

EDUCATIONAL METHODS IN PALLIATIVE CARE

I. KNOW YOUR AUDIENCE / NEEDS ASSESSMENT

Prior to training, assess the number, background, and learning needs of the audience; have learners complete a needs assessment that assess their strengths and weaknesses and desired content domains (See Appendix). More extensive needs assessment tools can be used to assess entire programs.

II. CREATE TENSION

A common issue in palliative care is how to motivate health professionals to come to, and become engaged by, palliative care content. An important concept in this regard is the idea of Educational *Tension*. That is, people are usually motivated to *want to learn*, only in the setting of tension;

- *I don't know how to treat pain in a patient I am caring for now*
- *I'm afraid of regulatory oversight when prescribing opioids*
- *I don't know how to handle dysfunctional families*

You can maximize establishing tension through the following strategies:

- Ask participants at the opening to describe what is “hard or difficult” to do in relation to the topic (e.g. *what is hard about treating pain in a dying patient*)
- Market your educational program by highlighting common tension points: “*at the conclusion of this program you will know three common triggers for an investigation from narcotics regulators*”
- Start an educational program with a 3-question test to heighten interest in learning

III. WRITE EDUCATIONAL OBJECTIVES

- Objectives define what the student should be able to do/learn, not the teacher.
- Communicates your intent to learners, course directors, CME directors, others.
- Allows for detailed lesson planning.
- Forms the basis of evaluating outcome.

What are the domains of educational objectives?

Attitudes: Affective = feelings, emotions, values

- Respond – describe personal feelings to a videotape of a patient discussing their impending death
- Communicate – personal feelings about addiction when prescribing opioids

Knowledge: Cognitive = intellectual outcomes

- Know / Identify / Describe– the nine elements of a pain assessment
- Synthesize – data from the pain assessment process
- Evaluate – patient information related in the pain assessment
- Develop – a pain management plan for neuropathic pain

Skills: Psychomotor, calculation

- Conduct – a pain assessment with a simulated patient
- Perform / Demonstrate– patient education for opioid prescriptions
- Calculate – equianalgesic values for patients receiving opioids

Summary: Components of an objective

- Audience – site visitors
- Behavior -- describe three approaches to building palliative care “buy-in”
- Conditions – for an audience of hospital administrators
- Degree – correctly (usually implied)

Keep objectives short: no more than 15-20 words;

How many objectives do I need?

For each hour of teaching, no more than 3-4 objectives. Given that Palliative Care clinical care involves many personal feeling and attitudinal issues; at least one attitude objective should be

included for each hour of education.

IV. MATCH THE LEARNING OBJECTIVE TO THE RIGHT TEACHING FORMAT

Attitude objectives: Probes feelings, thoughts, emotions—not facts.

- Response to patient/family interview or Trigger videotape encounter
- Case study with discussion
- Personal reflection—narrative, drawing, writing
- Directed reading, poetry
- Diary for longitudinal experiences
- Critical incident debriefing

Knowledge objectives: Facts

- Problem-Based Learning
- Lecture
- Self-study material: written, video, audio, CD ROM

Skill objectives: Doing something

- Role playing a communication skill
- Practice writing a prescription
- Constructing a treatment plan

Method	Pro	Con
Lecture	Large volume of information. Efficient-can reach many learners. Low threat to learner. Can demonstrate enthusiasm of teacher— may stimulate future learning	Suitable <u>only</u> for knowledge-based objectives. May not address learners specific needs. Passive learning experience. No feedback to teacher during learning
Small Group Learning	Suitable for attitude, knowledge or skill objectives. Opportunity for close learner assessment. Opportunity for cooperative learning among participants. Active learning experience; can be combined with self-study or role play.	Requires facilitator and facilitator training. Facilitator or individual learners can dominate discussion. Easy to become diverted from learning objective
Self Study	Primarily used for knowledge objectives, but can stimulate attitudinal discussion. Large volume of information. Efficient-can reach many learners. Low threat to learner.	Requires motivated learner.
Role Play	Can be used for education and/or learner assessment. Used for attitudinal, knowledge and skill objectives. Active learning environment.	High stress for learners. Requires materials preparation and planning. Requires facilitator training.

V. EDUCATIONAL PROGRAM ASSESSMENT

LEVEL 1 HAPPINESS SURVEY (

- Was the room warm, food tasty
- Were the learning objectives met
- Review/comment of faculty teaching styles
- Quality of AV materials

LEVEL 2 DID LEARNING OCCUR?

Attitude Change

- Surveys
 - “ How comfortable are you in prescribing opioids to drug addicts for pain?
Rate on a 0-10 scale.

Knowledge

- Pre-post test (actual knowledge)
Checks if the learners learned what you thought you were teaching.
- Retrospective pre-post test (self-assessment of knowledge)
Captures the concept that learners may not know what they do not know.

Skills assessment

- role play, OSCE, order writing

LEVEL 3 DID PRACTICE (BEHAVIOR) CHANGE?

- Chart review: pain assessment documentation
- Pharmacy audit: prescriptions; order writing
- Patient survey: communication skills, professionalism
- Staff survey: communication skills, professionalism

LEVEL 4 DID THE SYSTEM CHANGE? (Results/Impact)

- Measure results across the entire institution
 - Patient satisfaction
 - Pharmacy audit
 - Staff survey

VI. GETTING STARTED

1. Complete a needs assessment—what do your learners want to learn, what are their desired learning needs; what are the *Tension* points for learning?
2. Write objectives—2-4 objectives for each learning hour
3. Determine the most appropriate learning format to match the learning objective
4. Determine what resources you need: facilitators?, content outlines? Role play exercises? Rooms and AV equipment.
5. Develop an evaluation plan—determine what level of evaluation you want to achieve?

Educational Planning

Construct learning objectives for 1 hour teaching experience on the topic of:

To an audience of: _____

TENSION POINTS: What would learners say if asked: "what do you find most challenging/anxiety provoking about this topic"

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Attitude objective:

#1

#2

Knowledge objective: (make quantitative)

#1

#2

Skill objective:

#1

#2

Lesson Plan

Objective	Format	Time
1		
2		
3		

What educational resource material will you need to complement your program?

TEACHING ATTITUDES ¹

How do attitudes form?

- Imitation of others: positive and negative
- Direct instruction
- Observation of rewards and punishments
- Pressure to conform

How do attitudes change?

- Recognize that attitudes involve ego-involvement-
 - ⇒ Shared group attitudes are more resistant to change
 - ⇒ There must be a willingness to change
 - ⇒ Individuals must be ready to change
- Exhortation, information and rational argument have a limited role in the learning or changing of attitudes.
- Effective teaching capitalizes on “teachable moments” when the learner is emotionally or intellectually aroused by a question, contradiction, or problem.
- Attitudinal development is fostered in situations in which the learner can be active and can engage with others around real problems.
- Attitudes are best learned/changed when:
 - ⇒ the learner is able to examine personal feelings/attitudes in an open and non-threatening dialog with peers,
 - ⇒ concrete knowledge and skills are taught that relate to the desired attitudes,
 - ⇒ the learner has an opportunity to practice the new behavior thus making a commitment,
 - ⇒ the learner has the opportunity to reflect on the meaning, difficulties and rewards of attitudinal change.
- Role models and mentors are crucial to the process of learning attitudes; especially when the learner is making a transition.
- Feedback about the learners progress towards explicitly desired attitudinal objectives can help promote self-reflection and self-learning.

Methods to stimulate attitudinal discussion

All the following can illicit emotions which can be debriefed to explore attitudes—critical to this is for the facilitator to make the learning environment safe and to focus on feelings, not facts.

1. Role Play or Reverse Role Play exercise
2. Response to patient/family interview or Videotape encounter
3. Case study with discussion
4. Personal reflection—narrative, drawing, writing
5. Directed reading, poetry
6. Diary for longitudinal experiences
7. Critical incident debriefing

¹ Provided by Susan Block, MD with assistance from Luann Wilkerson, Ed.D.

Sample Lesson Plan

TOPIC: PAIN ASSESSMENT

Sample objectives and lesson plan for 50 minute teaching exercise.

Attitude objective:

Physicians will be able to identify personal anxieties concerning their ability to interpret a patients self-report of pain.

Knowledge objective:

Physicians will be able to correctly identify the five major components of the pain assessment process.

Skill objective:

Physicians will practice conducting a pain assessment.

Lesson Plan

Part 1.

15 min

- a) Ask participants to write down their concerns about interpretation of pain self reporting by patients;
- b) Ask participants to share their concerns with person sitting next to them;
- c) Ask for volunteers to state their concerns—make list on blackboard;
- d) Discuss reality behind fears—faculty led group discussion.

Part 2.

20 min

- a) Ask for two volunteers to role play a pain assessment; start by asking if anyone in the audience has had a pain in the past year and would be willing to share their experience with the group.
- b) Ask the audience to write down all the elements of the pain assessment as the role play proceeds.
- c) At the conclusion of the role play, debrief by asking the audience to state each of the elements they wrote down.
- d) Provide confirmation and expand on the topics as they are discussed. Have a handout that lists the components of the pain assessment.

Part 3.

15 min

- a) Distribute pain assessment 3 person role play exercise (physician, patient and observer). Have participants divide into groups and perform role play--reverse roles
- b) Debrief and summarize experience.

LEARNING POINTS

List five discrete things you learned from the presentation on: _____

- 1.
- 2.
- 3.
- 4.
- 5.

Describe how you will apply this new information.

- 1.
- 2.
- 3.
- 4.
- 5.

NEEDS ASSESSMENT--LEARNER SELF-ASSESSMENT ²

NEEDS ASSESSMENT: SELF-ASSESSMENT OF CLINICAL COMPETENCY AND CONCERNS IN PALLIATIVE CARE ¹

This material is suitable for medical students, resident physician, faculty and nurses.

I. Rank your degree of competence with the following patient / family interactions and patient management topics, using the following scale:

- 4 = Competent to perform independently**
- 3 = Competent to perform with minimal supervision**
- 2 = Competent to perform with close supervision / coaching**
- 1 = Need further basic instruction**

1. ___conducting a family conference to discuss important end-of-life decisions.
2. ___giving bad news to a patient or family member.
3. ___discussing DNR orders.
4. ___discussing home hospice referral.
5. ___discussing a shift in treatment approach from curative to comfort care.
6. ___discussing treatment withdrawal (e.g. antibiotics, hydration)
7. ___perform a basic pain assessment
8. ___use of oral opioid analgesics
9. ___use of parenteral opioid analgesics
10. ___use of adjuvant analgesics (e.g. tricyclics, steroids, anti-convulsants)
11. ___assessment and management of terminal delirium
12. ___assessment and management of terminal dyspnea
13. ___assessment and management of nausea / vomiting
14. ___assessment and management of constipation
15. ___assessing patient decision-making capacity
16. ___discussing advance directives with patients

² Adapted from: Weissman DE, Norton A, et al. A survey of competencies and concerns in end-of-life care for physician trainees. *J Pain Symptom Manage* 1998; 15:82-90

II. Clinicians often have concerns that certain medical decisions may either be contrary to accepted legal, ethical or professional standards or that they may be contrary to their own personal beliefs. For each of the situations listed below, please indicate the type and amount of concern you have, using the following scale:

- 4 = very concerned**
- 3 = somewhat concerned**
- 2 = somewhat unconcerned**
- 1 = not concerned**

A. Decision: Providing maximal pain relief throughout a cancer patient's illness, even before the terminal phase. Concerns

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

B. Decision: Withdrawing non-oral feedings (G-tube or NG tube) from a decisional terminal cancer patient who asks for such feeding to be discontinued. Concerns:

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

C. Decision: Withdrawing IV hydration from a terminal cancer patient, who can no longer take oral fluids and who is clearly dying. Concerns:

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

D. Decision: Withdrawing parenteral antibiotics from a non-decisional dementia patient with urosepsis, at the request of their Power for Attorney for Health Care or legal guardian. Concerns:

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

E. Decision: Withdrawing ventilator support from a non-decisional dementia patient at the request of their Power for Attorney for Health Care or legal guardian. Concerns:

- ___ This violates state law
- ___ This violates medical practice standards and represents malpractice
- ___ This violates accepted ethical norms
- ___ This violates my personal religious or ethical beliefs

Please indicate which of the following topics you would like to have included in future education programs:

1. ___ pain assessment and management
2. ___ assessment and management of nausea and vomiting
3. ___ assessment and management of terminal delirium
4. ___ assessment and management of terminal dyspnea

5. ___assessment and management of constipation
6. ___palliative care communication skills—giving bad news, running a family conference, discussing prognosis, discussing treatment withdrawal
7. ___hospice care: the who, why, when and where
8. ___palliative care ethics: DNR orders, advance directives, decision-making capacity
9. ___use of intravenous hydration and/of non-oral feedings in palliative care
10. ___spirituality in palliative care—role of the physician

Resources and References

Books

- **Tools for Teaching.** Barbara Gross Davis. Jossey Bass, 1993
- **Curriculum Development for Medical Education: A Six-Step Approach.** David E. Kern, Patricia A. Thomas, Donna M. Howard. Johns Hopkins University Press, 2010
- **What the best college teachers do.** Ken Bain, Harvard University Press, 2004
- **Education for Judgment: The Artistry of Discussion Leadership** by C. Roland Christensen, David A. Garvin Ann Sweet.
- **Teaching and the Case Method: Text, Cases, and Readings.** Louis B. Barnes, C. Roland Christensen, Abby J. Hansen. 1994
- **How to talk so people will listen: Connecting in today's marketplace.** Hamlin S. HarperCollins, 2006

On-Line Learning: Instructional Design in Palliative Care

- Center to Advance Palliative Care (www.capc.org) CAPC Campus Online (E-Learning Course): Education

Education Scholarship—Peer Review Materials

- MedEDPortal (medical school)
- POGOe (geriatrics)

Journal of Palliative Medicine--Clinician Educator Series

- Using Grand Rounds as an Instrument of Culture Change; December 2010
- Teaching Small Groups: January 2011
- Providing Feedback: February 2011
- Teaching Communication Skills using Role-Play: June 2011