

# An interdisciplinary approach to a day-long palliative care course for undergraduate students



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Elizabeth J. Latimer,\*†‡ MD; Andrea Deakin,¶ RN, HBScN; Carolyn Ingram,\* RN, MSc(N); Lynn O'Brien,\* COTA; Marcia Smoke,§ MRT; Laurie Wishart,\* PhD, BSc(PT)

## Abstract

ALTHOUGH IT IS DESIRABLE THAT STUDENTS in the health sciences be educated together to prepare them for interdisciplinary practice, many educational programs remain discipline specific. An undergraduate course in palliative care, originally designed for medical students at McMaster University, Hamilton, Ont., was expanded in 1993 to include students from various health sciences programs in the region. The course introduces students to the components of palliative care and its interdisciplinary nature in a problem-based way and directs students to additional educational resources. The authors describe the planning, content and evaluation of the course material. The observed decline in attendance by medical students, which coincided with the introduction of the interdisciplinary format, warrants further investigation. Future directions of the course are discussed.

From \*the Faculty of Health Sciences and †the Department of Family Medicine, McMaster University; ‡the Palliative Care Program, Hamilton Health Sciences Corporation; §the Hamilton School of Radiation Therapy; and ¶the Mohawk College of Applied Arts and Technology Nursing Programme, Hamilton, Ont.

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**T**he increased emphasis on interdisciplinary education in allied health programs reflects an emerging trend toward greater interprofessional cooperation and collaboration. In an interdisciplinary education forum students are introduced to the roles of different practitioners, the need for teamwork is highlighted, and a mutual respect among members of different professions is fostered.<sup>1-3</sup> Attitudes considered important to interdisciplinary service are those of openness and receptivity to new ideas, value and respect for other disciplines, interdependence and acceptance of a common goal, and willingness to share and take responsibility.<sup>2</sup>

## Interdisciplinary education in palliative care

Although educating students together helps prepare them for the interdisciplinary nature of the palliative care setting,<sup>4-9</sup> many educational programs in palliative care remain discipline specific.<sup>10-17</sup> The benefits of interdisciplinary education are not unique to palliative care. However, experience gained in creating and maintaining an interdisciplinary course in palliative care can be applied to other specialties and practice settings as well.

In 1993, as an expansion of a palliative care workshop originally offered only to medical students,<sup>18</sup> the Faculty of Health Sciences at McMaster University, Hamilton, Ont., introduced a day-long course in palliative care that was available to undergraduate students in various health science disciplines. The collaboration of several faculties and programs brings a variety of perspectives and skills to the planning, teaching and evaluation phases of the course. The planning committee comprises members of the participating faculties and schools and student representatives. Student input is invaluable to ensure that the content of the course and teaching methods meet students' needs. The Associate Dean (Education) of the Faculty of Health Sciences provides administrative support for the course. The time invested by faculty members for planning and teaching is supported by participating schools and colleges. These include the Faculty of Health Sciences (Schools of Nursing, Occupational Therapy, Physiotherapy and Medicine), McMaster Uni-



versity; the Mohawk College of Applied Arts and Technology School of Nursing; the Hamilton School of Radiation Therapy; and McMaster University Divinity College. The hospitals and health care agencies in the region are involved through the participation of their palliative and supportive care staff, lecturers and tutors.

## Design of the course

The day-long course is promoted by faculty and advertised in flyers. Because enrolment is limited to 300, students are required to register in advance. Consistent with the faculty's self-directed problem-based learning philosophy,<sup>19</sup> attendance is voluntary. The content and format of the course has been refined over the past 7 years to create a dynamic program that is truly interdisciplinary in nature. The course introduces students to the various components and interdisciplinary nature of palliative care practice and provides information and approaches to caring for patients and their families using a case-based approach. Resources for further learning are also provided.

The objectives of the course are presented in Table 1. Course material is presented by way of plenary sessions and small-group work, in such a way that interdisciplinary collaboration is role modelled for students. In the opening plenary session a simulated patient actor describes, through role play, various symptoms, problems dealing with pain, and personal and family stressors. An interdisciplinary panel of clinicians from various palliative care teams then addresses the patient's problems and describes how practitioners from each discipline can help the patient. Additional plenary sessions of 45 minutes are then followed by 15 minutes for questions and open dialogue. Students assume the role of "talk show host" to facilitate dialogue between students and members of the panel.

During the original small-group sessions students explored vignettes of real-life situations to stimulate discussion of their thoughts and feelings about caring for patients who are dying. Small-group facilitators represented a mix of academic faculty and palliative care clinicians.

The original small-group sessions have evolved to a con-

**Table 1: Objectives for the interdisciplinary course in palliative care**

Having attended the interdisciplinary course in palliative care the student should be able to:

- identify the roles of various health care professionals in palliative care
- identify features necessary for interdisciplinary teamwork
- identify the issues involved in caring for patients in palliative care and their families
- state the principles and means of pain management and symptom control
- discuss thoughts, feelings and values associated with various palliative care situations
- identify the issues involved in grieving and bereavement
- recognize the importance of caring for oneself as a health care provider and provide some strategies for doing so

current workshop format. Topics for discussion and presentation have changed over the years in response to faculty input and student feedback. These include grief management, caring for oneself, ethical decision making, complementary therapies, pain and symptom control, spirituality, communication, cultural aspects of care and intimacy during serious illness. Teaching methods have also varied;<sup>20</sup> the role-play scenario, the interactive "talk show" venue, videotapes of actual patient interviews, "buzz groups" (informal discussion for short periods), panel discussions and small-group work have all been used.

A comprehensive list of resources to consult is also provided to students, and local organizations that provide palliative care services (e.g., home care agencies, the Cancer Information Service, hospice programs and funeral homes) contribute informative displays.

## Evaluations

The course has been consistently well attended and has been formally evaluated each year. Students are asked to rate the relevance of each session on a Likert scale. With regard to the day as a whole, 2 questions are posed: "Do you believe it is beneficial to learn about palliative care in an interdisciplinary format?" and "Would you recommend the session to other students?" In each of the program's 7 years students have answered these questions in the affirmative 99% of the time. The spectrum of qualitative comments received each year are considered for the design of the course the following year. Results of the evaluations are distributed to the deans, chairs and key personnel in the relevant academic departments, hospitals and agencies. This serves 2 purposes — dissemination of information about the project and promotion of a heightened awareness of the field of palliative care within the Faculty of Health Sciences.

## Discussion

The results of the evaluations indicate that students find the course both interesting and relevant. They are particularly impressed with the interdisciplinary focus and the mix of large- and small-group sessions. Presenters and group facilitators report that they enjoy the opportunity to teach and model interdisciplinary health care. The planning committee values the program and enjoys the spirit of interdisciplinary collaboration; it therefore enjoys a stable membership and collaborative working relationships that have developed over the years.

Certain issues, however, remain to be addressed. Attendance of medical students has decreased, coincident with the introduction of the interdisciplinary format. On average 39% (range 16%–53%) of medical students attend the course, as compared with 60%–65% before the course was restructured. It is unclear whether this is related to the interdisciplinary format, other factors associated with the



course or unrelated external factors. Since both interdisciplinary practice and education in palliative care are important themes in health care, it is vital to identify and address the reasons for this decline.

In designing a course, there is a creative tension between providing relevant information and promoting experiential learning — both of which are important. Also, accommodating the needs and backgrounds of students from a number of different disciplines in the same venue is difficult and an ongoing challenge.<sup>21-24</sup> For example, symptom control and physical aspects of care must be presented in enough detail to meet the needs of student physicians and nurses but should also be interesting and relevant to students in other disciplines.

The small discussion groups were not rated highly by students in the early years. Several factors were responsible for this. Discussions dealt with emotionally charged issues such as personal thoughts and feelings about death and caring for dying patients; this may have been uncomfortable. Students are often eager to acquire content knowledge and this was not a feature of the early groups. In addition, the discussion groups were held in the afternoon, and often significant numbers of students did not return after lunch. The replacement of the discussion groups with concurrent workshop sessions on a variety of topics has allowed students to select sessions based on their own individual needs and interests. These are well attended.

The most appropriate allocation of time between plenary and small-group sessions is yet to be determined. Students are exposed to other disciplines through the role models on the panel and a variety of interdisciplinary presenters and facilitators. Some information can be presented effectively in either a large- or small-group format; other material is best suited for one or the other. Dialogue between students and clinicians from other disciplines, for example, is most productive in small groups.

## Conclusions

This innovative interdisciplinary education course in palliative care has proven successful and will continue to evolve. Students have attended in large numbers, rated the day favourably and strongly endorsed the interdisciplinary format. The decline in attendance by medical students since the interdisciplinary format was introduced will continue to be addressed.

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**Reprint requests to:** Dr. Elizabeth Latimer, c/o Palliative Care Office, Hamilton General Hospital — General Site, 237 Barton St. E, Hamilton ON L8L 2X2; fax 905 527-1941