learners have sufficient information to achieve the learning objective (10–15 mins).
- The video should be part of the whole lesson, so that the concepts or procedures depicted in the video are a part of the lesson and not outside the lesson being taught

After viewing the whole video clip:
- The facilitator leads a plenary discussion in which Learners identify the main concepts and procedures being taught.
- Learners should be encouraged to mention at least one important lesson they have learned.
- The facilitator gives feedback to Learners regarding their responses, and summarises by highlighting the main teaching points.

👤ACTIVITY 11.3: Determine the advantages and disadvantages of using video to teach palliative care

Once again, the pros and cons of a particular teaching method need to be determined by class discussion led by the session facilitator, with the points below in mind.

💬*Discussion points*

The advantages of using video clips are as follows:
- Video can effectively show the correct technique for performing a particular procedure.
- Video provides an opportunity for Learners to enjoy the experience and gain more information while in class. It engages multiple senses to enable Learners maximise their learning.
- Video can be used to launch a discussion, to simulate or demonstrate a particular skill, and to clarify points/concepts taught.
- Video clips generally employ real-life situations and experiences.
- Video can be used to conduct teaching in large classes.

The disadvantages are thus:
- It may be difficult to find appropriate palliative care videos; and creating them from scratch can be expensive and requires specialised technology.
- If not well used, Learners may not achieve there learning objectives.
- Power failure and machine failure may limit the use of the method in some developing countries. The facilitator should always have a back-up plan.

✏️Assessment

👤ACTIVITY 11.4: Decide what has to be considered when assessing the use of video for tEACHING

In any assessment of the use of video for teaching purposes, certain aspects need to be taken into account, and these aspects should be discussed and decided upon. Some pointers are given next.

💬_Discussion points_

When assessing learning through video, the following tips are important learning outcomes:
- Did Learners learn what they were supposed to learn? Did they accomplish the tasks set?
- Did Learners ask relevant questions in relation to what was being shown on the video?
- Were Learners able to interpret, analyse and identify messages put across in the video?
- What competences/concepts were developed?
- Was the time for discussion of the video content enough to facilitate learning?
- Was the content of the video relevant and appropriate for learning?

Summary of key points
- Video clips are an interactive and effective method of teaching because they help learners to focus on specific concepts, procedures and skills being taught.
- Video presentation can effectively communicate complex concepts to Learners.
- Using video has three major steps (pre-viewing, viewing and post- viewing), and the activities in each of those steps need to be taken into account when using video for teaching.
- It is important to carefully select an appropriate video for teaching to enhance Learners learning.
- Assessment of whether or not the use of video was effective focuses on learner outcomes, methods and activities.

METHODOLOGY 12: Microteaching

DURATION 4 HOURS

Learning outcomes

At the end of the session, Learners should be able to:
- Define 'microteaching'
- Explain why it is important to micro teach
- Explain appropriate methods used in microteaching palliative care
- Outline the steps taken during microteaching
- Discuss how to give and receive feedback after microteaching.

Content

'Microteaching' is organised practice teaching. Microteaching requires session participants to teach a single concept of content using a specified teaching skill for a short time to a small number of their peers. The goal is to give lecturers/tutors an opportunity to practise their teaching skills and thereby gain confidence, support and feedback from their peers (i.e. fellow learners).

Use of the method

Microteaching can be effectively used to develop lecturer, tutor and trainer competencies in teaching.

The duration of a microteaching session depends on the number of Learners and the skills to be mastered. In general, though, Learners are paired and each pair conducts a 15-minute lesson on any of the following topics: concept of palliative care, principles of pain assessment and management, bereavement, death and dying, and cultural issues in palliative care. Lesson presentations are discussed, analysed and reviewed. Feedback is given to individuals and pairs from the other session participants

Activity

ACTIVITY 12.1: Discussion on the value of microteaching
The session facilitator should encourage a discussion on the value of microteaching as a means of improving practical teaching skills. The following points should feature in the discussion.

Discussion points

Microteaching is an excellent way to build skills and confidence, to experience a range of lecturing/tutoring methods, and to learn and practise giving constructive feedback. Microteaching gives Learners an opportunity to safely put themselves 'under the microscope' of a small-group audience, but also to observe and comment on other people's performance.

Micro lessons provide lecturers/tutors with the opportunity to try out new techniques that they may not use regularly, and to receive feedback from colleagues on how well the teaching was done and recommendations for performance improvement.

ACTIVITY 12.2: Determine the steps to be followed in microteaching
There should be class discussion, led by the session facilitator, to determine the steps needed for successful microteaching. This discussion should bring out the points set out next.

💬*Discussion points*

In order to maximise teaching and learning, microteaching follows a set of logically sequenced steps, as follows.

1. Preparation
Each Learners prepares a 10-minute teaching segment on a particular topic in palliative care. The Learners gives a brief statement of the general objectives of the presentation that aim to be addressed. The group may be asked to focus their attention to particular elements of the lesson or of the teaching method – elements such as pace, clarity of explanation, use of media, voice, body language and level of group interaction.

2. Presentation and observation
Each Learners presents their prepared 10-minute teaching segment. Each trainee is allowed to use any media available. During the presentation, other Learners serve as members of a supervisory team and take notes for group feedback. Although the lesson is short, objectives and procedures should be clear enough to generate useful discussion.

3. Videotape viewing (if there is a video camera and DVD player available)
The Learners watches (in a separate room) a videotape of their presentation and decides whether or not the set objectives were accomplished. They also make a list of strengths and suggestions for personal improvement. After watching, the Learners reconvenes with the supervisory team to discuss their teaching performance further and to make conclusions and recommendations for improvement.

In the absence of a video, the supervisors should take detailed notes (as anecdotal evidence) to support their feedback and help the presenter to reflect on their lesson in the light of the comments made.

4. Discussion and analysis
While the presenter goes to another room to view the videotape of their performance, the session facilitator and remaining Learners discuss and analyse the presentation amongst themselves. Patterns of teaching, with evidence to support them, are presented. If there is no video, the facilitator listens to the peer review team's comments and looks at the peer review documentation for evidence.

In either scenario, discussion should focus on the identification of recurrent behaviours of the presenter during teaching. A few patterns are chosen for further discussion with the presenter. Patterns that seem possible to alter are selected and discussed with the presenter, and recommendations for future improvement are proposed. The objectives of the lesson plan are also examined to determine whether or not they were met. Suggestions for improvement and alternative methods for presenting the lesson are formulated.

5. Giving and receiving feedback
Under the guidance of the session facilitator, the presenter is first asked to reflect on the mini-lesson undertaken and assess performance. The facilitator summarises comments generated during the analysis session. This part of the session is intended to provide positive reinforcement and constructive criticism. The presenter is encouraged to interact freely with the team so that all comments are clarified to his/her satisfaction.

The way in which feedback is given and received contributes to the learning process. Feedback should be honest, direct and constructive, focusing on the ways the presenter can improve. The following is a series of suggestions on how to give and receive feedback in a microteaching workshop. (Teaching Support Services at www.tss.uoguelph.ca).

When you are giving feedback, try to:
- Align the feedback with the lesson as taught; offer concrete practical steps and options. For example, be specific rather than general. So, for example, rather than saying "You weren't clear in your explanations," tell the presenter where they were vague, and describe why you had trouble understanding what was said. Similarly, instead of saying "I thought you did an excellent job! List the specific things that the presenter did well.
- Be descriptive and specific, rather than evaluative. For example, avoid starting the sentences with "you", it is better to start with "I", so you can say: "I understood the model, once you hand showed us the diagram."
- Describe something the person can act upon. Making a comment on the vocal pitch of someone whose voice is naturally high-pitched is only likely to discourage that person. However, if the person's voice had a squeaky quality because they were nervous, you might say: "You might want to breath more deeply, to relax yourself, and that will help to lower the pitch of your voice as well."
- Choose one or two things the person can concentrate on. If people are overwhelmed with too many suggestions, they are likely to become frustrated. When giving feedback, call attention to those areas that need most improvement.
- Avoid conclusions about motives or feelings. So, for example, rather than saying "You don't seem very enthusiastic about the lesson," you can say "Varying your rate and volume of speaking would give you a more animated style."
- Begin and end with the strengths of the presentation. If you start off with negative criticism, the person receiving the feedback might not even hear the positive part coming later.

When you are receiving feedback, try to:
- Avoid responding to each point in turn. Instead, listen quietly, hearing what other Learners' experiences were during their review, asking only for clarification. The only time to interject into what is being said is if you need to state that you are overloaded with too much feedback.
- Be open to what you are hearing. Being told that you need to improve yourself is not always easy but, as has been pointed out above, it is an important part of the learning process. Although, you might feel hurt in response to criticism, try not to let those feelings dissuade you from using the feedback to your best advantage.
- Take notes – if you can, while you are hearing the other people's comment. Then you will have a record to refer to, and you might discover that the comments that seemed to be the harshest were actually the most useful.
- Ask for specific examples if you need to. If the critique you are receiving is vague or unfocused, ask the person to give you several specific examples of the point being made.
- Judge the feedback – you do not have to agree with every comment. Ask other people if they agree with the person's critique.

In overall terms, be practical, tactful, constructively critical, and open toward other people's ideas and opinions in the microteaching workshop and in your classes as well.

✏️Assessment

Assessment is described in detail in the immediately preceding section. A sample version of a Microteaching Feedback Form is shown at Appendix 4.

Summary of key points
- Micro-lessons are great opportunities to present sample 'snapshots' of what/how you teach and to get some feedback from colleagues about how it was received.
- The duration of a microteaching session depends on the number of Learners and the skills to be mastered.
- Microteaching has steps that should be systematically followed to maximise understanding of the intended teaching and learning points.
- It is important to give and receive feedback after the microteaching lesson for maximum benefits.

METHODOLOGY 13: Buzzing

DURATION ½ HOURS

Learning outcomes

By the end of the session, Learners will be able to:
- Describe 'buzzing' as a method of teaching palliative care
- Discuss how the 'buzzing' method is used
- Explain the advantages and disadvantages of using buzz groups.

Content

'Buzzing' is a method of learning that allows small numbers of Learners – two or three at a time – to quickly discuss an issue on a given subject. Buzz groups are used following a lecture or panel discussion to answer questions and issue raised, and to enhance Learners' learning.

Use of the method

Buzz groups can be used in almost all areas of palliative care education. Buzzing is effective when Learners are exploring new areas, or issues that are sensitive (e.g. end-of-life care).

Activity

ACTIVITY 13.1: Set up a buzz-group situation

The lecturer, tutor and trainer (i.e. facilitator) leading a training course on palliative care training methods should set up a situation with appropriate subject matter where buzzing can occur with small groups of course participants. The facilitator should:
- Prepare a specific topic for the groups to consider (can be the same or different for every group)
- Prepare an instruction sheet for each group and include time limits
- Divide the class as equally as possible into groups of two or three.

Each group should then select a leader to facilitate buzz group discussion. Once the buzz group has finished its work, a representative presents the results to all the other participants in plenary session.

ACTIVITY 13.2: Discuss the advantages and disadvantages of buzzing

Like all the other teaching methods in this guide, there are advantages and disadvantages of using this particular method. The session facilitator should encourage discussion of the topic with the points immediately below in mind. When used appropriately, though, the buzz method can be an effective method of teaching palliative care.

Discussion points

The advantages of using buzz groups are that they:
- Encourage quiet Learners to interact in a smaller group setting
- Can be used to generate new ideas
- Encourage Learners participation and interest

The disadvantages are thus:

- The buzz group method is not effective when used in bigger groups.
- The buzz group method generates quick answers and may not be useful in exercises needing deep and critical thinking.

Assessment

Learners' performance in buzz groups can be assessed by the individual participation and contribution of ideas by each Learners in their buzz groups. Learners can also be assessed by how they exhibit understanding of the subject under discussion during presentations in plenary session.

Summary of key points
- Buzzing is a fast way of generating ideas on a given subject.
- Buzzing is a simple and quick method used to generate new ideas on topics, especially sensitive subjects such as end-of-life care.
- Buzzing encourages group participation and interest.

METHODOLOGY 14: Brainstorming

DURATION 1 HOUR

Learning outcomes

By the end of the session, Learners will be able to:

- Describe brainstorming as a method of teaching palliative care
- Explain how a brainstorming session is conducted
- Explain the advantages and disadvantages of using brainstorming.

Content

Brainstorming is a loosely structured form of discussion where ideas on a particular subject are generated instantly. Brainstorming is one of the most effective and most used group processes for generating new ideas about a given topic.

The process is simple but very effective. Ideas are generated and written down as they are generated, and generated ideas are later appraised and ordered.

Use of the method

Brainstorming is a powerful method for generating fresh ideas about comprehensive and high-quality palliative care provision.

Activity

ACTIVITY 13.1: Set up a brainstorming exercise

The session facilitator should present a topic to be discussed in a brainstorming exercise. The facilitator will need to explain to course Learners that:

- All ideas on a given topic are welcome
- There should be no judgement of ideas
- The aim of the session is to get as many ideas as possible
- All ideas are recorded as they are generated.

The facilitator should divide Learners into groups of 6–12 people. Each group selects a group leader from among themselves, and a recorder to write down ideas as they are generated.

Groups brainstorm for about 10-20 minutes. In turn, each group recorder then presents the group's ideas on the topic to the other course participants in a plenary session, and the ideas presented are analysed and adopted.

ACTIVITY 13.2: Discuss the advantages and disadvantages of using brainstorming

The session facilitator should encourage discussion of the brainstorming exercise just carried out (as a process, not in relation to the ideas generated), with the aim of bringing out the advantages and disadvantages of the method in the context of palliative care training.

The advantages of the brainstorming method are that:
- This method is one of the most powerful methods of generating new ideas
- It is a highly participatory
- The method enhances creativity and innovation, and can be used to solve problems
- Respect for individuals can be generated as ideas are generated
- Brainstorming encourages team working, where trust is built among team members
- Brainstorming stimulates discussion on the advantages and disadvantages of an idea, and enhances group learning thereby (though not too long should be spent on any one idea – the aim is to get the ideas down on paper).
- By this method of pooling ideas, group members are stimulated to take responsibility for the ideas generated and later adopted.
- The method can also be used in a work environment where, for instance, the generation of fresh ideas on the improvement of projects or programmes is needed.

The primary disadvantage of brainstorming is that Learners who want orderliness and regimentation may find difficulty is learning through this method. Furthermore, participants with ideas on the topic for discussion can dominate those who are less creative. Another disadvantage is that discussions on the pros and con of each idea consume a lot of time – which is why brainstorming sessions shouldn't go into a lot of detail on individual ideas but just get them down on paper for later analysis.

Assessment

Brainstorming method is assessed by assessing individual Learners' participation and group cohesion, the quality of new ideas generated by individuals and groups, what Innovative ideas get adopted, and what issues are identified and problems solved.

Summary of key points
- Brainstorming is a powerful method used to generate new ideas.
- Brainstorming can be used to solve problems.
- Learners learn to trust fellow Learners during brainstorming.
- Brainstorming is loosely structured and all ideas generated are welcome.
- Respect for individuals can be generated as ideas are generated
- Analysis of ideas is done during group presentation in plenary session. Ideas are appraised, developed and adopted.
- Group members are stimulated to take responsibility for the ideas generated and later adopted.

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APPENDICES

Appendix 1: Sample of a Case Sheet (a holistic assessment tool)

Personal details

Full name of patient: ....

Age ....Diagnosis: ....

Sex: ....

Occupation: ....

Address ....

Marital status ....

Next of kin ....

Relationship...

Tel. No ....

Other organisations involved ....

Medical details

Current Medication ....

Previous medical and surgical history

Cultural and spiritual assessment

Do you have any cultural beliefs that may influence your care? ....

Social Assessment

Who do you live with? ....
....

What form of support do you get? ....
....
....
....
....

Who provides you with any income or other support?
....
....

Psychological assessment

How is the illness affecting your ability to carry out your normal role?

....

....

Do you understand the nature of your present illness?

....

....

Do you have any particular worries or anxiety over your illness? If so, what?

....

....

PAIN CHART (to be filled at first visit)

Describe the type of pain experienced using this table and give a possible cause of each pain.

Mark site of pain and assign number
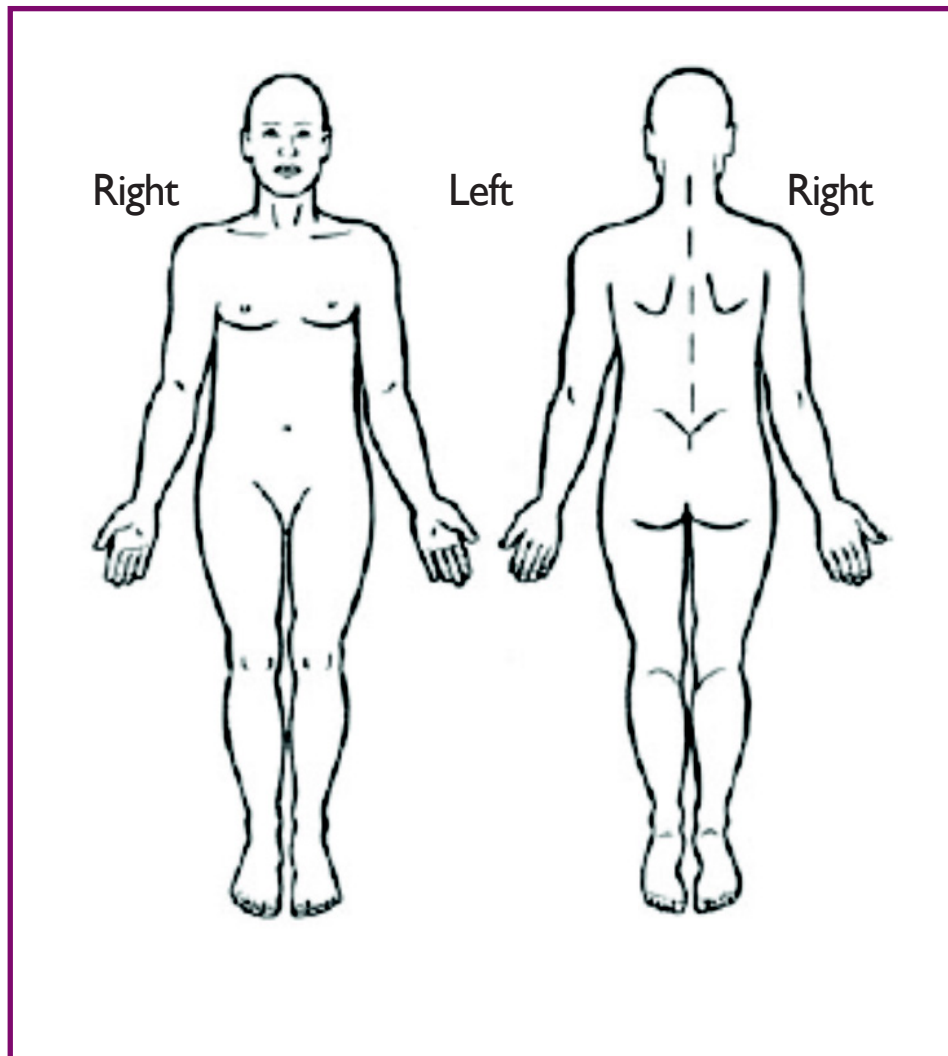
	Pain 1	Pain 2	Pain 3	Pain 4	Pain 5
Duration of pain					
Character/description of pain					
Numerical Rating Scale (0–5)					
Periodicity (constant/intermittent)					
Precipitating factors					
Relieving factors					
Does pain affect sleep? Y/N					
Does pain affect mobility? Y/N					
Effect of current medication – none, (N) partial (P), complete control (C)					
Did you sleep last night? If not, when did you last sleep?					

Numerical Rating Scale

I do not have any pain 0_____1_____2_____3_____4_____5 my pain could not be worse
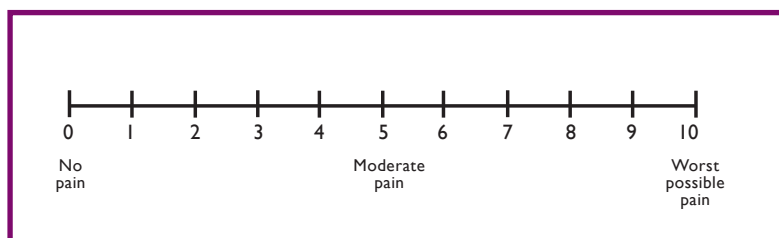
Visual Analogue Scale

This is a simple visual scale where the patient marks on the line where they feel the level of their pain is.

On a scale of 0 to 5, how bad is your pain?
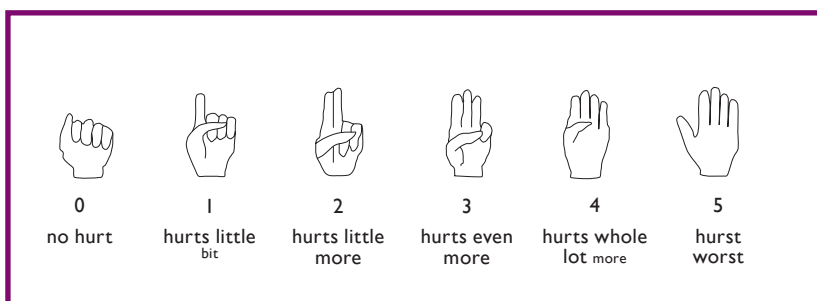
Symptoms and status			
Tem		Pulse	
Res		BP	

Problem list and medications	
Problem List	**Management Plan**
1	
2	
3	
4	

Appendix 2: Microteaching Feedback Form

Name of Presenter: ....

Date: ....

Session Topic: ....

Please note that feedback is most effective when:
- *It is specific, descriptive and detailed.*
- *It focuses on observable behaviour.*
- *It contains both positive feedback and identifies areas for improvement (constructive criticism).*

1. Overall, how do you think the session went? Why?

....

....

....

2. Were the participants able to communicate the key learning objectives and key concepts/compe tences effectively? Please specify which concepts and competences.

....

....

....

....

3. What learning activities were the learners engaged in throughout the session and how did the activities facilitate Learners learning?

....

....

....

....

4. Write down any specific comments on the following:

- Pace and voice: ....

- Movement: ....

- Presentation structure and content: ....

- Eye contact: ....

- Use of teaching aids ....

5. What worked well in this session and why?

……….

……….

……….

6. What did not work well in this session and why?

……….

……….

……….

7. What suggestions for improvement do you have for the tutor/lecturer?

……….

……….

……….

……….

Appendix 3: Roles of PBL learners and the lecturer/tutor

Role of chair
- To lead the group through the seven steps of PBL
- To ensure equal participation of all group members
- To maintain good group dynamics
- To keep time
- To ensure the group sticks to the task at hand
- To check whether the scribe has recorded accurately the points raised in the discussion.

Role of minute secretary
- To take the minutes of meetings by structuring the points recorded
- To distribute the minutes of the meeting to all group members and the tutor, well in time for the next group meeting
- To participate in group discussion.
- To record points raised by the group
- To help the group order their thoughts
- To participate in group discussion.
- The minutes are a record of how the PBL case study is progressing. Minutes are also submitted at the end of PBL activity for assessment.

Role of group member
- To follow the seven steps of PBL
- To actively participate in group discussions
- To listen to other group members' contributions
- To ask open questions
- To research all the learning objectives independently
- To share information with the group.

Role of the case group tutor in PBL
During the case study, a tutor works with each PBL group. The tutor is usually an academic member of staff. As tutor to the group, he/she has several tasks to perform, the primary ones of which are to:

- Facilitate group interactions amongst Learners
- Consider ways of improving cooperation in the Learners group as an instrument for attaining case study goals
- Listen carefully to what Learners already know and stimulate them to tackle possible new challenges
- Stimulate the group at appropriate moments to explore the material in more depth
- Ask questions and stimulate discussion
- Explain how the material is organised
- Provide formal moderation of the individual Learners with the group
- Monitor progress and performance
- Act as facilitator of the group learning process.

Tutors should never:

- Act as the chairperson
- Lecture in the traditional sense
- Impose their knowledge and standards on the group, but help the Learners to explore the problem on their own

Appendix 4: A Sample Palliative Care Mentorship and Supervision

Tool for Nurses (can be modified to suite other palliative care providers)

Date:...

Name of nurse:.. M/F...

Organisation:.. Position: ....

District/Area:...

Country...

Basic Training...

Level of training ....

Name of Institution where the training was conducted...

Relevant training in palliative care Dates and Year...

Indicate level of training: Certificate, diploma, degree or Masters in palliative care...............................

Paediatric palliative care...

Date (year)... level (certificate, diploma and degree)...

Refresher training...

Date (year): ....

Name of patient/family:...

Geneogram and significant information: Any previous contact?...

....

....

....

Main problems to be addressed this session:

Which aspects would the nurse like us to observe specifically in order to improve his/her skills?

General observations based on APCA competencies:

Therapeutic relationship	Good (competent) 3 points	Fair (shows some skill) 2 points	Minimal skill (needs help) 1 point	Did not demonstrate competence 0 point	Not assessed N/A
Evidence of developing/ implementing PC programme, PC advocacy, PC standards					
Able to transfer PC skills to others					
Explanation of PC (distinguish from curative care) to family					
Able to take PC holistic history, involve family, understand role in team.					
Demonstrate ability to maximise quality of life					
Able to supervise and support caregivers and other PC team members					
Basic assessment and provision of spiritual needs and refer as necessary					
Assessment of emotional and social impact of illness on patient and family including children, and refer as necessary					
Demonstrate emotional self-awareness. Able to guide others in team about emotional and social needs					
Advanced communication skills with patient and family (body language, listening skills, techniques, family education, talking about difficult issues, facilitation of family meetings)					
Effective communication with team members (body language, listening skills)					

Demonstrate self care education to patient and family					
Develop PC information tools for patient and family					
Clinical care					
Explain condition, disease process					
Provide **preventive** therapy for OIs					
Assess and manage complex OIs, able to teach others.					
Support ongoing ART, Identify, assess and manage side-effects					
Holistically assess and manage all pain, prescribe medication according to WHO ladder, teach others, refer as necessary					
Explain common symptoms, assess and manage complex symptoms, teach others					
Manage complexities of dying process, discuss death and dying with patient and family and support caregivers					
Address bereavement needs of patient and family, manage or refer					
Assess PC needs of children according to developmental stage					
Assess PC needs of unique groups , refer as necessary					
TOTAL SCORE/POSSIBLE SCORE:					

Skills to be developed: and training needs

Current challenges & gaps
Knowledge
Skills
Attitudes
Administrative
General comments

Feedback shared with mentee on (Date) ....

Signed (Mentor) ....

Signed (Mentee) ....

Adopted from the TEARFUND/FACT PROJECT

ABOUT APCA

The African Palliative Care Association (APCA) is a non-profit-making pan-African membership-based organisation, which was provisionally established in November 2002 and formally established in Arusha, Tanzania, in June 2004. Acknowledging the genesis of modern palliative care within the United Kingdom, APCA strives to adapt it to African traditions, beliefs, cultures and settings, all of which vary between and within communities and countries on the continent. As such, APCA being a recognised regional voice for palliative care in Africa works in collaboration with its members and partners to seek African solutions to African problems.

APCA's vision is to ensure access to palliative care for all in need across Africa, while its mission is to ensure that palliative care is widely understood, underpinned by evidence, and integrated into all health systems, to reduce pain and suffering across Africa. APCA's broad objectives are to:

- Strengthen health systems through the development and implementation of an information strategy to enhance the understanding of palliative care among all stakeholders
- Provide leadership and coordination for the integration of palliative care into health policies, education programmes and health services in Africa
- Develop an evidence base for palliative care in Africa
- Ensure good governance, efficient management practices and competent human resources to provide for institutional sustainability
- Position palliative care in the wider global health debate in order to access a wider array of stakeholders and to develop strategic collaborative partnerships
- Diversify the financial resources base to meet APCA's current funding requirements and to ensure the organisation's future sustainability.

APCA works to build effective linkages between all our key stakeholders, including: patients, their families and communities; carers (both family and volunteers); health care providers and educators; African governments, policy makers and decision-makers; its constituent members (both individuals and organisations); national palliative care associations, hospices and palliative care organisations; academic institutions; the media; governmental and non-governmental donors (both within and outside the continent), and the general public, in a network of national, regional and international partnerships.

The development of a core curriculum for palliative care is one of the strategies through which palliative care can be integrated in existing pre service and post service health education programmes. This is instrumental in ensuring that palliative care is integrated into the wider health systems across the African continent.

www.africanpalliativecare.org

ABOUT THE DIANA PRINCESS OF WALES MEMORIAL FUND

The Diana Princess of Wales Memorial Fund was an independent grant making charity set up in September 1997 in the immediate aftermath of The Princess' death.

Over 15 years the Fund dedicated its work securing sustainable improvements in the lives of disadvantaged people in the UK and around the world.   The fund was committed to sharing lessons learned that emerged from rigorous evaluations and research to help increase impact, support evidence-based advocacy and lead to positive social change.

As a spend-out foundation, the Fund made its last grants in September 2012 and closed its doors on 31st December 2012.

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