ELPIS

E-Learning on Palliative care for International Student (ELPIS) Erasmus+ Project

MULTILINGUAL EDUCATIONAL RESOURCES GENERATED IN SEVEN EUROPEAN UNIVERSITIES

With the support of the Erasmus + Programme of the European Union

June 2024

Introduction

FIRST OF ALL... WHAT IS AN ERASMUS+ PROJECT?

An erasmus+ project is a project supported by the European Union as a part of program that supports education, training, youth, and sports in Europe.

It supports the priorities and activities established in the European Education Area, the Digital Education Action Plan, and the European Skills Agenda. Focusing specially on social inclusion, the dual ecological and digital transition, and promoting the participation of young people in democratic life.

AND NOW... WHAT IS E-LEARNING ON PALLIATIVE CARE FOR INTERNATIONAL STUDENT (ELPIS)? WHY WAS THIS PROJECT CREATED?

Palliative care (PC) "is fundamental to human dignity and a component of the human right to health" (Resolution 2249 – 2018 of the European Parliamentary Assembly) and this is why education and training on PC are essential components of undergraduate medical education.

Nevertheless, PC is not yet fully developed in the EU and the lack of services and teachers with a specific expertise in the PC domain also hamper the design and implementation of effective educational programs.

The various forms of technology-enhanced learning and – more in particular – synchronous and asynchronous online learning are promising pedagogies to foster effective teaching of the PC core competencies, overcoming the constraints of resources, at least for most of the cognitive and technical- manual learning outcomes and for the basic relational skills.

WHAT HAVE WE CREATED?

1. **Development of a theoretical educational framework** that could help to create/design different e-learning tools to innovate in education.
   Publication: "Online learning in palliative care education of undergraduate medical students: a realist synthesis" [https://journals.sagepub.com/doi/epub/10.1177/26323524231218279].

2. **Examples of workshop/courses...** that have been develop and which materials are available to be implemented or be used as an inspiration model. More information about them in the next page.

Along the pages of the PDF there are severals links that send you to other parts of the PDF where there are more information about the topic you click on or to additional materials related to the program developed by each university

Educative Programs

PROGRAM	UNIVERSITY	LANGUAGE
Palliative and End-of-Life care in End Stage renal Disease	**Università degli studi di Roma La Sapienza**	EN / IT
Evolution of Palliative Care in the western world, principles, organisation, contents	**Fondazione ANT Italia Onlus**	EN / IT
Palliative care course for undergraduate medical students	**Hospice Casa Sperantei**	EN / RO
Virtual workshop on care in the final moments of life	**Universidad de Navarra**	EN / ES
Aachen: Dealing with patients' wishes for hastened death and (assisted) suicide	**RWTH Aachen University**	EN / GE
Successful death. Palliative medicine for a better quality of life	**University of Pecs**	EN / HU
Virtual Palliative Care Learning in the Undergraduate Medical School Curriculum	**McMaster University**	EN

Sapienza. Palliative and end-of-life care in end stage renal disease

SAPIENZA UNIVERSITÀ DI ROMA

Date completed
February 29th 2024

Capoprogetto e membri del team

Project lead at site: Fabrizio Consorti[1]

Team members: Silvia Lai[2], Roberto Caronna[1]

This project summary completed by: Fabrizio Consorti

General information

Number of students: 45
Semester: 1st of 4th y. and 2nd of 5th y.
Length: 10 hrs
Integration: elective online course
Educational theory of reference: cognitivism

1 Dept. of General Surgery
2 Dept. of Precision and Translational Medicine

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INTRODUCTION

Founded in 1303, Sapienza is the oldest university in Rome and the largest in Europe. It has 122,000 students (2022-2023 academic year) and 3,576 professors. Sapienza is organized into 11 faculties, one School for Advanced Studies, one post-degree School of Aerospace Engineering, 57 departments, as well as many other research and service centres. Its mission is to contribute to the development of a knowledge society through research, excellence, quality education and international cooperation. The world's most important university rankings place Sapienza at the national top for quality of research, education and international dimension. Several Nobel Prize winners have been professors or have graduated at Sapienza: Guglielmo Marconi, Enrico Fermi, Daniel Bovet, Emilio Segrè, Giulio Natta, Carlo Rubbia, Franco Modiglian.
web site (IT) https://www.uniroma1.it/it/pagina-strutturale/home

SUMMARY

In this module, the issues of palliative and end-of-life care for people with end-stage renal failure are addressed. The training activities will be conducted entirely on Moodle. The course is modular, based on texts and clinical cases represented with "graphic novels" and includes self-assessment. As an inherent activity of the ELPIS project, a perception assessment will also be requested at the end of the course. This last evaluation will be anonymous. The course will be open for 4 weeks and is considered completed if all modules and assessments have been addressed.

CONTENTS

Access information on: placement of palliative care in the university curriculum, integration of the program carried out, program description, evaluation methods, results and lessons learned.

TEACHING MATERIALS

- **Module 1:** Fundamental concepts
- **Module 2:** Patophisyology
- **Module 3:** Caring ESRD
- **Module 4:** Relationship
- **Moodle backup of the course**
- **Questions** about the case Mario
- **Questions** about the case Paolo
- **Questions** about the case Marco
- **Graphic novel** of Mario
- **Graphic novel** of Paolo
- **Graphic novel** of Marco

Placement of palliative care in the university curriculum

The teaching of palliative care (PC) is mandatory in Italian medical curricula, mandated by the law regulating the organization of PC at the national level, but the implementation is left to individual universities. At Sapienza, students learn the basics of CP mainly in the 5th year in the Oncology course, but some clinical aspects of CP are also addressed in Geriatrics and Neurology. Ethical and legal issues of EoL are addressed at the 6th year in the Forensic Medicine and Clinical Ethics courses.
The teaching activities are mainly lectures and case-based learning.

Integration of the program carried out

The online course of Palliative And End-Of-Life Care In End Stage Renal Disease has been an Elective in the course of Nephrology. It seemed to us a relevant extension of the concept of PC, which is too often limited to oncological or neurological conditions. Refusal of replacement treatment in end-stage renal disease (ESRD) is increasingly common, especially among older people who are more concerned about the quality than the quantity of their life. The Course has been given in the 1st semester of the 4th year (nephrology) and 2nd semester 5th year (oncology).

Program description

The learning outcomes of the course are:

1. Identify patients who cannot tolerate replacement therapy (end-of-life for oncological or cardiological problems, or with major comorbidities e.g., neurological)
2. Indicate ways to address and palliate symptoms in ESRD, and in particular, in a given clinical case:
   2.1. suggest to the nutritionist the dietary needs of a patient in ESRD
   2.2. interpret a condition of metabolic acidosis and indicate rebalancing prescription
   2.3. manage water intake and diuretics
3. In a clinical case, interpret the needs of the family and arising from the patient's living environment
4. Recognize in an interview with the patient, reasons for refusing therapy
5. Recognize in an interview good ways to communicate the patient's decision to the family

Because of the constraints imposed by its nature as an elective course in an asynchronous online format, we chose to emphasize the decision-making and interpretive aspects of the problems involved and to adopt a cognitivist approach. Therefore, for the clinical aspect (outcome 1 and 2), we used case-based learning, and for the relational aspects (outcomes 3-5), we used graphic novels, to provide students with a vicarious experience of care on which to practice reflection.
The course was organized in 5 modules, with a deductive structure. Each module was introduced by a theoretical part (text, images, already developed exercises), followed by a formative assessment, in which the student had to use the knowledge to solve some problems. A feedback, either positive or negative, was always provided.
The modules are:

1. Brief review of renal pathophysiology
2. Palliation of symptoms in ESRD
3. How to break bad news (SPIKES) and Kübler Ross's process of grieving
4. Three graphic novels of patients
5. Final evaluation and reflective writing

The course has been implemented on the Moodle platform of Sapienza University.

Evaluation methods

The course used a set of structured tests to assess learning of cognitive outcomes (T/F questions, MCQs, extended matching questions) and free text open ended questions and reflective assignments to assess the relational outcomes. Reflective writings were evaluated with the REFLECT rubric.

Results

Thirty-seven studenti students of the 5th year and ten students of the 4th year (33 women, 14 men) completed the course, with a high level of performance and satisfaction. The normalized performance with cognitive structured tests was of 80.84% (+/-12.04) of the maximum value On a likert scale of 5, the overall satisfaction with the course was 4.1 (median 4), the highest value of satisfaction was for the graphci novels (4.6, median 5), while the lowest value of satisfaction was for the feeling of self-confidence for technical aspects (mean 3.3, median 3). The self-confidence for relational aspects scored a mean of 3.5, with a median of 4.

The evaluation of reflective writings showed a rather high mean level of engagement, with some peaks and some low valleys. This result is also influenced by the poor habit of composing reflective writing, an activity that is very rarely required during the medical curriculum.

Lessons learned

The students appreciated the case-based approach and the graphic novels as a vicarious experience. They reinforced previous learning of renal pathophysiology and acquired a more clinically oriented understanding of what "palliation" means. Nevertheless, their confidence in their ability to face a real clinical situation was not that high, and this is consistent with the fact that vicarious and case-based learning is preliminary to real-world experience and not a substitute for it.

HOME
E-Learning on Palliative care for International Students

Sapienza. Cure palliative e di fine vita nella malattia renale in fase terminale

Completato
February 29th 2024

Capoprogetto e membri del team

Responsabile del progetto in loco: Fabrizio Consorti[1]

Membri del team: Silvia Lai[2], Roberto Caronna[1]

Questo riepilogo del progetto è stato completato da: Fabrizio Consorti

Informazioni generali

Numero di studenti: 45
Semestre: 1st of 4th y. and 2nd of 5th y.
Durata: 10 hrs
Integration: elective online course
Teoria di riferimento: cognitivism

1 Dept. of General Surgery
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INTRODUZIONE

Fondata nel 1303, la Sapienza è la più antica università di Roma e la più grande in Europa. Conta 122.000 studenti complessivi (anno accademico 2022-2023) e 3.576 docenti. La Sapienza è organizzata in 11 facoltà, una scuola di studi avanzati, una scuola post laurea di ingegneria aerospaziale, 57 dipartimenti, oltre a numerosi centri di ricerca e centri di servizi. La sua missione è contribuire allo sviluppo della società della conoscenza attraverso la ricerca, la formazione di eccellenza e di qualità e la cooperazione internazionale. I principali ranking universitari mondiali collocano l'Ateneo ai primi posti in Italia, per la qualità della ricerca e della didattica e per la dimensione internazionale. Numerosi premi Nobel sono stati docenti o si sono laureati alla Sapienza: Guglielmo Marconi, Enrico Fermi, Daniel Bovet, Emilio Segrè, Giulio Natta, Carlo Rubbia, Franco Modigliani.
web site (IT) https://www.uniroma1.it/it/pagina-strutturale/home

RIEPILOGO

In questo modulo vengono affrontate le tematiche delle cure palliative e di fine vita per le persone con insufficienza renale allo stadio terminale. Le attività di formazione si svolgeranno interamente su Moodle. Il corso è modulare, basato su testi e casi clinici rappresentati con "graphic novels" e include un'autovalutazione. Come attività inerente al progetto ELPIS, verrà richiesta anche una valutazione della percezione al termine del corso. Quest'ultima valutazione sarà anonima. Il corso sarà aperto per 4 settimane e si considera completato se sono stati affrontati tutti i moduli e le valutazioni.

CONTENUTO

Accedi alle informazioni su: localizzazione delle cure palliative nel curriculum universitario, integrazione del programma realizzato, descrizione del programma, metodi di valutazione, risultati e lezioni apprese.

MATERIALI DIDATTICI

- **Modulo 1:** Cure palliaive e di fine vita nella ESRD
- **Modulo 2:** Fisiopatologia
- **Modulo 3:** Gli "atrezzi" della cura
- **Modulo 4:** Questione di relazioni
- **Moodle backup per il computer**
- **Questione graphic novel** Mario
- **Questione graphic novel** Paolo
- **Questione graphic novel** Marco
- **Graphic novel** Mario
- **Graphic novel** Paolo
- **Graphic novel** Marco

Localizzazione delle cure palliative nel curriculum universitario

L'insegnamento delle cure palliative (CP) è obbligatorio nei curricula medici italiani, previsto dalla legge che regola l'organizzazione delle PC a livello nazionale, ma la sua attuazione è lasciata alle singole università.
Alla Sapienza, gli studenti apprendono le basi delle CP principalmente al 5° anno nel corso di Oncologia, ma alcuni aspetti clinici delle CP sono affrontati anche in Geriatria e Neurologia. Le questioni etiche e legali del fine vita sono affrontate al 6° anno nei corsi di Medicina Legale ed Etica Clinica. Le attività didattiche consistono principalmente in lezioni e apprendimento basato su casi.

Integrazione del programma realizzato

Il corso online di Cure Palliative e di Fine Vita nella Malattia Renale in Stadio Finale è stato un elettivo (ADE) del corso di Nefrologia.
Ci è sembrato un'estensione pertinente del concetto di CP, troppo spesso limitato a condizioni oncologiche o neurologiche. Il rifiuto del trattamento sostitutivo nella malattia renale in fase terminale (ESRD) è sempre più frequente, soprattutto tra le persone anziane che si preoccupano più della qualità che della quantità della loro vita. Il corso è stato tenuto nel 1° semestre del4° anno (nefrologia) e nel 2° semestre del 5° anno (oncologia, nel modulo di CP).

Descrizione del programma

I risultati di apprendimento del corso erano i seguenti:

1. Ientificare i pazienti che non possono tollerare la terapia sostitutiva (fine vita per problemi oncologici o cardiologici, o con importanti comorbilità, ad esempio neurologiche).
2. Indicare i modi per affrontare e palliare i sintomi nell'ESRD e, in particolare, in un determinato caso clinico:
   - **2.1.** suggerire al nutrizionista le necessità dietetiche di un paziente con ESRD
   - **2.2.** interpretare una condizione di acidosi metabolica e indicare una prescrizione di riequilibrio
   - **2.3.** gestire l'assunzione di acqua e diuretici
3. In un caso clinico, interpretare i bisogni della famiglia e derivanti dall'ambiente di vita del paziente.
4. Riconoscere, in un colloquio con il paziente, i motivi del rifiuto della terapia
5. Riconoscere in un colloquio i modi migliori per comunicare la decisione del paziente alla famiglia.

A causa dei vincoli imposti dalla sua natura di corso elettivo in formato asincrono online, abbiamo scelto di enfatizzare gli aspetti decisionali e interpretativi dei problemi coinvolti e di adottare un approccio cognitivista. Pertanto, per l'aspetto clinico (esiti 1 e 2), abbiamo utilizzato l'apprendimento basato sui casi, mentre per gli aspetti relazionali (esiti 3-5), abbiamo utilizzato le graphic novel, per fornire agli studenti un'esperienza vicaria di cura su cui esercitare la riflessione.
Il corso è stato organizzato in 5 moduli, con una struttura deduttiva. Ogni modulo è stato introdotto da una parte teorica (testi, immagini, esercizi già sviluppati), seguita da una valutazione formativa, in cui lo studente doveva utilizzare le conoscenze acquisite per risolvere alcuni problemi. È sempre stato fornito un feedback, positivo o negativo.
I moduli sono stai:

1. breve revisione della fisiopatologia renale
2. palliazione dei sintomi nell'ESRD
3. Come dare una cattiva notizia (SPIKES) e il processo di elaborazione del lutto di Kübler Ross.
4. tre graphic novel di pazienti
5. valutazione finale e scrittura riflessiva Il corso è stato implementato sulla piattaforma Moodle dell'Università Sapienza.

Metodi di valutazione

Il corso ha utilizzato una serie di test strutturati per valutare l'apprendimento dei risultati cognitivi (domande V/F, MCQ, domande a incrocio esteso), domande a testo libero e scritti riflessivi per valutare i risultati relazionali. Gli scritti riflessivi sono stati valutati con la rubrica REFLECT.

Risultati

Trentasette studenti del 5° anno e dieci studenti del 4° anno (33 donne, 14 uomini) hanno completato il corso, con un alto livello di rendimento e soddisfazione. Il rendimento normalizzato con prove cognitive strutturate è stato dell'80,84% (+/-12,04) del valore massimo Su una scala likert di 5, la soddisfazione media complessiva per il corso è stata di 4,1 (mediana 4), il valore più alto di soddisfazione è stato per le graphic novel (media 4,6, mediana 5), mentre il valore più basso di soddisfazione è stato per il senso di autostima per gli aspetti tecnici (media 3,3, mediana 3). La fiducia in sé stessi per gli aspetti relazionali ha ottenuto un valore medio di 3,5, con una mediana di 4.

La valutazione degli scritti riflessivi ha mostrato un livello medio di impegno piuttosto alto, con alcuni picchi e alcune valli. Questo risultato è influenzato anche dalla scarsa abitudine a comporre scritti riflessivi, un'attività che viene richiesta molto raramente durante il curriculum medico.

Lezioni apprese

Gli studenti hanno apprezzato l'approccio basato sui casi e le graphic novel come esperienza vicaria. Hanno rafforzato l'apprendimento precedente della fisiopatologia renale e hanno acquisito una comprensione più orientata alla clinica del significato di "palliazione". Tuttavia, la loro fiducia nella capacità di affrontare una situazione clinica reale non era molto alta, e questo è coerente con il fatto che l'apprendimento vicario e basato su casi è preliminare all'esperienza reale e non lo sostituisce.

HOME
E-Learning on Palliative care for International Students →

ANT. Evolution of Palliative Care in the western world, principles, organisation, contents

Date completed:
May 2023

Project lead and team members

Project lead at site: Guido Biasco [1],

Team members: Silvia Varani[2], Luca Franchini[2], Andrea Giannelli[2], Melania Raccichini[2]

This project summary completed by: Guido Biasco[1],[2], Silvia Varani[2] , Luca Franchini[2], Andrea Giannelli[2], Melania Raccichini[2]

1 Medicine and Surgery School University of Bologna
2 Fondazione ANT Italia Onlus, Bologna

General information

Number of students: 8
Semester: Second semester
Length: 8 h
Integration: Elective online course
Educational theory of reference: Constructivism Theory

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INTRODUCTION

Fondazione ANT is a leading European nonprofit providing free, 24/7 home palliative care for cancer patients, focusing on cancer prevention, pain management, training, and research. Serving almost 3,000 patients daily across 23 Italian provinces and 11 regions, it has helped over 160,000 patients since 1985. The organization employs 192 physicians, 122 nurses, 36 psychologists, and 20 other health professionals, with about 2,000 volunteers.
ANT collaborates with many Italian and international universities, among with the University of Bologna where one pilot of ELPIS was carried out.

CONTENTS

Access information on: placement of palliative care in the university curriculum, integration of the program carried out, program description, evaluation methods, results and lessons learned.

SUMMARY

In Palliative Care (CP) teaching, the frontal notions, foreseen and imparted for years in the Degree Course in Medicine and Surgery are generally sufficient to provide the knowledge bases on the subject that the student in Medicine must have in his course of study. However, a didactic approach focused on the operational dynamics of the treatment path of an incurable patient, proposed to small groups of students and designed in blended mode on clinical cases, can refine not only the clinical reasoning but also the empathetic feeling of the subject, very delicate and undergoing rapid growth. The "case based learning" methodology is offered to two small groups of students. One group will be followed in presence (control), the other group will follow the program in blended mode (experimental). Clinical reasoning and ethical decision making abilities will be discussed and compared between the two groups.

TEACHING MATERIALS

→ **Vignette** Ant

→ **Video.** Palliative care from diagnosis to death

Placement of palliative care in the university curriculum

At the University of Bologna, pre-degree teaching in palliative care has been activated in the Faculties of Medicine and Surgery (School of Medicine and Surgery) and in the Faculty of Nursing. In the School of Medicine and Surgery, palliative care has been taught for over ten years in elective courses, which bring together students from the fourth, fifth and sixth years of study. They all have clinical experience. The course has 3 CFUs, i.e. 24 hours of theoretical attendance, and is made up of a module on pain therapy and radiotherapy (8 hours), a module on psychology and communication techniques (8 hours), a clinical module in palliative care, preceded by a phase of history of the evolution of palliative care treatments from its beginnings to the present (8 hours).

Due to the optional nature of the course, the number of students per year is variable, with a range of 15-80 students per year. In addition, some courses of the degree have a variable space in their compulsory institutional programmes dedicated to palliative care in the specific oncological problem of the teaching subject. Thus, the courses in radiotherapy, oncology, pulmonology, infectious diseases, psychology, nephrology, and internal medicine allocate one or more credits to palliative care as required by academic regulations, often with contributions from field experts. Teaching is mainly frontal, ex cathedra and seminar-based. Next year, a formal palliative care course in oncology will be inaugurated, with 1 CFU (8 hours).

Integration of the program carried out

The virtual (online) workshop was developed as part of the ELPIS project. The pilot project took place during the 8-hour palliative care elective course, within the curriculum of the medical and surgical degree programme.

Program description

The objectives and structure of the course were:

Knowledge and skills to be acquired

- Know the definition and basic principles of palliative care (quality of life, early palliative care and end-of-life care)
- Know the different professionals involved in palliative care
- Know the complex palliative care needs of patients with oncological and non-oncological pathologies
- Recognise the relational and communicative needs of patients and families
- Recognise and manage the most common symptoms and conditions in patients with an incurable disease
- Know the bioethical implications related to the field of palliative care Recognise the bioethical implications associated with the field of palliative care
- Know the methods of communication application with patients and families Know the methods of listening as a basic principle of palliative care.

Contents

The philosophy of palliative care - a room for confusion? Operation and social welfare issues. Clinical evaluations.

Teaching Criteria (SMART)

1. Specific: Clinical reasoning methodology leading to the identification of cancer patients with high palliative care needs.
2. Measurable: Critical analysis of reflective phases in action and in action on clinical cases. Open and facilitated discussion
3. Achievable: Knowledge of available criteria for palliative care referral
4. Realistic: Electronic conferences, patient case vignettes, videos
5. Time limit: Formal lectures (4 hours), tests (2 hours), analytical discussion (2 hours).

Programme structure and teaching methods

1. Concepts of early and specialised palliative care (video, formal lesson) (collective lesson for all members)
2. Disease paths with fatal outcome (video) (collective lesson for all members)
3. "Inception point" detection systems / "personalized timing of specialist palliative care" in oncology (formal lesson) (collective lesson for all participants)
4. Clinical case vignette and questions: would you introduce the patient to..., what is missing to decide? What data and how much should that data be altered? Reflective exercises (simultaneous small group lesson)
5. Open discussion (collective lesson for all members)

Training outcome

1. Evaluation of reflective exercises according to the REFLECT rubric
2. Evaluation of satisfaction and comments (anonymous questionnaires collected by the tutor in the classroom)

Activation of the experimental programme

1. Dates: 24 and 29 May 2023.
2. Number of hours: 4 + 4
3. Med Chir students in their 5th and 6th year - academic year 2022/2023 - second semester
4. Language: Italian
5. Method: constructivist theory according to the final theory of a European project - ELPIS.
6. Participants: 10 students divided into 3 groups, 1 teacher (Full Professor of Medical Oncology, University of Bologna + ANT), 1 classroom tutor, 2 subject experts, psychologists in palliative care (ANT).
7. Origin of students: Italy (5), Portugal (2), Spain (1), Germany (1), Poland (1) (non-Italian students in an Erasmus project) (informed consent was obtained to reveal the names of the participants).
8. Instrumentation: online, interactive, simultaneous.
9. Course structure: clinical case structure and questions.
10. Outcome: (1) Teacher evaluation using the REFLECT rubric adapted for groups, (2) Student evaluation.

Evaluation methods

1. Reflective (Teacher Evaluation) – Wald HS, Borkan JM, Taylor JS, Anthony D, Reis SP. Fostering and evaluating reflective capacity in medical education: developing the REFLECT rubric for assessing reflective writing. Acad Med. 2012 Jan;87(1):41-50.(Italian translation by Fabrizio Consorti).
2. Evaluation of course (Student Evaluation) – MULTIPLE-CHOICE QUESTIONNAIRE (developed by ANT)

Results

a. Teacher evaluation (REFLECT criteria)

CRITICAL REFLECTION

- **TEXT REGISTER.** Explore possible critical explanations, raise questions about value and limits, work out possible consequences - ALL GROUPS
- **DESCRIPTION OF CONFLICTS OR DILEMMAS.** Describe conflicts or dilemmas or issues of concern and try to suggest possible solutions - ALL GROUPS
- **AWARENESS OF EMOTIONS.** Emotions are recognised, explored with evidence of introspection - GROUPS 1 and 2
- **ANALYSIS AND SEARCH FOR MEANING.** Extensive analysis and search for meaning - ALL GROUPS
- **ATTENTION TO TASK.** Stays fully on track and, if he deviates, explains why he has written about something else - ALL GROUPS

GENERAL REFLECTIONS

- **ATTENTION TO EMOTIONS.** Emotions are recognised, carefully explored - GROUP 3

b. Student evaluation (anonymous student evaluation forms)

- **RELEVANCE OF THE TOPICS:** Relevance, content, effectiveness - RESULTS: relevant 50%, good 50%, effective 50%.
- **TEACHING METHODOLOGY:** educational quality, teaching methods, classroom climate, mastery of the subject, clarity of presentation, relation to the classroom, quality of teaching materials, respect for terms and content - RESULTS: satisfactory 10%, good 35%, excellent 45%.

Lessons learned

Based on open questions

What do you think are the weaknesses of this event? If you think so, please give us your comments or complaints below

1. I would have liked more discussion during the course. However, it was well taught.
2. Online participation, especially the interesting discussion of a clinical case, perhaps made the dialogue more artificial.
3. For future initiatives it would be preferable to do it all in person.
4. The online mode may have reduced the effectiveness of the lessons
5. In my opinion, the only weak point is the long duration of the lessons, which becomes a little difficult to follow when we are in class for 3 hours.

What suggestions can you make for improvement?

1. More videos could be shown on how to communicate a diagnosis of pathology and poor prognosis and more clinical cases could be proposed to be worked on in groups to see the differences in management between one and the other.
2. Good overall. The teaching material could be improved, it seemed too theoretical. More case reports would be helpful.
3. In order to improve, it could be tried to go into the topic of palliative care in a more specialised way, perhaps in discussion with the professors of the curriculum course, in order to avoid repetition of topics already seen in other exams.
4. Take a break after an hour and a half or two hours due to visual fatigue caused by looking at the screen.
5. Face-to-face teaching could improve discussion by eliminating dead time, for example in group exercises.
6. Reduce the time needed per lesson by having several shorter lessons (max. 2 hours).

Did the course give you any new training needs? (If YES, which ones? / If NO, why?)

1. No, because I had already attended courses on palliative care and was aware of the training needs.
2. Yes, because I better understood the lack of information on palliative care that I had received during the medical course. It would be important to deepen the knowledge of medicine and palliative care.
3. Yes. Thanks to this course in medicine and palliative care, I have learnt very important points as a young doctor and I think that the same thing should be done (even if it already exists and perhaps I don't know about it), for example by including pedagogical topics that deal with the doctor-patient relationship in a more in-depth way, because often, in addition to the parental training that we have received, with which we try to adapt to the patient, I personally don't know how to behave in front of a patient!
4. Yes. Now I realise that the subject is extremely important. I would really like to have the training to learn and know it.
5. Yes. It has led to a greater interest in palliative care as an integral and non-accessory part of a doctor's training.
6. Yes. It has made me more aware of the services/facilities available, especially for patients with a disease with a poor prognosis.
7. Yes. This course has shown me the limitations I still have in communication, which I want to explore further. Also, it is only now that I have had the opportunity to try to see the patient as a whole.
8. Yes. I would also like to study and read more about the palliative care networks in my country, because I don't know well what structures are in place to support and care for these patients.

HOME
E-Learning on Palliative care for International Students

ANT. Evoluzione delle cure palliative nel mondo occidentale, principi, organizzazione, contenuti

Completato
Maggio 2023

Capoprogetto e membri del team

Responsabile del progetto in loco: Guido Biasco [1]

Membri del team: Silvia Varani[2], Luca Franchini[2], Andrea Giannelli[2], Melania Raccichini[2]

Questo riepilogo del progetto è stato completato da: Guido Biasco[1,2], Silvia Varani[2], Luca Franchini[2], Andrea Giannelli[2], Melania Raccichini[2]

1 Medicine and Surgery School University of Bologna
2 Fondazione ANT Italia Onlus, Bologna

Informazioni generali

Numero di studenti: 8
Semestre: Secondo semestre
Durata: 8 ore
Integrazione: corso elettivo online
Teoria di riferimento: Teoria Costruttivista

Contatto

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INTRODUZIONE

Fondazione ANT è una delle principali non profit italiane nel campo delle cure palliative, che assiste gratuitamente ogni giorno, 24 ore su 24, quasi 3.000 pazienti oncologici al proprio domicilio, in 11 regioni italiane. Dal 1985 ANT ha garantito l'assistenza medica a più di 160.000 malati avendo cura di supportare anche i loro familiari fin dalle prime fasi della malattia. ANT, nel suo organico, conta 192 medici, 122 infermieri, 36 psicologi e circa 2.000 volontari.
ANT collabora con molte università italiane e internazionali, tra cui l'Università di Bologna dove è stato realizzato un progetto pilota di ELPIS.

CONTENUTO

Accedi alle informazioni su: localizzazione delle cure palliative nel curriculum universitario, integrazione del programma realizzato, descrizione del programma, metodi di valutazione, risultati e lezioni apprese.

RIEPILOGO

Nell'insegnamento delle Cure Palliative (CP), le nozioni frontali, previste e impartite da anni nel Corso di Laurea in Medicina e Chirurgia, sono generalmente sufficienti a fornire le basi di conoscenza sull'argomento che lo studente di Medicina deve acquisire nel suo percorso di studi. Tuttavia, un approccio didattico incentrato sulle dinamiche operative del percorso di cura di un paziente incurabile, proposto a piccoli gruppi di studenti e concepito in modalità mista su casi clinici, può affinare non solo il ragionamento clinico, ma anche il sentimento empatico. La metodologia del "case based learning" viene proposta a due piccoli gruppi di studenti. Un gruppo seguirà il programma in presenza (controllo), l'altro in modalità mista (sperimentale). Le capacità di ragionamento clinico e di decisione etica saranno discusse e confrontate tra i due gruppi.

MATERIALI PER L'ESPERIENZA DI APPRENDIMENTO

→ **Vignette** Ant

→ **Video.** Palliative care from diagnosis to death

Localizzazione delle cure palliative nel curriculum universitario

All'Università di Bologna, l'insegnamento prelaurea in cure palliative è stato attivato nelle Facoltà di Medicina e Chirurgia (Scuola di Medicina e Chirurgia) e nella Facoltà di Infermieristica. Nella Facoltà di Medicina e Chirurgia, le cure palliative sono insegnate da oltre dieci anni in corsi elettivi, che riuniscono studenti del quarto, quinto e sesto anno di studi. Tutti hanno esperienza clinica. Il corso ha 3 CFU, cioè 24 ore di frequenza teorica, ed è composto da un modulo di terapia del dolore e radioterapia (8 ore), un modulo di psicologia e tecniche di comunicazione (8 ore), un modulo clinico di cure palliative, preceduto da una fase di storia dell'evoluzione dei trattamenti di cure palliative dagli inizi a oggi (8 ore).
A causa della natura opzionale del corso, il numero di studenti per anno è variabile, con un range di 15-80 studenti per anno. Inoltre, alcuni corsi di laurea hanno uno spazio variabile nei loro programmi istituzionali obbligatori dedicato alle cure palliative nella specifica problematica oncologica della materia di insegnamento. Così, i corsi di radioterapia, oncologia, pneumologia, malattie infettive, psicologia, nefrologia e medicina interna dedicano uno o più crediti alle cure palliative per diritto accademico, spesso con l'aiuto di esperti del settore provenienti dal mondo professionale. Le lezioni sono principalmente frontali, ex cathedra e seminariali. L'anno prossimo verrà aperto un corso formale di cure palliative in oncologia, con 1 CFU (8 ore).

Integrazione del programma realizzato

Il workshop online è stato sviluppato nell'ambito del progetto europeo ELPIS. Il progetto pilota si è svolto durante il corso elettivo di cure palliative di 8 ore, all'interno del curriculum del corso di laurea in Medicina e Chirurgia.

Descrizione del programma

Gli obiettivi e la struttura del corso sono i seguenti:

Conoscenze e abilità da conseguire

- Conoscere la definizione e i principi fondamentali delle cure palliative (qualità di vita, cure palliative precoci e cure di fine vita)
- Conoscere le diverse figure professionali coinvolte nelle cure palliative
- Conoscere i bisogni complessi di cure palliative del paziente con patologia oncologica e non oncologica
- Riconoscere i bisogni relazionali e comunicativi del paziente e della famiglia
- Riconoscere e trattare il dolore, i sintomi e le condizioni più frequenti nel paziente con malattia inguaribile
- Riconoscere le implicazioni bioetiche legate all'ambito delle cure palliative
- Conoscere le modalità di applicazioni comunicative con pazienti e famiglie.
- Conoscere le modalità dell'ascolto come principio di base delle cure palliative.

Contenuti
La filosofia delle cure pallative - a room for confusion? funzionamento e questioni di benessere sociale. valutazioni cliniche.

Metodi didattici
É previsto che il modulo del prof. guido biasco, 1 cfu (8 ore), 25 e 29 maggio 2023, ore 14.00-18.00, venga svolto online seguendo un programma didattico sperimentale

Teaching Criteria (SMART)

1. Specifico: metodologia del ragionamento clinico che porta all'identificazione di pazienti oncologici con elevati bisogni di cure palliative
2. Misurabile: analisi critica delle fasi riflessive in azione e in azione su casi clinici. discussione aperta e guidata dall'insegnante
3. Raggiungibile: conoscenza dei criteri disponibili per l'invio di cure palliative
4. Realistico: conferenze elettroniche, vignette di casi di pazienti, video,
5. Tempo limite: lezioni formali (4 ore), test (2 ore), discussione analitica (2 ore).

Struttura del programma e modalitá didattiche

1. C1. Nozioni di cure palliative precoci e specialistiche (video, lezione formale) (lezione collettiva per tutti gli iscritti)
2. Percorsi di malattia con esito fatale (video) (lezione collettiva per tutti gli iscritti)
3. Sistemi di rilevazione del "Inception point" / "personalized timing of specialistic palliative care" in oncologia (lezione formale-lezione collettiva per tutti gli iscritti)
4. Vignette di casi clinici e domanda: avvieresti il paziente a..., cosa manca per decidere? quali dati e quanto dovrebbero essere alterati tali dati? Esercizi riflessivi (lezione a piccoli gruppi simultanei)
5. Open discussion (lezione collettiva per tutti gli iscritti)

Risultati della formazione

1. Valutazione degli esercizi di riflessione secondo la griglia REFLECT.
2. Valutazione della soddisfazione e dei commenti. (questionari anonimi raccolti dal tutor in aula)

Attivazione del programma sperimentale

1. Date: 24 e 29 maggio 2023.
2. Numero di ore: 4 + 4
3. Studenti di Med Chir del 5° e 6° anno - anno accademico 2022/2023 - secondo semestre.
4. Lingua: Italiano
5. Metodo: teoria costruttivista secondo la teoria finale di un progetto europeo - ELPIS.
6. Partecipanti: 10 studenti divisi in 3 gruppi, 1 docente (Professore Ordinario di Oncologia Medica, Università di Bologna + ANT), 1 tutor d'aula, 2 esperti della materia, psicologi in cure palliative (ANT).
7. Provenienza degli studenti: Italia (5), Portogallo (2), Spagna (1), Germania (1), Polonia (1) (studenti non italiani in un progetto Erasmus) è stato ottenuto il consenso informato per rivelare i nomi dei partecipanti.
8. Strumentazione: online, interattiva, simultanea.
9. Struttura del corso: struttura del caso clinico e domande.
10. Esito: (1) valutazione dell'insegnante utilizzando la rubrica REFLECT adattata per i gruppi, (2) valutazione degli studenti.

Metodi di valutazione

1. Valutazione secondo la griglia "Reflective" (Valutazione del Docente) – Wald HS, Borkan JM, Taylor JS, Anthony D, Reis SP. Fostering and evaluating reflective capacity in medical education: developing the REFLECT rubric for assessing reflective writing. Acad Med. 2012 Jan;87(1):41-50.(traduzione italiana di Fabrizio Consorti).
2. Valutazione di gradimento e commenti (Valutazione degli studenti) - QUESTIONARIO A SCELTA MULTIPLA (sviluppato da ANT)

Risultati

a. Valutazione del Docente (secondo i criteri REFLECT)

Riflessione critica

- **REGISTRO DEI TESTI.** Esplorare possibili spiegazioni critiche, sollevare domande sul valore e sui limiti, elaborare possibili conseguenze - TUTTI I GRUPPI
- **DESCRIZIONE DI CONFLITTI O DILEMMI.** Descrivere i conflitti, i dilemmi o le questioni che destano preoccupazione e cercare di suggerire possibili soluzioni - TUTTI I GRUPPI
- **CONSAPEVOLEZZA DELLE EMOZIONI.** Le emozioni sono riconosciute, esplorate con prove di introspezione - GRUPPI 1 e 2
- **ANALISI E RICERCA DI SIGNIFICATO.** Analisi e ricerca di significato approfondite - TUTTI I GRUPPI
- **ATTENZIONE AL COMPITO.** Rimane fedele alla traccia e, se devia, spiega perché ha scritto di qualcos'altro - TUTTI I GRUPPI

Riflessioni generali

- **ATTENZIONE ALLE EMOZIONI.** Le emozioni sono riconosciute, esplorate con attenzione - GRUPPO 3

b. Valutazione degli studenti (moduli anonimi di valutazione degli studenti)

- **VALUTAZIONE DEGLI ARGOMENTI:** Pertinenza, Contenuti, Efficacia - RISULTATI: pertinente 50%, buono 50%, efficace 50%.
- **METODOLOGIA DI INSEGNAMENTO:** Qualità didattica, Metodi di insegnamento, Clima in classe Padronanza dell'argomento, Chiarezza dell'esposizione, Rapporto con la classe, Qualità del materiale didattico, Rispetto dei termini e dei contenuti - RISULTATI: soddisfacente 10%, buono 35%, eccellente 45%.

Lezioni apprese

Sulla base di domande aperte

Quali sono secondo voi i punti deboli di questo evento? Se lo pensate, fateci pervenire i vostri commenti o le vostre lamentele qui sotto

1. Avrei voluto più discussioni durante lo svolgimento del corso. Tuttavia, l'insegnamento è stato buono.
2. La frequenza online, soprattutto l'interessante discussione di un caso clinico, ha forse reso il dialogo più artificiale.
3. Per le iniziative future sarebbe preferibile svolgerlo interamente di persona.
4. La modalità online può aver ridotto l'efficacia delle lezioni.
5. A mio avviso, l'unico punto debole è la lunga durata delle lezioni, che diventano un po' meno facili da seguire quando si sta in classe per 3 ore.

Quali suggerimenti/proposte potete dare per migliorare la situazione?

1. Potrebbero essere proiettati più video su come comunicare una diagnosi di patologia e di prognosi infausta e potrebbero essere proposti più casi clinici da affrontare in gruppo per vedere le differenze di gestione tra l'uno e l'altro.
2. Complessivamente buono. Il materiale didattico potrebbe essere migliorato, sembrava troppo teorico. Sarebbe utile un maggior numero di casi clinici.
3. Per migliorare, si potrebbe cercare di approfondire maggiormente il tema delle Cure Palliative, magari confrontandosi con i docenti del corso curriculare, per evitare ripetizioni di argomenti già visti in altri esami.
4. Fare una pausa dopo un'ora e mezza o due ore a causa dell'affaticamento visivo dovuto alla visione di uno schermo.
5. Le lezioni di persona potrebbero migliorare la discussione eliminando i tempi morti che ci sono stati, per esempio nelle esercitazioni di gruppo.
6. Ridurre il tempo necessario per ogni lezione facendo diverse lezioni più brevi (massimo 2 ore).

Il corso ha fatto emergere in voi nuovi bisogni formativi? (se sì, quali? / se no, perché?)

1. No, perché avendo frequentato in precedenza corsi sul tema delle Cure Palliative, ero già consapevole di avere esigenze formative da soddisfare.
2. Sì, perché ho capito meglio la mancanza di informazioni ricevute durante il corso di medicina sulle Cure Palliative. Sarebbe importante approfondire ulteriormente le conoscenze acquisite in medicina e in cure palliative.
3. Sì. Grazie a questo corso di Medicina e Cure Palliative ho ricevuto punti molto importanti come giovane medico e secondo me la stessa cosa (anche se già presente e magari non a mia conoscenza) deve essere fatta ad esempio inserendo argomenti pedagogici che trattino in modo più approfondito il rapporto medico-paziente perché spesso, oltre all'educazione parentale ricevuta con cui cerchiamo di adattarci al paziente, io personalmente non so come comportarmi di fronte a un paziente!
4. Si. Ora mi è chiaro che il tema è estremamente importante. Vorrei davvero che il soggetto avesse necessità di formazione per imparare e conoscere.
5. Sì. Ha suscitato un maggiore interesse per le Cure Palliative come parte integrante e non accessoria della formazione di un medico.
6. Si. Mi ha fatto conoscere meglio i servizi/

dispositivi disponibili, soprattutto per i pazienti con malattie a prognosi infausta.

7. Sì. Questo corso mi ha mostrato i limiti che ho ancora nella comunicazione, che voglio approfondire. Inoltre, in queste lezioni ho avuto l'opportunità di cercare di vedere il paziente nella sua globalità.
8. Sì. Mi piacerebbe anche studiare e leggere di più sulle reti di fornitura di cure palliative nel mio Paese, perché non so bene quali strutture esistano per fornire supporto e assistenza a questi pazienti.

HOME
E-Learning on Palliative care
for International Students

HOSPICE Casa Sperantei Foundation.
Palliative care course for undergraduate medical students

HOSPICE Casa Speranței

Date completed
February 29th 2024

Project lead and team members

Project lead at site: Daniela Mosoiu[1,2]

Team members: Daniela Mosoiu[1,2], Mirabela Mihailescu[1,2], Nicoleta Mitrea[1,2], Laura Iosub[2], Raluca Bigiu[2]

This project summary completed by: Daniela Mosoiu[1,2], Raluca Bigiu[2]

1 Transilvania University Brasov, Romania
2 HOSPICE Casa Sperantei Foundation, Romania

General information

Number of students: 144
Semester: Second semester of the 4th year
Length: 7 seminars as part of the compulsory palliative care module in the second semester for 4th year medical students
Integration: Compulsory course
Educational theory of reference: Behavioursim/ Cognitivism/ Experientialism

Contact

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INTRODUCTION

HOSPICE Casa Sperantei [https://www.hospice.ro/en/hospice-casa-sperantei-en/] is a non-profit organization established in 1992 in Braşov which introduced the concept of palliative care in Romania and is the largest foundation in the country that offers these specialized care services free of charge. HOSPICE has developed complete palliative care services, offered in day centers, inpatient units, and outpatient units, as well as at the patients' homes and in partner hospitals. In its 32 years of existence, HOSPICE has brought comfort and hope to more than 45.000 children and adults suffering from an incurable illness, and more than 100.000 of their family members.

SUMMARY

The course was structured into seminars, each with a specific theme. Learning objectives and teaching methods were defined for each seminar and the materials used were online videos, forms and questionnaires to be completed, scenarios for imagination exercises and role plays.

CONTENTS

Access information on: placement of palliative care in the university curriculum, integration of the program carried out, program description, evaluation methods, results and lessons learned.

TEACHING MATERIALS

- **List of materials** - instructions
- **Seminar 1**
- **Seminar 2**
- **Seminar 3**
- **Seminar 4**
- **Seminar 5**
- **Seminar 6**
- **Seminar 7**

Placement of palliative care in the university curriculum

The structure of the course for HOSPICE Casa Sperantei partner is based on the EDUPALL European curriculum within the framework of the Erasmus+ project no. 2017-1-RO01-KA203-037382 (2017-2020), in which HOSPICE Casa Sperantei was a partner. The PC course is offered to medical students in the second semester of the fourth year. It is a compulsory course in all medical universities in Romania, with a final written and oral examination. The course has 3 ECTS.
The curriculum has 72 teaching hours in the following format: 14 hours as large classroom teaching, 58 hours of blended learning with online courses as self-study material and face-to-face seminars using various teaching methods.

Integration of the program carried out

It is a compulsory course.

Program description

The course was structured into seminars, each with a specific theme: introduction to palliative care and types of services, holistic assessment, teamwork, empathic communication and active listening, communicating bad news, dealing with collusion, loss and bereavement. Learning objectives and teaching methods were set for each seminar and 3 lecturers were involved in the teaching process. The materials used were online videos, forms and questionnaires to be completed, scenarios for imagination exercises and role plays.

Evaluation methods

For the ELPIS project, the following research question was formulated: How do different teaching methods using technology and online training contribute to achieving the learning objectives of the undergraduate palliative care course? An evaluation was carried out at the end of the seminars using questionnaires created on SurveyMonkey. For each topic taught, the student had to choose the most appropriate method to understand a learning objective. Initially, in order to assess which learning method best suited each student's learning style, each student was given a QR code to enter each time they completed a questionnaire.

Results

Quantitative
Of the 144 students attending the course, 113 completed the questionnaires, but only 90 provided complete answers. The average age of those who completed is 23 years old, 86% female and 14% male.

Qualitative
The analysis of the data showed that the most appropriate teaching methods were used to achieve the learning objectives, with very small differences between the scores. The results also showed that the students preferred both modern teaching methods using digital technology (videos, Poll Everywhere voting, online courses) and classroom teaching, especially for the debriefing and brainstorming part, which they cannot benefit from in online education, and that the learning process became much more enjoyable when the two techniques were combined.

Lessons learned

Set realistic goals
Initially it was intended to investigate which teaching method best suited the learning style for each student, but because the teaching part was scheduled too close to the holiday, there was not enough time for this part.

National development
The course has contributed to the improvement and development of students' skills and knowledge in palliative care, which will have a long-term impact on the quality of care when they become health professionals.

Ongoing evaluation
Perhaps evaluation would be more effective if it were carried out after each seminar, rather than at the end of these seminars.

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E-Learning on Palliative care for International Students

Fundația HOSPICE Casa Speranței.
Curs de îngrijiri paliative pentru studenții de la medicină

HOSPICE Casa Speranței

Date completed
February 29th 2024

Manager de proiect și membrii echipei

Manager de proiect: Daniela Mosoiu[1,2]

Membrii echipei: Daniela Mosoiu[1,2], Mirabela Mihailescu[1,2], Nicoleta Mitrea[1,2], Laura Iosub[2], Raluca Bigiu[2]

Acest rezumat al proiectului este completat de: Daniela Mosoiu[1,2], Raluca Bigiu[2]

1 Universitatea Transilvania Brașov, România
2 Fundația HOSPICE Casa Speranței, România

Informații generale

Numărul studenților: 144
Semestru: al doilea semestru al anului IV
Durată: 7 seminarii ca parte a modulului obligatoriu de îngrijiri paliative din semestrul al doilea pentru studenții din anul IV de medicină
Integrare: Curs obligatoriu
Teoria educațională de referință: Behaviorism/ Cognitivism/ Experiențialism

Contact

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INTRODUCTION

HOSPICE Casa Sperantei [https://www.hospice.ro/] este o organizație non-profit înființată în 1992 la Brașov, care a introdus conceptul de îngrijire paliativă în România și este cea mai mare fundație din țară care oferă gratuit servicii specializate gratuite de acest tip. HOSPICE a dezvoltat servicii complete de îngrijire paliativă, care sunt oferite în centre de zi, ambulatorii și unități proprii pentru internare, la domiciliul pacienților și în spitalele partenere. În cei 32 de ani de existență, HOSPICE a adus alinare și speranță pentru peste 45.000 de copii și adulți și peste 100.000 de membri ai familiilor acestora.

REZUMAT

Cursul a fost împărțit în seminarii, fiecare cu o temă specifică. Obiectivele de învățare și metodele de predare au fost definite pentru fiecare seminar, iar materialele utilizate au fost videoclipuri online, formulare și chestionare de completat, scenarii pentru exerciții de imaginație și jocuri de rol.

CUPRINS

Accesați informații despre: plasarea îngrijirii paliative în curriculumul universitar, integrarea programului desfășurat, descrierea programului, metode de evaluare, rezultate și lecții învățate.

MATERIALE DIDACTICE

- **Lista materialelor** - instrucțiuni
- **Seminar 1**
- **Seminar 2**
- **Seminar 3**
- **Seminar 4**
- **Seminar 5**
- **Seminar 6**
- **Seminar 7**

Încadrarea îngrijirii paliative în curriculum universitar

Structura cursului pentru partenerul HOSPICE Casa Sperantei are la bază curriculumul european EDUPALL din cadrul proiectului Erasmus+ nr. 2017-1-RO01-KA203-037382 (2017-2020), în care HOSPICE Casa Sperantei a fost partener. Cursul de îngrijiri paliative este oferit studenților la medicină în semestrul al doilea al anului IV. Este un curs obligatoriu în toate universitățile de medicină din România, cu un examen final scris și oral. Cursul are 3 ECTS.
Planul de învățământ are 72 de ore de predare, în formatul următor: 14 ore sub formă de predare în clasă mare, 58 de ore de învățare mixtă cu cursuri online ca material de studiu individual și seminarii față în față folosind diverse metode de predare.

Integrarea programului oferit

Este un curs obligatoriu.

Descrierea programului

Cursul a fost structurat în seminarii, fiecare dintre aceste seminarii având o tematică specifică: introducere în îngrijirea paliativă și tipuri de servicii, evaluare holistică, lucru în echipă, comunicare empatică și ascultare activă, comunicarea veștilor proaste, înlăturarea conspirației tăcerii, pierdere și doliu. Pentru fiecare seminar s-au stabilit obiective de învățare și metode de predare, iar în procesul de predare au fost implicați 3 lectori. Materialele utilizate au fost video-uri online, formulare și chestionare de completat, scenarii pentru exerciții de imaginație și jocuri de rol.

Metode de evaluare

Pentru proiectul ELPIS s-a formulat următoarea întrebare de cercetare: Cum contribuie diferite metode de predare care utilizează tehnologia și instruirea online la atingerea obiectivelor de învățare ale cursului universitar de îngrijiri paliative?
La finalul seminariilor a fost realizată o evaluare cu ajutorul unor chestionare create pe SurveyMonkey. Pentru fiecare tematică predată, studentul a trebuit să aleagă care a fost metoda cea mai potrivită pentru înțelegerea unui obiectiv de învățare. Inițial s-a dorit ca pentru fiecare student să se evalueze care metode de învățare corespunde cel mai bine stilului său de învățare, de aceea fiecare student a primit un cod QR pe care trebuia să îl introducă de fiecare dată când completa un chestionar.

Rezultate

Cantitativ
Din cei 144 de studenți participanți la curs, 113 au completat chestionarele, dar numai 90 au oferit răspunsuri complete. Media de vârstă a celor care au completat este de 23 ani, 86% fiind femei si 14% bărbați.

Calitativ
Analizând datele obținute a rezultat că pentru atingerea obiectivelor de învățare s-au utilizat cele mai adecvate metode de predare diferențele dintre punctajele obținute fiind foarte mici. De asemenea rezultatele au arătat că studenții preferă atât metodele moderne de predare care utilizează tehnologia digitala (video-uri, voturi utilizând Poll Everywhere, cursuri online) cât și predarea la clasă, mai ales pentru partea de dezbateri și brainstroming de care nu pot beneficia atunci când vorbim de educația online, iar procesul de învățare a devenit mai plăcut atunci cand cele două tehnici au fost îmbinate.

Lecții învățate

Set realistic goals
Initially it was intended to investigate which teaching method best suited the learning style for each student, but because the teaching part was scheduled too close to the holiday, there was not enough time for this part.

National development
The course has contributed to the improvement and development of students' skills and knowledge in palliative care, which will have a long-term impact on the quality of care when they become health professionals.

Ongoing evaluation
Perhaps evaluation would be more effective if it were carried out after each seminar, rather than at the end of these seminars.

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E-Learning on Palliative care for International Students

UNAV. Virtual workshop on care in the final moments of life

Universidad de Navarra

Date completed:
April 2022

Project lead and team members

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General information

Number of students: 200
Semester: first semester
Length: 1-3 h
Integration:
Compulsory workshop
Educational theory of reference:
Cognitivism /behaviorism

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INTRODUCTION

The Faculty of Medicine at the University of Navarra has approximately 1,600 students enrolled in its undergraduate and postgraduate programs. Internationally recognized, the faculty collaborates with prestigious global institutions and actively participates in high-impact research projects. Its ability to attract students and professors from various countries underscores its influence and prestige in the global medical community.

SUMMARY

Clinical scenario with simulated patients where students have to accompany a patient and his family in the very last moments of life at home. The scenario has two parts, the first one is a situation of final delirium where students have to recognize it, treat it and prepare the family for the final moment. In the second part, the patient dies and they have to confirm the death and communicate to the family.

CONTENTS

Access information on: placement of palliative care in the university curriculum, integration of the ELPIS program carried out, program description, evolution methods, results, and lessons learned.

TEACHING MATERIALS

- **Check list** for the students (PDF)
- **Document** Documents for students to prepare the workshop (PDF)
- **Instructions** for teachers (online workshop) (PDF)
- **Instructions** for teachers (presencial workshop) (PDF)
- **Video 1:** patient with agitation symptoms
- **Video 2:** the patient passes away

Placement of palliative care in the university curriculum

The subject of Palliative Medicine is compulsory in the Degree of Medicine at the University of Navarra. It is longitudinal in that it is integrated in various places over the six years of training. In the first three years, for example, it appears within the context of workshops on The Goals of Medicine, Empathy and Compassion, Professionalism, and Communication training. In the fourth and fifth years it is integrated in courses related to Cardiology, Oncology, Nephrology, and Pneumonology. In the final year, a whole course of 34 hours, made up largely of large group workshops, is dedicated solely to palliative medicine. It has 3 ECTs attached to it. (This course will change in 2025 to become small group, case-based learning tutorials, and made up of more hours). There are therefore a total of 40 hours across the 6 years dedicated to palliative care. Currently clinical rotations are optional and there is the capacity to supervise about 50% of the third year students in week-long rotations through the attached palliative medicine clinical service. A number of teaching and learning methods are used. These include interactive lectures, case-based learning, simulations with simulated patients at the school's Simulation Center and self-learning and reflections exercises. The latter includes completing an online, self-learning course of three modules offered by the World Health Organization (WHO). There is also an additional optional course called "Decision-Making at the End-of-Life" of 30 hours with an ECT that is open to students of all years, offered during the summer break, and that uses the humanities and arts, as well as case-based learning to learn about palliative care and person-centred care. (see https://pubmed.ncbi.nlm.nih.gov/29246258/)

Integration of the ELPIS program carried out

The virtual workshop developed as part of the ELPIS project resides in the 6th year (final year) of medical school training as part of the mandatory 34-hour Palliative Medicine' course. During that course, students have to participate in a 4-hour long workshop in the simulation centre at the medical school. This workshop includes four stations, two of which relate to palliative care-related communication, including end-of-life communication and informing loved one of an imminent death and of death when it occurs. The ELPIS project component allowed us to compare the experience of learning these conversations through presential learning (in the simulation centre) versus virtually (through small group facilitated learning with trigger videos to support learning). Each, the presential and the virtual, last one hour.

Program description

Virtual, small group, online learning, facilitated by a faculty member is used. The workshop lasts 1 hour (similar to its presential version). The groups consist of up to 12 learners at a time. Learners in their sixth year are asked to prepare for the workshop beforehand by reading pre-prepared material on communication tips for palliative care and end-of-life discussions. They will then apply this in the workshop.

Students are assigned to small groups and provided information on how to log in to the web-conferencing platform (Google meet is used). The workshop begins with a short review of the pre-reading material and an opportunity for questions-and-answers to clarify any questions stemming from the pre-reading session. Then, two short videos of about 5 minutes long each are shown. The first video depicts a doctor and nurse at the bedside of a patient in his home. The patient is clearly at the end-of-life with hours to days to live, the patinet has symtomps which are causing suffering to him. His partner is present. The second is of a follow-up visit by the doctor and nurse to the patient's home, in the presence of the partner, and during the visit the patient dies. The doctor and nurse have to recognize this and convey the message to the wife, and support her and also plan next steps.

The videos, recorded in the Simulation Centre, feature actors and healthcare professionals in a simulated scenario that is based on real-life end-of-life scenarios. The videos use a design pionneered by Pallium Canada (www.pallium.ca) which uses a technique referred to as "Not Quite Right." In this approach, some elements of the interactions between the health care professionals, patient and partner are done well, others mediocre, and some poorly. The aspects done poorly are not blatent. Pallium Canada's experience (as shared with the ELPIS project team by Prof. Jose Pereira who led the development of the approach at Pallium Canada) is that videos that show either blatant poor communication skills or is designed to show only high quality communication skills do not solicit as much reflection and discussion as videos that on the surface seem okay but leave the learner with the sense that something about it is "not quite right."

Reflection and critical analysis are encouraged through facilitated, open-ended questions after each video. Students are first asked to identify the things that were done well during the encounter, and then the things that could be improved. They are asked to share how they would undertake the encounters themselves and what they would do and say. The facilitator provides their insights and approaches to communicating in these scenarios. The intent is that this reflective, interactive process, catalyzed by the two short trigger videos, will allows students to deepen their understanding and skills related to end-of-life discussions.

The presential version of this component of the workshop follows a similar process except that it is done in person with live actors. There is also pre-study for students (hence a flipped learning approach). Small groups of about 12-15 learners partake in the station. Two students volunteer to take the part of the doctor and to engage in the simulate scenario (which has actors playing the parts of the patient and partner and a nurse from the palliative care service playing the part of the nurse). The rest of the students watch the encounter from another room via video feed. Upon completion

of the encounter, the group debriefs, with the two volunteers, using a similar process as with the virtual version (i.e. What was done well? What could be done differently? What are some approaches in these scenarios for clinical practice?).

Evaluation methods

The virtual workshop was compared with the presential workshop, both covering the same material. A mixed-methods approach was used that includes a quantitative component (Medical Student Professionalism Scale, SIP; see https://pubmed.ncbi.nlm.nih.gov/31817435/) and a qualitive component (experiences of the learners).

The main outcome measure for the quantitative was the diference in the professionalism between both groups of students.

The workshop is evaluated using two tools; a pre-post intervention using the (SIP) scale and a post-workshop personal reflection:

1. **Pre- and final post-workshop self-reported assessment:** Students complete the (SIP) at the beginning and end of the workshop. This is a validated scale that tries to measure the level of profesionalism acquired. It is compound by 33 items that include seven differente areas: holistic care, care and understanding, personal growth, team work, decision making, aptient assesment and being professional. Each item is measured following a Likert scale form 0-10, depending on the agreement to the statemnet (0: no agreement, 10: completely agreed).
2. **Personal reflection:** At the end of the workshop, participants are asked to: a) Identify up to three emotions they experienced during the workshop; b) Tell us briefly, how has been your experience in the scenario "Attending the last hours of life" and c) In your opinion, what contribution has had this scenario to you?

The facilitators (teachers) were also asked for their experience.

At the beginning of the course teacher asked the students if they would like to do the workshop online or presencial. After that, student were divided in gropus of 12-15 people (same number in presenacial and online version) and were assigned to a day to realize the workshop. Two teachers always facilitate the worshop in both versions, one of them lead the workshop and the other one was supported him/her and taking notes of the participation, reaction of the students, etc.

Results

Cualitativo

The qualitative analysis of the in-person workshops showed that the simulation of end-of-life care was perceived as a key educational experience for medical students, highlighting the usefulness of practical application in a safe and realistic context. The practice promoted the development of communication skills, empathy, and self-awareness and managing emotions (self and the other person), and overall preparing students to accompany patients and families.The qualitative analysis of the virtual sessions revealed similar themes and results. In fact, teachers and researchers observed that the spontaneity, depth, and richness of reflection were greater in the virtual workshop.

Quantitative

The results of the SIP showed no differences between the classroom and the virtual versions of the workshop.

Lessons learned

The team's experience is that the virtual approach can provide a useful and enriching learning experience that is similar to the classroom experience with respect to the learning it provides.

The simulations, whether presential in a simulation center or virtually with trigger videos, provide an important realism and clinical context that is richer than didactic lectures or even interactive in-person tutorials (unless the videos are used during the presential tutorials).

The main "take home message" that students refer are:

- Being able to complete a **holistic evaluation** of the patient.
- Deepen in **emotional management.**
- Improving the **communication skills**, specially with the patient´s family.

The COVID-19 pandemic accellerated the use of virtual learning and e-learning platforms to support medical school education, including communication training. Our experience with our ELPIS project is that a virtual tutorial supported with trigger videos can support virtual communication training related to end-of-life care.

The use of a simulation centre requires not only the actual centre as a resource, but also logistical support and facilitators. These may present a limitation in some schools.

HOME
E-Learning on Palliative care for International Students

UNAV. Taller de comunicación virtual sobre cuidados al final de la vida

Universidad de Navarra

Fecha de finalización:
abril de 2022

Líder del proyecto y miembros del equipo

Líder del proyecto en el sitio:
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Información general

Número de estudiantes: 200
Semestre: primer semestre
Duración: 1-3 horas
Tipo de intervención: Taller obligatorio
Teoría educativa de referencia: Cognitivismo / conductismo

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INTRODUCCIÓN

La Facultad de Medicina de la Universidad de Navarra alberga a unos 1,600 estudiantes en sus programas de grado y posgrado. Reconocida internacionalmente, la facultad colabora con prestigiosas instituciones globales y participa activamente en proyectos de investigación de alto impacto. Su capacidad para atraer a estudiantes y profesores de distintos países subraya su influencia y prestigio en la comunidad médica mundial.

RESUMEN

Escenario clínico con pacientes simulados donde los alumnos deben acompañar a un paciente y su familia en los últimos momentos de su vida en casa. El escenario tiene dos partes, la primera es una situación de delirio final donde los estudiantes tienen que reconocerlo, tratarlo y preparar a la familia para el momento final. En la segunda parte, el paciente fallece y hay que certificar el fallecimiento y comunicarlo a la familia.

CONTENIDOS

Acceda a la información sobre: ubicación de cuidados paliativos en el currículum de la universidad, integración del programa realizado, descripción del programa, métodos de evaluación, resultados y lecciones aprendidas.

MATERIALES DOCENTES

- **Check list** para los estudiantes (PDF)
- **Documento** participantes previo al taller (PDF)
- **Instrucciones** para los profesores (taller online) (PDF)
- **Instrucciones** para los profesores (taller presencial) (PDF)
- **Vídeo 1:** paciente avanzado con síntomas de agitación
- **Vídeo 2:** fallecimiento del paciente

Ubicación de cuidados paliativos en el currículum de la universidad

La asignatura de Medicina Paliativa es obligatoria en el Grado de Medicina en la Universidad de Navarra. Es longitudinal en el sentido de que se integra en varios lugares a lo largo de los seis años de formación. En los primeros tres años, por ejemplo, aparece dentro de talleres sobre Los Objetivos de la Medicina, Empatía y Compasión, Profesionalismo y Entrenamiento en Comunicación. En el cuarto y quinto año, se integra en cursos relacionados con Cardiología, Oncología, Nefrología y Neumonología. En el último año, hay una asignatura completa de 34 horas, compuesta principalmente por talleres en grupos grandes, dedicada únicamente a la medicina paliativa. Tiene 3 ECTs. (Esta asignatura sufrirá un cambio en 2025 para convertirse en múltiples casos clínicos en grupos pequeños y con más horas). Por lo tanto, hay un total de 40 horas en los 6 años dedicados a la atención paliativa. Actualmente, las rotaciones clínicas son opcionales y existe la capacidad de supervisar aproximadamente al 50% de los estudiantes de tercer año en rotaciones de una semana a través del servicio clínico de medicina paliativa adjunto.

Se utilizan diversos métodos de enseñanza y aprendizaje. Estos incluyen sesiones interactivas, aprendizaje basado en casos, simulaciones con pacientes estandarizados en el Centro de Simulación de la universidad y ejercicios de autoaprendizaje y reflexión. Este último incluye completar un curso online de autoaprendizaje de tres módulos ofrecido por la Organización Mundial de la Salud (OMS). También hay un curso opcional adicional llamado “Toma de Decisiones al Final de la Vida” de 30 horas con 1 ECT que está abierto a estudiantes de todos los años, que se ofrece como optativa durante las vacaciones de verano, y que utiliza humanidades y artes, así como aprendizaje basado en casos para aprender sobre cuidados paliativos y atención centrada en la persona.

Integración del programa ELPIS realizado

El taller virtual desarrollado como parte del proyecto ELPIS se integra dentro del sexto año (último año) de la formación de medicina. Forma parte de la asignatura obligatoria de 34 horas de Medicina Paliativa. A lo largo de la asignatura, los estudiantes deben participar en un taller de 4 horas en el centro de simulación. Este taller incluye cuatro estaciones, dos de las cuales se relacionan con la comunicación en cuidados paliativos, incluyendo la comunicación al final de la vida y la notificación a los seres queridos de una muerte inminente y de la muerte cuando ocurre. El componente del proyecto ELPIS nos permitió comparar la experiencia de aprendizaje de estas conversaciones a través del aprendizaje presencial (en el centro de simulación) versus virtualmente (a través de aprendizaje facilitado en grupos pequeños con videos desencadenantes para respaldar el aprendizaje). Cada uno, el presencial y el virtual, dura una hora.

Descripción del programa

Se utiliza el aprendizaje en grupos pequeños, de manera virtual, facilitado por un miembro del profesorado. El taller tiene una duración de 1 hora (similar a su versión presencial). Los grupos son de un máximo de 12 estudiantes. A los estudiantes de sexto año se les pide que se preparen para el taller previamente leyendo material preelaborado por el equipo docente sobre consejos de comunicación para cuidados paliativos y discusiones al final de la vida. Luego aplicarán esto en el taller.
Los estudiantes son asignados a grupos pequeños y se les proporciona información sobre cómo iniciar sesión en la plataforma de videoconferencia (se utiliza Google Meet). El taller comienza con una breve revisión del material de prelectura y una oportunidad para preguntas y respuestas para aclarar cualquier duda surgida tras leerse el material. Luego, se muestran dos vídeos cortos de aproximadamente 5 minutos cada uno. El primer vídeo muestra a un médico y una enfermera junto a la cama de un paciente en su domicilio. El paciente claramente está al final de la vida (horas-pocos días de vida) y presenta síntomas que le causan sufrimiento. Su pareja está presente. El segundo vídeo muestra una visita de seguimiento del médico y la enfermera de nuevo al domicilio del paciente, en presencia de la pareja, y durante la visita el paciente fallece. El médico y la enfermera tienen que reconocer esto y transmitir el mensaje a la esposa, y apoyarla y también planificar los próximos pasos.

Los vídeos, grabados en el Centro de Simulación, presentan actores y profesionales de la salud en un escenario simulado basado en escenarios reales al final de la vida. Los vídeos utilizan un diseño pionero desarrollado por Pallium Canada (www.pallium,ca) que utiliza una técnica denominada "No del todo correcto". En este enfoque, algunos elementos de las interacciones entre los profesionales de la salud, el paciente y la pareja se hacen bien, otros de manera mediocre y algunos de manera deficiente. Los aspectos deficientes no son evidentes. La experiencia de Pallium Canada (compartida con el equipo del proyecto ELPIS por el Prof. José Pereira, quien lideró el desarrollo del enfoque en Pallium Canada) es que los vídeos que muestran habilidades de comunicación deficientes de manera evidente o están diseñados para mostrar solo habilidades de comunicación de alta calidad no generan tanta reflexión y discusión como los vídeos que en apariencia están bien pero dejan al aprendiz con la sensación de que algo sobre ellos "no está del todo bien".

Se fomenta la reflexión y el análisis crítico a través de preguntas abiertas facilitadas después de cada vídeo. Se pide a los estudiantes que identifiquen primero las cosas que se hicieron bien durante el encuentro, y luego las cosas que podrían mejorarse. Se les pide que compartan cómo llevarían a cabo los encuentros ellos mismos y qué harían y dirían. El facilitador ofrece sus ideas y enfoques para comunicarse en estos escenarios. La intención es que este proceso reflexivo e interactivo, catalizado por los dos vídeos desencadenantes cortos, permita a los estudiantes profundizar su comprensión y habilidades relacionadas con las discusiones al final de la vida.

La versión presencial de este componente del taller sigue un proceso similar, excepto que se realiza en persona con actores en vivo. También hay un estudio previo para los estudiantes (de ahí un enfoque de aprendizaje invertido), y el número de estudiantes (12 estudiantes) se mantiene. Dos estudiantes se ofrecen como

voluntarios para tomar el papel del médico y participar en el escenario simulado (que tiene actores que interpretan los roles del paciente y la pareja y una enfermera del servicio de cuidados paliativos que interpreta el papel de la enfermera). El resto de los estudiantes observan el encuentro desde otra habitación a través de una transmisión de vídeo. Al finalizar el encuentro, el grupo hace un análisis, con los dos voluntarios, utilizando un proceso similar al de la versión virtual (es decir, ¿Qué se hizo bien? ¿Qué se podría hacer de manera diferente? ¿Cuáles son algunos enfoques en estos escenarios para la práctica clínica?).

Métodos de evaluación

El taller virtual se comparó con el taller presencial, ambos cubriendo el mismo material. Se utilizó un enfoque de métodos mixtos que incluye un componente cuantitativo (Escala de Profesionalismo del Estudiante de Medicina (SIP), ver https://pubmed.ncbi.nlm.nih.gov/31817435/) y un componente cualitativo (experiencias de los estudiantes).

El objetivo principal era ver si había diferencia en el nivel de profesionalismo entre ambos grupos de estudiantes (virtual y presencial).

El taller se evaluó utilizando dos herramientas; una evaluación pre-post intervención utilizando la Escala SIP y una reflexión personal posterior al taller:

1. **Autoevaluación pre y post-taller:** Los estudiantes completan la Escala SIP al principio y al final del taller. Esta es una escala validada que mide el nivel de profesionalismo adquirido. Está compuesta por 33 ítems que incluyen siete áreas diferentes: atención holística, cuidado y comprensión, crecimiento personal, trabajo en equipo, toma de decisiones, evaluación del paciente y profesionalismo (ser profesional). Cada ítem se mide siguiendo una escala Likert de 0-10, dependiendo del acuerdo con la afirmación (0: no acuerdo, 10: totalmente de acuerdo).

2. **Reflexión personal:** Al final del taller, se les pide a los participantes que: a) Identifiquen hasta tres emociones que experimentaron durante el taller; b) Por favor, ¿cuéntanos brevemente qué te ha parecido la experiencia de este taller y c) En tu opinión, ¿podrías decir que te he aportado este taller?

También se solicitó la experiencia de los facilitadores (profesores).

Al comienzo del curso, los profesores preguntaron a los estudiantes si les gustaría hacer el taller de manera virtual o presencial. Después de eso, los estudiantes se dividieron en grupos de 12-15 personas (mismo número en la versión presencial y virtual) y se les asignó un día para realizar el taller. Dos profesores facilitaron siempre el taller en ambas modalidades, uno de ellos dirigía el taller y el otro apoyaba en momentos puntuales y tomaba notas de la participación, reacciones de los estudiantes, etc.

Resultados

Cualitativo

El análisis cualitativo de los talleres presenciales mostró que la simulación de cuidados al final de la vida fue percibida como una experiencia educativa clave para los estudiantes de medicina, destacando la utilidad de la aplicación práctica en un contexto seguro y realista. La práctica promovió el desarrollo de habilidades de comunicación, empatía y autoreflexión, y el manejo de emociones (propias y delos familiares), y en general preparó a los estudiantes para acompañar a pacientes y familias. El análisis cualitativo de las sesiones virtuales reveló temas y resultados similares. De hecho, los profesores e investigadores observaron que la espontaneidad, profundidad y riqueza de la reflexión fueron mayores en el taller virtual.

Cuantitativo

Los resultados del SIP no mostraron diferencias entre las versiones presencial y virtual del taller.

Lecciones aprendidas

La experiencia del equipo es que el enfoque virtual puede proporcionar una experiencia de aprendizaje útil y enriquecedora que es similar a la experiencia presencial con respecto al aprendizaje que proporciona.

Las simulaciones, ya sea presenciales en un centro de simulación o virtualmente con vídeos desencadenantes, proporcionan un realismo importante y un contexto clínico que es más rico que las conferencias didácticas o incluso los tutoriales interactivos en persona (a menos que los vídeos se utilicen durante los tutoriales presenciales).

Las principales ideas que los estudiantes refieren adquirir son:

- Ser capaces de realizar una **evaluación holística** del paciente.
- Profundizar en el **manejo emocional.**
- Mejorar las **habilidades de comunicación,** especialmente con la familia del paciente.

La pandemia de COVID-19 aceleró el uso de la educación virtual y las plataformas de aprendizaje electrónico para apoyar la educación las universidades, incluido el entrenamiento en comunicación. Nuestra experiencia con nuestro proyecto ELPIS es que un tutorial virtual respaldado con vídeos seleccionados/creados puede apoyar el aprendizaje de los cuidados en el final de la vida.

El uso de un centro de simulación requiere no solo el centro real como recurso, sino también apoyo logístico y facilitadores. Esto puede presentar una limitación en algunas universidades.

HOME
E-Learning on Palliative care for International Students

RWTH AACHEN. Dealing with patients' wishes for hastened death and (assisted) suicide: Comparison between two teaching methods: actor patient in an attended class vs. online remote tool setting

Date completed
April 2nd 2024

Project lead and team members

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General information

Number of students: 15
Semester: 5 - 10 . **Length:** 3 - 4h
Integration: Currently, our course is part of the elective curriculum. Due to the growing importance of suicide assistance in Germany, it will be necessary in the future to transfer the contents into the regular curriculum
Educational theory of reference:
Constructivism, Behaviorism

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INTRODUCTION

The Faculty of Human Medicine at RWTH Aachen University, which was founded in 1967, has been offering an innovative model course of study since 2003. Every year, between 250 and 280 first-year students begin their studies at this renowned faculty. It took first place in the current CHE Ranking 2024, reflecting the high quality of its teaching and research. This recognition underlines the faculty's ongoing commitment to training future doctors."

SUMMARY

Dealing with wishes for death and suicide is part of palliative care and should be part of medical education. Communication on this topic in a professional context is an emotional challenge. In Germany, due to a liberalization of the legal framework, a social discussion of the topic is ongoing. The aim of this course is to compare a simulated conversation situation in presence to a virtual format.

CONTENTS

Access information on: placement of palliative care in the university curriculum, integration of the program carried out, program description, evaluation methods, results and lessons learned.

TEACHING MATERIALS

→ **Interview guide** PDF

Placement of palliative care in the university curriculum

At RWTH Aachen University, palliative care is taught both as a compulsory part of the curriculum and as an additional Qualification profile (QP) for those who are particularly interested.
In the seventh semester, an entire study section is dedicated to palliative care. In addition to lectures on legal and ethical principles, the correct use of pain (and other symptom-related) medication, and also on the reflection of teamwork and burn-out dynamics, students also have to learn about communication, having the opportunity to practice doctor-patient conversation in workshops using predetermined case descriptions (scenes) played by professional actors. The aim is to ensure that students are as well prepared as possible for difficult conversational situations in everyday clinical practice. In total, this mandatory part comprises 12 educational units (EU à 45 min) of interactive lectures and 8 EUs of seminars (including 9 different case scenarios for communication exercises). Students who would like to delve deeper into the subject of palliative care are offered a wide range of additional courses by the Department of Palliative Medicine. These include topics relating to the care of a dying person, the support of relatives or joint projects on end-of-life care for medical and nursing students. Medical students in Germany are required to complete 4 months of a so-called "Famulatur" (clinical traineeship) as part of their 5 years medical education period. In Aachen, students also have the opportunity to complete a part of this "Famulatur" on the palliative care unit.

Integration of the program carried out

With our ELPIS sub-project, we are trying to find out which tools students can use to best prepare themselves for difficult doctor-patient communication situations. Regarding contents, we have specifically focused on patients' requests for hastened death and assisted suicide.

Our project consists of three parts:

1. **Workshops in two small groups** (1 x 8; 1 x 7 students) using an actor patient in a conventional role play in an attended class.
2. **Virtual teaching** offer in which each student can use a digitalised tool on a computer, tablet or smartphone to work on the challenging communication situation presented by filmed scenes with an actor patient.
3. **Interview** exploring students' guess on both teaching options.

All participants in our project are students in their fifth to tenth semester who can voluntarily take part in this course via the Qualification profile offer. This means, that our ELPIS sub-project is embedded into the elective courses of the Department of Palliative Medicine.

Program description

Part 1: In a two-hour workshop, students were given an introduction by Alexandra Scherg to the topic of euthanasia in small groups of 8 and 7 participants respectively. Questions addressed were about what euthanasia is, what types of euthanasia we know, what the legal basis in Germany is, and what personal thoughts on the subject of euthanasia are. This was followed by the opportunity for one of the students to act out a scene with a professional actress. The scene consisted of a godmother suffering from end stage lung cancer who, during a family celebration, asks her godchild, in this case the student who choose to act as a doctor, for assistance with her suicide. The godmother is already out of treatment and sees no other way out than death. The student is asked to react to this situation. In a feedback round, under professional guidance of Frank Elsner and Alexandra Scherg, both the student in his/her role as a doctor as well as the actress and the spectators can talk about their perceptions, their feelings and their ideas about the scene.

Part 2: This part of our project consisted of an online tool. It was created in cooperation with Daniel Fink and Martin Lemos (both of Audiovisual Media Center at RWTH Aachen University; AVMZ). The students were able to use the tool according to their own schedule. As our sub-project deals with the comparison of two different teaching methods, the lecture hold in an attended class in part 1, in part 2 was shown as a video stream. Within the video stream lecture, there were several questions embedded which the students had to answer in order to progress. This was followed by a video of the actress speaking to the student in the role of a godmother. The student could find various ready-made answer options within the video tool. Depending on the student's chosen answer, the behavior of the actress also changed. Therefore, the student had free choice and could click through many different options of the way the communication might run, receiving corresponding reactions by the actress.

In each case (part), students had the opportunity to evaluate the Intervention (SurveyMonkey by Alexandra Scherg / electronic evaluation tool by Martin Lemos).

Part three consisted of a 30 – 45 minutes interview with Miriam Wegmann (doctoral student/ Team member of ELIPS), which was conducted in person or via an online meeting tool. The aim was to find out which of the two teaching options the students liked best and for which reasons. This gave participants the option to contribute their own ideas and thoughts.

Evaluation methods

In our project, we used a doctor-patient consultation scenario to compare a palliative care teaching unit with an actor patient in an attended class versus an online tool.
Both educational units had the same learning objectives and in both parts we used the same lecture (regarding contents) and the same actor patient.

In part 1, the students followed lecture in an attended class and then (only one) could take part in a role play scenario. They exchanged ideas, feelings and emotions with their teachers and peers afterwards.

In part 2, the students (each of them) watched the lecture as an interactive video. After this they could use an online tool to navigate through the doctor-patient conversation scenario.
After both parts, students had the opportunity to evaluate the Intervention (see above).
In part 3 of our project, we used an interview to get a picture of the students' opinions. It took about 30- 45 minutes and was conducted in person or via an online tool (Zoom, Teams, etc.) only by Miriam Wegmann.

We were interested in the following questions:

- Why did you chose this QP?
- What do you associate with the topic of "euthanasia"?
- Have you ever been confronted with a death/ suicide wish yourself?
- How do you feel about the current legal situation regarding suicide?
- Is assisted suicide part of a doctor's remit?
- How would you rate your university's preparation for patients' death and suicide wishes?
  - Where is there room for improvement?
- How confident do you feel now that you have completed the course in explaining palliative care and euthanasia options to a patient?
- When you think about the acting version, what do you think?
  - What did you like?
  - What didn´t you like?
  - What suggestions do you have?
- When you think about the online version, what comes to mind?
  - What did you like?
  - What didn´t you like?
  - What suggestions do you have?
- If you now compare the online and acting version, which version do you like better?

The qualitative analysis of the Interviews is work in progress.

Results

Regarding results of part 1 we have already submitted a German article to Zeitschrift für Palliativmedizin (Main journal by the German Society for Palliative Medicine (DGP)) on the results of the intervention in an attended class (in German language). The paper is still in revision. One of the messages and results respectively is summarised in the following sentence taken out of the abstract of the submitted article:

The evaluation by the students showed not only a clear increase in learning but also a lack of preparation for and fear of this area of medical practice.

The addressed learning objectives can be seen in table 1. The self-assessed gain of competence (CSA Gain) in the corresponding learning objectives is represented by the corresponding percentages (column on the far right side of table 1). The reason why we choose to publish results of part 1 separately was the fact that the learning objectives and the topic of assisted already in the conventional intervention (part 1) obviously impressed the students in an extensive way.

The project is still ongoing. A detailed analysis of the results of our study will follow. A comprehensive article on the comparison between the different teaching approaches and the results of the interviews is also already work in progress and will be submitted to BMC Palliative Care in the second half of 2024, hopefully.

Table 1: Self-assessed gain of competence in intervention part 1 (conventional approach)

	Learning objectives	µ pre	µ post	CSA Gain = (µpre- µpost)/ (µpre-1) x 100
W1	I can confidently place a suicide wish expressed to me in a legal and ethical context.	4,5	2,7	51,4%
H1	I take a suicide wish expressed to me seriously.	1,9	1,7	22,2%
F1	I empathize with a conversation in which a suicide wish is expressed to me.	2,1	1,7	36,4%
W2	I can provide information about alternative hospice and palliative care services in the context of "suicidal wishes".	3,7	2,6	40,7%
F2	I identify resources and coping strategies of the person concerned when talking about suicidal wishes.	3,7	2,8	33,3%
F3	I discuss possible alternatives to suicide (FVET, targeted sedation at the end of life...)	4,1	2,2	61,3%
H2	I reflect on my own emotions and boundaries when dealing with suicidal wishes.	3,3	1,9	60,9%
H3	I have a clear understanding of the concept of patient autonomy.	3,1	2,3	38,1%

Lessons learned

Following the first analysis of the interviews, students obviously liked the conventional approach more than the digitalised format, perhaps also depending on the chosen topics of wish for hastened death and assisted suicide.

This may mean that more modern and digital teaching formats not always represent the best way of teaching just because it is technically up to date.

HOME
E-Learning on Palliative care for International Students

RWTH AACHEN. Umgang mit dem Wunsch von Patienten nach beschleunigtem Tod und (assistierten) Suizid: Vergleich zwischen zwei Lehrmethoden: Schauspieler-Patient in einer Präsenzveranstaltung vs. Online-Fernunterricht

Lehr- und Forschungsgebiet Künstlerische Methoden | RWTH AACHEN UNIVERSITY

Datum der Fertigstellung

2. April 2024

Projektleitung und teammitglieder

Projektleitung vor Ort:
Frank Elsner[1]

Teammitglieder:
Alexandra Scherg[2], Miriam Wegmann[1], Daniel Fink[1], Martin Lemos[1]

Diese Projektzusammenfassung wurde erstellt von: Frank Elsner, Miriam Wegmann and Alexandra Scherg

1. Klinik für Palliativmedizin, Medizinische Fakultät, RWTH Aachen University, Aachen, Deutschland
2. PalliativQuartier Hamburg e.V.

Allgemeine Informationen

Anzahl der Studierenden: 15
Semester: 5 - 10 . **Dauer:** 3 - 4h
Integration: Derzeit ist unser Kurs Teil des Wahlpflichtcurriculums im Modellstudiengang Medizin. Aufgrund der wachsenden Bedeutung der Thematik Beihilfe zum Suizid in Deutschland wird es in Zukunft notwendig sein, entsprechende Inhalte in den regulären Lehrplan zu übernehmen
Pädagogische Referenztheorie: Konstruktivismus, Behaviorismus

kontakt

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EINFÜHRUNG

Die Fakultät für Humanmedizin der RWTH Aachen University, die 1967 gegründet wurde, bietet seit 2003 einen innovativen Modellstudiengang an. Jedes Jahr beginnen zwischen 250 und 280 Studienanfängerinnen und -anfänger ihr Studium an dieser renommierten Fakultät. Im aktuellen CHE-Ranking 2024 belegte sie den ersten Platz, was die hohe Qualität der Lehre und Forschung widerspiegelt. Diese Anerkennung unterstreicht das kontinuierliche Engagement der Fakultät für die Ausbildung zukünftiger Medizinerinnen und Mediziner.

ZUSAMMENFASSUNG

Der Umgang mit Todeswünschen und Suizid ist Teil der Palliativversorgung und sollte Bestandteil der medizinischen Ausbildung sein. Die Kommunikation zu diesem Thema in einem professionellen Kontext ist eine emotionale Herausforderung. In Deutschland findet aufgrund der Liberalisierung des rechtlichen Rahmens eine gesellschaftliche Diskussion über das Thema statt. Ziel dieses Kurses ist es, eine simulierte Gesprächssituation in Präsenz mit einem virtuellen Format zu vergleichen.

INHALTE

Zugriff auf Informationen zu: Platzierung der Palliativversorgung im Universitätscurriculum, Integration des durchgeführten Programms, Programmbeschreibung, Evaluationsmethoden, Ergebnisse und Erkenntnisse

LEHRMATERIALIEN

→ **Interviewleitfaden – Strukturiertes Interview** PDF

Verortung der palliativmedizinischer Lehre im Curriculum

An der RWTH Aachen wird Palliative Care bzw. Palliativmedizin sowohl als Pflichtbestandteil des Curriculums als auch als zusätzliches Qualifikationsprofil (QP) für besonders Interessierte im Rahmen der Wahlpflichtfächer gelehrt.
Im siebten Semester ist ein ganzer Studienabschnitt der Palliativmedizin gewidmet. Neben Vorlesungen zu rechtlichen und ethischen Grundlagen, dem richtigen Einsatz von Schmerz- (und anderen symptombezogenen) Medikamenten sowie der Reflexion von Teamarbeit und Burn-Out-Dynamik müssen die Studierenden auch etwas über Kommunikation lernen und haben die Möglichkeit, in Workshops anhand von vorgegebenen Fallbeschreibungen (Szenen), die von professionellen Schauspielern gespielt werden, Arzt-Patienten-Gespräche zu üben. Ziel ist es, dass die Studierenden auf schwierige Gesprächssituationen im klinischen Alltag möglichst gut vorbereitet sind. Insgesamt umfasst dieser Pflichtteil 12 Unterrichtseinheiten (UE à 45 min) mit interaktiven Vorlesungen und 8 UE mit Seminaren (darunter 9 verschiedene Fallszenarien für Kommunikationsübungen).

Für Studierende, die sich vertieft mit dem Thema Palliativmedizin auseinandersetzen möchten, bietet die Abteilung Palliativmedizin ein breites Angebot an zusätzlichen Kursen an. Dazu gehören Themen rund um die Betreuung eines Sterbenden, die Unterstützung von Angehörigen oder gemeinsame Projekte zur Sterbebegleitung für Medizin- und Pflegestudierende.

Medizinstudierende in Deutschland müssen im Rahmen ihrer 5-jährigen medizinischen Ausbildung eine 4-monatige sogenannte Famulatur absolvieren. In Aachen haben die Studierenden auch die Möglichkeit, einen Teil dieser Famulatur auf der Palliativstation zu absolvieren.

Integration der elpis inhalte ins curriculum

Mit unserem ELPIS-Teilprojekt versuchen wir herauszufinden, mit welchen Instrumenten sich Studierende am besten auf schwierige Arzt-Patienten-Kommunikationssituationen vorbereiten können. Inhaltlich haben wir uns speziell auf die Wünsche von Patienten und Patientinnen nach beschleunigtem Tod und assistiertem Suizid konzentriert.

Unser Projekt besteht aus drei Teilen:

1. **Workshops in zwei Kleingruppen** (1 x 8; 1 x 7 Studierende) mit einem Schauspieler-Patienten in einem Rollenspiel in Anwesenheit.
2. **Virtuelles Lehrangebot,** bei dem jeder Studierende ein digitalisiertes Tool auf einem Computer, Tablet oder Smartphone nutzen kann, um an einer schwierigen Kommunikationssituation zu arbeiten, die durch gefilmte Szenen mit einem Schauspieler-Patienten dargestellt wird.
3. **Interview** zur Einschätzung der Studierenden zu beiden Unterrichtsoptionen.

Alle Teilnehmer an unserem Projekt sind Studierende im fünften bis zehnten Semester, die über das Angebot des Qualifikationsprofils freiwillig an diesem Kurs teilnehmen können. Das bedeutet, dass unser ELPIS-Teilprojekt in die Wahlpflichtfächer der Abteilung Palliativmedizin eingebettet ist.

Beschreibung des programms

Teil 1: In einem zweistündigen Workshop wurden die Studierende in Kleingruppen von 8 bzw. 7 Teilnehmenden von Alexandra Scherg in das Thema Sterbehilfe eingeführt. Dabei ging es um die Fragen, was Sterbehilfe ist, welche Arten der Sterbehilfe wir kennen, wie die rechtlichen Grundlagen in Deutschland sind, und welche persönlichen Gedanken zum Thema Sterbehilfe bestehen. Im Anschluss daran hatte einer der Studierenden die Möglichkeit, mit einer professionellen Schauspielerin eine Szene zu spielen. Die Szene handelte von einer Patentante, die an Lungenkrebs im Endstadium erkrankt ist und während einer Familienfeier ihr Patenkind, in diesem Fall die Studierende, die sich für die Rolle der Ärztin entschied, um Hilfe bei ihrem Suizid bittet. Die Patin ist bereits aus der Behandlung ausgeschieden und sieht keinen anderen Ausweg als den Tod. Die Studierende wird gebeten, auf diese Situation zu reagieren. In einer Feedback-Runde, unter professioneller Anleitung von Frank Elsner und Alexandra Scherg, können sowohl die Studierende/der Studierende in ihrer/seiner Rolle als Ärztin/Arzt als auch die Schauspielerin und die Zuschauer über ihre Wahrnehmungen, ihre Gefühle und ihre Ideen zu der Szene sprechen.

Teil 2: Dieser Teil unseres Projekts bestand aus einem Online-Tool. Es wurde in Zusammenarbeit mit Daniel Fink und Martin Lemos (beide vom Audiovisuellen Medienzentrum der RWTH Aachen; AVMZ) erstellt. Die Studierenden konnten das Tool nach ihrem eigenen Zeitplan nutzen. Da es in unserem Teilprojekt um den Vergleich zweier unterschiedlicher Lehrmethoden geht, wurde in Teil 1 die Vorlesung zum Thema in einer Präsenzveranstaltung gehalten, in Teil 2 wurde sie als Videostream gezeigt. In die Videostream-Vorlesung waren mehrere Fragen eingebettet, die die Studierenden beantworten mussten, um weiterzukommen. Danach folgte ein Video, in dem die Schauspielerin in der Rolle einer Patentante zu den Studierenden sprach. Die Studierenden konnten im Video-Tool verschiedene vorgefertigte Antwortmöglichkeiten finden. Je nachdem, welche Antwort die Studierenden wählten, änderte sich auch das Verhalten der Schauspielerin. Der Studierende hatte also die freie Wahl und konnte sich durch viele verschiedene Möglichkeiten klicken, wie die Kommunikation verlaufen könnte, und erhielt entsprechende Reaktionen der Schauspielerin. In jedem Fall (Teil 1 und 2) hatten die Studierenden die Möglichkeit, die Intervention zu bewerten (SurveyMonkey von Alexandra Scherg / elektronisches Bewertungstool von Martin Lemos).

Teil 3 bestand aus einem 30- bis 45-minütigen Interview mit Miriam Wegmann (Doktorandin/ Teammitglied von ELPIS), das persönlich oder über ein Online-Meeting-Tool geführt wurde. Ziel war es, herauszufinden, welche der beiden Unterrichtsoptionen den Studierenden am besten gefiel und aus welchen Gründen. Dies gab den Teilnehmenden die Möglichkeit, ihre eigenen Ideen und Gedanken einzubringen.

Bewertungsmethoden

In unserem Projekt haben wir ein Arzt-Patienten-Konsultationsszenario verwendet, um eine Lehreinheit zur Palliativmedizin mit einem Schauspieler-Patienten in einer Präsenzveranstaltung mit einem Online-Tool zu vergleichen. Beide Unterrichtseinheiten hatten dieselben Lernziele und in beiden Teilen wurde derselbe Vortrag (in Bezug auf den Inhalt) und derselbe Schauspielerpatient verwendet.

In Teil 1 verfolgten die Studierenden eine Vorlesung in einer anwesenden Klasse und konnten dann (nur eine Person) an einem Rollenspiel teilnehmen. Anschließend tauschten sie Ideen, Gefühle und Emotionen mit ihren Dozenten und Mit-Studierenden aus.
In Teil 2 sahen die Studierenden (jeder von ihnen) die Vorlesung als interaktives Video. Danach konnten sie ein Online-Tool nutzen, um durch das Szenario des Arzt-Patienten-Gesprächs zu navigieren.
Nach beiden Teilen hatten die Studierende die Möglichkeit, die Intervention zu bewerten (siehe oben).
In Teil 3 unseres Projekts haben wir ein Interview durchgeführt, um uns ein Bild von den Meinungen der Studierende zu machen. Es dauerte etwa 30 bis 45 Minuten und wurde persönlich oder über ein Online-Tool (Zoom, Teams usw.) ausschließlich von Miriam Wegmann durchgeführt.

Uns interessierten die folgenden Fragen:

- Warum haben Sie sich für dieses QP entschieden?
- Was verbinden Sie mit dem Thema "Euthanasie"?
- Wurden Sie selbst schon einmal mit einem Todes-/Suizidwunsch konfrontiert?
- Was halten Sie von der derzeitigen Rechtslage in Deutschland in Bezug auf Suizid?
- Gehört die Beihilfe zum Suizid zum Aufgabenbereich eines Arztes?
- Wie beurteilen Sie die Vorbereitung Ihrer Universität auf die Sterbe- und Suizidwünsche von Patienten?
  - Wo gibt es Raum für Verbesserungen?
- Wie sicher fühlen Sie sich jetzt, nachdem Sie den Kurs absolviert haben, einem Patienten die Möglichkeiten der Palliativmedizin und Sterbehilfe zu erklären?
- Was denken Sie, wenn Sie an die Schauspielversion denken?
  - Was hat Ihnen gefallen?
  - Was hat Ihnen nicht gefallen?
  - Welche Vorschläge haben Sie?
- Was kommt Ihnen in den Sinn, wenn Sie an die Online-Version denken?
  - Was hat Ihnen gefallen?
  - Was hat Ihnen nicht gefallen?
  - Welche Vorschläge haben Sie?
- Wenn Sie nun die Online- und die Schauspielversion vergleichen, welche Version gefällt Ihnen besser?

Die qualitative Analyse der Interviews ist noch in Arbeit.

Ergebnisse

Bezüglich der Ergebnisse von Teil 1 haben wir bereits einen deutschen Artikel bei der Zeitschrift für Palliativmedizin (Hauptzeitschrift der Deutschen Gesellschaft für Palliativmedizin (DGP)) über die Ergebnisse der Intervention in einer betreuten Klasse in Anwesenheit eingereicht (in deutscher Sprache). Die Arbeit befindet sich noch in Revision. Eine der Botschaften bzw. Ergebnisse ist in folgendem Satz aus dem Abstract des eingereichten Artikels gut zusammengefasst:

Die Bewertung durch die Studenten zeigte nicht nur einen deutlichen Lernzuwachs, sondern auch eine mangelnde Vorbereitung auf und Angst vor diesem Bereich der medizinischen Praxis.

Die angesprochenen Lernziele sind in Tabelle 1 ersichtlich. Der selbst eingeschätzte Kompetenzgewinn (CSA Gain) bei den entsprechenden Lernzielen wird durch die entsprechenden Prozentzahlen dargestellt (Spalte ganz rechts in Tabelle 1). Der Grund, warum wir uns entschieden haben, die Ergebnisse von Teil 1 separat zu veröffentlichen, war die Tatsache, dass die Lernziele und das Thema der Förderung bereits in der konventionellen Intervention (Teil 1) die Studierenden offensichtlich in hohem Maße beeindruckt haben.

Das Projekt ist noch nicht abgeschlossen. Eine detaillierte Analyse der Ergebnisse unserer Studie wird folgen. Ein umfassender Artikel über den Vergleich zwischen den verschiedenen Lehransätzen und den Ergebnissen der Interviews ist ebenfalls bereits in Arbeit und wird hoffentlich in der zweiten Hälfte des Jahres 2024 bei BMC Palliative Care eingereicht.

Tabelle 1: Selbst eingeschätzter Kompetenzzuwachs in Intervention Teil 1 (konventioneller Ansatz)

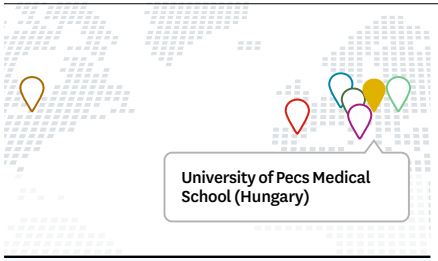
	Lernziele	µ vor	µ posten	CSA-Gewinn = (µpre- µpost)/ (µpre-1) x 100
W1	Ich kann einen mir gegenüber geäußerten Suizidwunsch sicher in einen rechtlichen und ethischen Kontext einordnen.	4,5	2,7	51,4%
H1	Ich nehme einen mir gegenüber geäußerten Suizidwunsch ernst.	1,9	1,7	22,2%
F1	Ich kann mich in ein Gespräch einfühlen, in dem mir gegenüber ein Suizidwunsch geäußert wird.	2,1	1,7	36,4%
W2	Ich kann Informationen über alternative Hospiz- und Palliativdienste im Zusammenhang mit "Suizidwünschen" geben.	3,7	2,6	40,7%
F2	Ich ermittle Ressourcen und Bewältigungsstrategien der betroffenen Person, wenn ich über Suizidwünsche spreche.	3,7	2,8	33,3%
F3	Ich diskutiere mögliche Alternativen zum Suizid (FVET, gezielte Sedierung am Lebensende...)	4,1	2,2	61,3%
H2	Ich reflektiere meine eigenen Gefühle und Grenzen im Umgang mit Suizidwünschen.	3,3	1,9	60,9%
H3	Ich habe ein klares Verständnis für das Konzept der Patientenauto-nomie.	3,1	2,3	38,1%

Gelernte lektionen

Nach der ersten Auswertung der Interviews gefiel den Studierenden der konventionelle Ansatz offensichtlich besser als das digitalisierte Format, was vielleicht auch mit den gewählten Themen Wunsch nach beschleunigtem Tod und Sterbehilfe zusammenhing.

Dies kann bedeuten, dass modernere und digitale Unterrichtsformate nicht immer die beste Art des Unterrichts darstellen, nur weil sie technisch auf dem neuesten Stand sind.

HOME
E-Learning on Palliative care
for International Students



PECS. Successful death. Palliative medicine for a better quality of life

PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

Date completed
December 2023

Project lead and team members

Project lead at site:
Agnes Csikos MD, PhD (Department of Hospice-Palliative Care)

Team members:
Csilla Busa PhD, Nora Frank MD, Katalin Takacs MD, Veronika Osztromok-Lukacs

This project summary completed by: Agnes Csikos MD, PhD, Csilla Busa PhD, Veronika Osztromok-Lukacs

General information

Number of students: 7
Semester: Autumn 2023
Length: 24 hours
Integration:
Elective subject (small group)
Educational theory of reference:
Cognitvism / constructivism

Contact

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INTRODUCTION

The University of Pécs (https://aok.pte.hu/en) with its 20.000 students, with more than 4.500 international students, with 1.400 lecturers and researchers, with its 10 faculties is one of the largest higher education institutions in Hungary. The UP Medical School is an internationally recognized centre for medical education as well as research in Hungary, pioneering in the introduction of palliative care into the clinical, educational and research fields.

SUMMARY

The course focuses on the multidisciplinary team-based care with a holistic perspective, symptom management and end-of-life care, including basics and definitions of palliative care, pain and symptom management, psychosocial and spiritual aspects, ethical and legal issues, communication and teamwork and self-reflection. The course is based on the EAPC Recommendation for Undergraduate Curricula in Palliative Medicine.

CONTENTS

Access information on: placement of palliative care in the university curriculum, integration of the program carried out, program description, evaluation methods, results and lessons learned.

TEACHING MATERIALS

- **Slides of the lectures** (PDF):
  1. Basics of palliative care
  2. Pain management
  3. Symptom management: Respiratory symptoms
  4. Symptom management: Gastrointestinal symptoms
  5. Ethical dilemmas and legal issuess at the end of life
  6. Advance care planning,
  7. Psychosocial and spiritual aspects
  8. End-of-life care in the patient's home
  9. Palliative care for children
  10. Dementia and palliative care
  11. Communication with seriously ill patients and their families

All Slides

- Description and instructions for **self-reflection practice** PDF
- Case descriptions and instructions for **dementia care practice** PDF
- Case descriptions and instructions for **communication practice** PDF

Placement of palliative care in the university curriculum

In undergraduate curricula, several courses cover palliative medicine.
Oncology is an obligatory clinical course where students are introduced to supportive and palliative care, pain management, and psychological support for palliative patients. In the subject of Oncology, interactive seminars are also held to discuss the practice of palliative treatments and oncological emergencies, as well as pain management for palliative patients through case presentations (case-based learning). Family Medicine is also an obligatory clinical course which includes two interactive small group-seminars that focus on end-of-life care particularly in family medicine. In addition to the compulsory courses, the Department of Hospice-Palliative Care offers elective courses for undergraduate medical students. The elective course entitled Palliative Medicine focuses on the multidisciplinary team-based palliative care and symptom management. The course includes lectures, seminar using the flipped classroom and experience-based learning through bed-side observation. Law Clinic is a unique elective course held in collaboration between the University of Pecs Medical and Law School, focusing on patient autonomy and self-determination of the terminally ill, using small group seminars and field practice with real patients as the main teaching methods. Practice-oriented medical communication is an interactive, practice-based elective course implemented in collaboration with the Department of Behavioral Sciences and the Department of Communication, focusing on the practice of medical communication in difficult situations (for example 'communicating bad news' using the case-based learning, classroom practice with simulated patients).

Integration of the program carried out

The course entitled "Successful Death: Palliative Medicine for a Better Quality of Life" was developed as part of the ELPIS project.
The course was announced as a 2-credit elective subject for undergraduate students in their 5th or higher, including 12 lectures and 12 seminars totalling 24 hours. The primary focus of the course is multidisciplinary team-based care with a holistic perspective, symptom management, and end-of-life care. It covers the basics and definitions of palliative care, pain and symptom management, psychosocial and spiritual aspects of palliative care, ethical and legal issues, communication and teamwork, and self-reflection. The ELPIS project enabled us to test which topics of palliative care are considered adequate for online and face-to-face education by undergraduate medical students.

Program description

The course "Successful Death: Palliative Medicine for a Better Quality of Life" was developed in accordance with the EAPC Recommendation for Undergraduate Curricula in Palliative Medicine. During the course, experienced lecturers guided students through eleven palliative topics. The theme, teaching methods and materials were developed with the participation of the Department of Hospice-Palliative Care's staff, as well as the lecturers and palliative physicians who teach palliative care at the University of Pecs Medical School. Topics covered in the course, the lecturers and the teaching methods were as follows:

Topic 1. **Basics of palliative care**
- Lecturer: Agnes Csikos MD, PhD, palliative care physician, family physician, head of department. University of Pecs Clinical Centre Department of Oncotherapy, University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: lecture

Topic 2. **Pain management**
- Lecturer: Daniel Kurthy MD, palliative care physician, family physician. University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: lecture, interactive small group seminar, case-based learning, Poll Everywhere

Topic 3. **Symptom management: Respiratory symptoms**
- Lecturer: Ildiko Radvanyi MD, palliative care physician, family physician University of Pecs Clinical Centre, University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: lecture, interactive small group seminar, case-based learning, Poll Everywhere

Topic 4. **Symptom management:** Gastrointestinal symptoms
- Lecturer: Nora Szigeti MD, PhD, gastroenterologist, internist, palliative care physician. University of Pecs Clinical Centre 2nd Department of Internal Medicine and Nephrological Center, University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: lecture, interactive small group seminar

Topic 5. **Ethical dilemmas and legal issuess at the end of life**
- Lecturer: Csilla Busa PhD, sociologist, lecturer, researcher. University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: lecture, interactive small group seminar

Topic 6. **Advance care planning**
- Lecturers: Agnes Csikos MD, PhD, palliative care physician, family physician, head of department. University of Pecs Clinical Centre Department of Oncotherapy, University of Pecs Medical School Department of Hospice-Palliative Care
  Csilla Busa PhD, sociologist, lecturer, researcher. University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: lecture, interactive classroom, communication practice, Go Wish Game

Topic 7. **Psychosocial and spiritual aspects**
- Lecturers: Monika Forgacs-Menyhert, health psychologist. University of Pecs Clinical Centre Department of Oncotherapy, University of Pecs Medical School Department of Hospice-Palliative Care
  Edit Virag, psychologist. University of Pecs Clinical Centre Department of Oncotherapy
- Teaching methods: lecture, interactive classroom, self-reflection practice

Topic 8. **End-of-life care in the patient's home**
- Lecturers: Miklos Lukacs, registered nurse, hospice nurse. University of Pecs Clinical Centre Palliative Care Consultation Team, Katalin Takacs MD, geriatrician, palliative care physician. University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: lecture, interactive classroom, demonstration of nursing equipment

Topic 9. **Palliative care for children**
- Lecturer: Gabor Ottoffy MD, PhD, paediatrician, oncologist, palliative care physician. University of Pecs Clinical Centre Department of Paediatrics
- Teaching methods: lecture, interactive small group seminar

Topic 10. **Dementia and palliative care**
- Lecturer: Szilvia Heim MD, PhD, family physician. University of Pecs Medical School Department of Family Medicine
- Teaching methods: lecture, interactive small group seminar, case-based learning

Topic 11. **Communication with seriously ill patients and their families**
- Lecturer: Eva Pozsgai MD, PhD, palliative care and public health medicine. University of Pecs Medical School Department of Hospice-Palliative Care, Department of Public Health Medicine
- Teaching methods: lecture, case-based learning, communication practice

Topic 12. **Students' presentations**
- Lecturers: Agnes Csikos MD, PhD, palliative care physician, family physician, head of department. University of Pecs Clinical Centre Department of Oncotherapy, University of Pecs Medical School Department of Hospice-Palliative Care
  Csilla Busa PhD, sociologist, lecturer, researcher. University of Pecs Medical School Department of Hospice-Palliative Care
- Teaching methods: flipped classroom, interactive classroom

The course was implemented during the Autumn semester of 2023 in compliance with university regulations, according to which only up to one-third of the course can be delivered online. Therefore, topics 2, 3, and 5 were presented online, while the other lessons (topics 1, 4, and 6-11) were held face-to-face. The course material was developed in both Hungarian and English.

Evaluation methods

We administered an anonymous online questionnaire to students before and after the course, consisting of the following questions:

Pre-course questions (September, 2023)

Motivation

1. Why did you choose this course? What motivated you? (open ended question)

Knowledge and skills

2. What new knowledge and skills would you like to learn? (open ended question)

3. How would you rate your knowledge of palliative care on a scale of 0 to 10? (0 = very poor, 10 = very good)

4. How would you rate your knowledge and skills of medical communication on a scale of 0 to 10? (0 = very poor, 10 = very good)

Face-to-face and online learning

5. Which of the following statements do you agree with?
- **1.** Face-to-face and online learning can be combined effectively (e.g. online lectures and face-to-face exercise modules)
- **2.** Face-to-face learning is always more effective than online learning

Post-course questions (December, 2023)

Motivation

1. Have you received what you expected from the course and what motivated you to take up the course?
- **1.** Yes, completely
- **2.** Partially yes, partially no
- **3.** Not at all

Knowledge and skills

2. Have you acquired all the new knowledge and skills you expected?
- **1.** Yes, completely
- **2.** Partially yes, partially no
- **3.** Not at all

3. Now, at the end of the course, how would you rate your knowledge of palliative care on a scale of 0 to 10? (0 = very poor, 10 = very good)?
This has mean…
- **1.** a significant improvement
- **2.** a little improvement
- **3.** no improvement

…compared to your knowledge prior to the course.

4. Now, at the end of the course, how would you rate your knowledge and skills of medical communication on a scale of 0 to 10? (0 = very poor, 10 = very good)?
This has mean …
- **1.** a significant improvement
- **2.** a little improvement
- **3.** no improvement

…compared to your knowledge prior to the course.

Face-to-face and online learning

5. Which of the following statements do you agree with?
- **1.** Face-to-face and online learning can be combined effectively (e.g. online lectures and face-to-face exercise modules)
- **2.** Face-to-face learning is always more effective than online learning

6. Why? Please explain your answer.

After completing the course, a focus group was organized with the involvement of the students to discuss their experiences with the course, the advantages and difficulties of online and in-person classes, the teaching and learning methods employed, and their recommendations.

Results

Motivation

Before the course, primary motivation of the students was to better understand palliative medicine and gain practical knowledge. They considered palliative care an interesting topic. Based on the post-course assessment, students expressed overall satisfaction with the course, 100% of them
got what they expected from the course.

Knowledge and skills

Before starting the course, the students expressed their wish to learn about doctor-patient communication, various types of palliative care, pain management, palliative care for patients with non-cancerous diseases, and ways to cope with their anxiety. All seven students managed to gain all the knowledge and skills they wanted to acquire. In the pre-course assessment, students scored an average of 4.43 on a scale of 0 to 10 on their knowledge of palliative care. However, after completing the course, their average score increased to 7.83 on the same scale. All of the students reported a significant improvement in their knowledge. The main score of the students on their knowledge and skills of medical communication before the course was 5.71, and after the course, 7.83 on the ten-point scale. 83% of them improved their knowledge and skills significantly, and 17% improved little.

Face-to-face and online learning

During the pre-course assessment, 71% of the students agreed that a combination of face-to-face and online learning can be an effective way of learning, and 29% believed that face-to-face learning is always more effective than online learning. However, after the end of the course, all the participants agreed that hybrid education is effective. They gave the following reasons:

- Physical presence is not needed to provide an attention-grabbing, interactive class.
- If there is a real interest, participants can follow and enjoy online classes in the same way as face-to-face teaching.
- It is a huge benefit that you do not have to travel/go to the place where the class is held.
- Online teaching is more flexible.
- For certain topics, online teaching might be effective.
- Interactive activities can be included in online classes, making it as useful as face-to-face learning.

Main result of the focus group

During a focus group, students expressed their satisfaction with the course and shared several positive opinions about the hybrid teaching-learning methods, including:

- Hybrid teaching is a common practice, not only in education but also in other areas of life. The pandemic has highlighted that physical presence is not always necessary.
- Online classes have been effective, and it has been a great benefit not having to travel to the class location. All the knowledge could be acquired virtually and there was an opportunity to ask questions to the teachers.
- They are in favor of hybrid teaching.
  They prefer online classes where mainly theoretical knowledge delivery happens, but for discussions and seminars, in-person classes are more suitable.
- They liked both the online and face-to-face classes, finding the hybrid model really beneficial. Demonstration of nursing equipment was appropriately part of face-to-face classes.
- They liked the idea that theory was delivered via virtual teaching and practice was involved in face-to-face instruction.
- Virtual classes were as effective as in-person teaching.
- They liked the online classes, especially the Poll Everywhere questionnaires, where responses could be made anonymously.

Lessons learned

Students were introduced to the diverse aspects of palliative care, which helped them better understand palliative medicine. The most important take-home message highlighted by the students was that knowledge, a holistic approach, multidisciplinary teamwork, skills of empathetic but effective communication, and self-reflection are all essential for providing high-quality care for palliative patients and their loved ones.

HOME
E-Learning on Palliative care for International Students

PÉCS. Sikeres halál. Palliatív ellátás a jobb életminőségért

PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

Befejezés dátuma
2022 Április

Projektvezető, team tagok

Helyi projektvezető:
Dr. Csikós Ágnes PhD (Hospice-Palliatív Tanszék)

Team tagok:
Busa Csilla PhD, Dr. Frank Nóra, Dr. Takács Katalin, Osztromok-Lukács Veronika

Az összefoglaló szerzői: Dr. Csikós Ágnes PhD, Busa Csilla PhD, Osztromok-Lukács Veronika

Általános információk

Hallgatók száma: 7
Szemeszter: 2023 ősz
Kurzus hossza: 24 óra
Integráció:
Önálló elektív kurzus
Oktatási referenciaelmélet:
Kognitivizmus / konstruktivizmus

Kontakt
Dr. Csikós Ágnes PhD
csikos.agnes@pte.hu
Busa Csilla PhD
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BEMUTATKOZÁS

A Pécsi Tudományegyetem (https://aok.pte.hu/hu) 20.000 hallgatójával, több mint 4.500 külföldi hallgatójával, 1.400 oktatójával és kutatójával, 10 karával Magyarország egyik legnagyobb felsőoktatási intézménye. A PTE Általános Orvostudományi Kara az orvosképzés és a kutatás nemzetközileg elismert központja Magyarországon, úttörő szerepet tölt be a hospice-palliatív ellátás fejlesztésében klinikai, oktatási és kutatási területeken.

ÖSSZEFOGLALÓ

A kurzus célja a terminális állapotú betegek multidiszciplináris team-munkában történő ellátásának megismertetése. A tematika kiterjed a palliatív ellátás alapjaira és definícióira, a fájdalomcsillapításra és a kínzó tünetek kezelésére, a palliatív ellátás pszichoszociális és spirituális aspektusaira, az etikai és jogi kérdésekre, a kommunikációra, a team-munka sajátosságaira, valamint az önreflexióra. A kurzus az EAPC Recommendation for Undergraduate Curricula in Palliative Medicine c. dokumentumával összhangban került kidolgozásra.

TARTALOM

Hozzáférés a következő információkhoz: a palliatív ellátás témaköre az egyetemi tantervben, a megvalósított program integrációja, a program bemutatása, értékelési Módszerek, eredmények y bevezetés.

OKTATÁSI ANYAGOK

→ **Előadások diasorai** (PDF):
1. A palliatív, hospice ellátás fogalma, szintjei, szervezeti formái
2. Fájdalomcsillapítás
3. Terminális állapotú betegek tüneti kezelése: Légúti tünetek
4. Gasztrointesztinális tünetek
5. Etikai dilemmák és jogi kérdések az élet végén
6. Ellátás előzetes tervezése
7. Pszichoszociális és spirituális aspektusok a palliatív ellátásban
8. Életvégi ellátás a beteg otthonában
9. Gyermekek palliatív ellátása,
10. Demens betegek palliatív ellátása
11. Kommunikáció súlyos állapotú betegekkel és családjukkal

Előadások diasorai

→ Önreflexiós gyakorlat leírása és instrukciói PDF

→ Demencia gyakorlat: esetleírás, instrukcióik PDF

→ Kommunikációs gyakorlat: esetleírások, instrukcióik PDF

A palliatív ellátás témaköre az egyetemi tantervben

Az egyetemi tantervben számos kurzus foglalkozik a palliatív orvoslással.
Az Onkológia kötelező tantárgy, melynek keretében a hallgatók megismerkednek a szupportív és palliatív ellátással, a fájdalomcsillapítással és a palliatív betegek pszichoszociális támogatásával.
Az interaktív szemináriumok is foglalkoznak palliatív témákkal: palliatív kezelések, sürgősségi palliatív ellátás, palliatív betegek fájdalomcsillapítása (esetfeldolgozás).
A Családorvostan szintén kötelező tantárgy, amely két interaktív kiscsoportos szemináriumon foglalkozik az életvégi ellátás családorvoslás-specifikus kérdéseivel.

A kötelező tantárgyak mellett a Hospice-Palliatív Tanszék elektív és fakultatív kurzusokat kínál az orvostanhallgatók számára. A Palliatív orvoslás című választható kurzus fő célja a multidiszciplináris team-munka és a tüneti kezelés megismertetése előadásokon és interaktív szemináriumokon, ahol az ún. flipped classroom módszer kerül alkalmazásra. A tantárgy lehetőséget biztosít a tapasztalati alapú tanulásra is (megfigyelés palliatív szakrendelésen). A Jogklinika című óra a Pécsi Tudományegyetemen az Orvosi Kar és a Jogi Kar együttműködésével megvalósuló egyedülálló kurzus, amely a betegek autonómiájára és életvégi önrendelkezésére összpontosít, és amelynek fő tanítási módszere a kiscsoportos szemináriumok és a valódi betegekkel folytatott terepgyakorlat.
A Gyakorlatorientált orvosi kommunikáció a Magatartástudományi Intézettel és a Kommunikációs Tanszékkel együttműködésben megvalósított interaktív, gyakorlatorientált választható kurzus, amelynek célja az orvosi kommunikáció gyakorlása nehéz helyzetekben (például rossz hírek közlése, esetfeldolgozás, szimulált betegekkel való kommunikáció).

A Megvalósított Program Integrációja

A “Sikeres halál: Palliatív orvoslás a jobb életminőségért" című kurzus az ELPIS projekt részeként került kidolgozásra. A 2 kredites elektív tárgy az 5. szemesztertől elérhető a hallgatók számára. 12 előadást és 12 szemináriumot tartalmaz, összesen 24 órában.
A kurzus célja a terminális állapotú betegek holisztikus szemléletű, multidiszciplináris team-munkában történő ellátásának megismertetése. A tematika kiterjed a palliatív ellátás alapjaira és definícióira, a fájdalomcsillapításra és a kínzó tünetek kezelésére, a palliatív ellátás pszichoszociális és spirituális aspektusaira, az etikai és jogi kérdésekre, a kommunikációra, a team-munka sajátosságaira, valamint az önreflexióra. Az ELPIS projekt lehetővé tette annak tesztelését, hogy a palliatív ellátás mely témaköreit tartják megfelelőnek az orvostanhallgatók az online és melyeket a jelenléti oktatáshoz.

A Program Bemutatása

A "Sikeres halál: Palliatív orvoslás a jobb életminőségért" című kurzus az EAPC Recommendation for Undergraduate Curricula in Palliative Medicine c. dokumentumával összhangban került kidolgozásra. A kurzus során a hallgatókat tapasztalt oktatók vezetésével 11 témakört dolgoznak fel a palliatív ellátás területéről.
A tantárgyfejlesztésben a Hospice-Palliatív Tanszék munkatársai, valamint a Pécsi Tudományegyetem Orvostudományi Karán oktató palliatív orvosok vettek részt.

A kurzus témáit, az előadók személyét és szakképzettségét, valamint az alkalmazott oktatási és tanulási módszereket a következő felsorolás ismerteti:

1. téma: **A palliatív, hospice ellátás fogalma, szintjei, szervezeti formái**
- Oktató: Dr. Csikós Ágnes PhD, palliatív orvos, háziorvos, tanszékvezető. Pécsi Tudományegyetem Klinikai Központ Onkoterápiás Intézet, Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszer: előadás

2. téma: **Fájdalomcsillapítás**
- Oktató: Dr. Kürthy Dániel, palliatív orvos, háziorvos, Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszerek: előadás, interaktív kiscsoportos szeminárium, esetfeldolgozás, Poll Everywhere

3. téma: **Terminális állapotú betegek tüneti kezelése: Légúti tünetek**
- Oktató: Dr. Radványi Ildikó, palliatív orvos, háziorvos, Pécsi Tudományegyetem Klinikai Központ, Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszerek: előadás, interaktív kiscsoportos szeminárium, esetfeldolgozás, Poll Everywhere

4. téma: **Gasztrointesztinális tünetek**
- Oktató: Dr. Szigeti Nóra, PhD, gasztroenterológus, belgyógyász, palliatív orvos
  Pécsi Tudományegyetem Klinikai Központ II. sz. Belgyógyászati Klinika és Nefrológiai Centrum, Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszerek: előadás, interaktív kiscsoportos szeminárium

5. téma: **Etikai dilemmák és jogi kérdések az élet végén**
- Oktató: Busa Csilla PhD, oktató, kutató Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszerek: előadás, interaktív kiscsoportos szeminárium

6. téma: **Ellátás előzetes tervezése**
- Oktatók: Dr. Csikós Ágnes PhD, palliatív orvos, háziorvos, tanszékvezető
  Pécsi Tudományegyetem Klinikai Központ Onkoterápiás Intézet, Pécsi Tudományegyetem Hospice-Palliatív Tanszék
  Busa Csilla PhD, oktató, kutató
  Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszerek: előadás, interaktív csoportmunka, kommunikációs gyakorlat, Kívánságkártya

7. téma: **Pszichoszociális és spirituális aspektusok a palliatív ellátásban**
- Oktatók: Forgács-Menyhért Mónika, alkalmazott egészségpszichológus
  Pécsi Tudományegyetem Klinikai Központ Onkoterápiás Intézet, Pécsi Tudományegyetem Hospice-Palliatív Tanszék
  Virág Edit, pszichológus
  Pécsi Tudományegyetem Klinikai Központ Onkoterápiás Intézet
- Oktatási módszerek: előadás, interaktív csoportmunka, önreflexiós gyakorlat

8. téma: **Életvégi ellátás a beteg otthonában**
- Oktatók: Lukács Miklós, diplomás ápoló, hospice ápoló
  Pécsi Tudományegyetem Klinikai Központ Palliatív Mobil Team
  Dr. Takács Katalin, geriáter, palliatív orvos
  Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszerek: előadás, interaktív csoportmunka, ápolási eszközök bemutatása

9. téma: **Gyermekek palliatív ellátása**
- Oktató: Dr. Ottóffy Gábor PhD, gyermekgyógyász, onkológus, palliatív orvos
  Pécsi Tudományegyetem Klinikai Központ Gyermekgyógyászati Klinika
- Oktatási módszerek: előadás, interaktív kiscsoportos szeminárium

10. téma: **Demens betegek palliatív ellátása**
- Oktató: Dr. Heim Szilvia PhD, családorvos
  Pécsi Tudományegyetem Családorvostani Tanszék
- Oktatási módszerek: előadás, interaktív kiscsoportos szeminárium, esetfeldolgozás

11. téma: **Kommunikáció súlyos állapotú betegekkel és családjukkal**
- Oktató: Dr. Pozsgai Éva PhD, Pécsi Tudományegyetem Hospice-Palliatív Tanszék, Pécsi Tudományegyetem Orvosi Népegészségtani Intézet
- Oktatási módszerek: előadás, esetfeldolgozás, kommunikációs gyakorlat

12. téma: **Hallgatók kiselőadásai**
- Oktatók: Dr. Csikós Ágnes PhD, palliatív orvos, háziorvos, tanszékvezető
  Pécsi Tudományegyetem Klinikai Központ Onkoterápiás Intézet, Pécsi Tudományegyetem Hospice-Palliatív Tanszék
  Busa Csilla PhD, oktató, kutató
  Pécsi Tudományegyetem Hospice-Palliatív Tanszék
- Oktatási módszerek: flipped classroom, interaktív csoportmunka

A kurzus megvalósítására 2023-ban került sor az őszi szemeszterben az egyetem azon előírásával összhangban, miszerint egy kurzus óráinak legfeljebb egyharmada oktatható online. Ezért a 2., 3. és 5. témaköröket online oktattuk, míg a többi órát (1., 4. és 6-11. témakörök) jelenléti módon tartottuk.
A tananyag magyar és angol változata is elkészült.

Értékelési módszerek

A félév során két anonim online kérdőívet töltöttek ki a hallgatók a következő kérdésekkel:

Kurzus előtti kérdések (2023 szeptember)

Motiváció
1. Miért jelentkezett erre a kurzusra? Mi a motivációja? (nyitott kérdés)

Ismeretek és készségek
2. Mit vár ettől a kurzustól? Milyen ismereteket és készségeket szeretne elsajátítani? (nyitott kérdés)
3. Megítélése szerint mennyire rendelkezik azokkal az ismeretekkel, amelyek a palliatív betegek ellátásához szükségesek? Értékeljen 0-tól 10-ig: a 10-es jelentse, hogy teljes mértékben, a 0 pedig, hogy egyáltalán nem.
4. Mennyire rendelkezik azokkal a kommunikációs ismeretekkel és készségekkel, amelyek az életvégi ellátás nyílt és empatikus megbeszéléséhez szükségesek? Értékeljen ismét 0-tól 10-ig.

Jelenléti és online oktatás
5. Melyik állítással ért egyet a következők közül? Kérjük, jelölje meg.
   1. A jelenléti oktatás minden esetben hatékonyabb, mint az online
   2. A jelenléti és az online oktatás hatékonyan kombinálható (pl. előadások megtartása online, gyakorlatok megtartása személyes jelenléttel)

Kurzus utáni kérdések (2023 december)

Motiváció
1. Teljesült-e az, ami miatt jelentkezett a kurzusra? Megkapta-e a kurzustól azt, ami motiválta az órafelvételkor?
   1. Igen, teljes mértékben
   2. Részben igen, részben nem
   3. Egyáltalán nem

Ismeretek és készségek
2. Megszerezte-e a kurzus során azokat az ismereteket és készségeket, amiket szeretett volna?
   1. Igen, teljes mértékben
   2. Részben igen, részben nem
   3. Egyáltalán nem

3. Megítélése szerint most, a kurzus végén mennyire rendelkezik azokkal az ismeretekkel, amelyek a palliatív betegek ellátásához szükségesek? Értékeljen 0-tól 10-ig: a 10-es jelentse, hogy teljes mértékben, a 0 pedig, hogy egyáltalán nem.
   Ez az eredeti ismereteihez képest…
   1. Jelentős javulást jelent
   2. Kismértékű javulást jelent
   3. Nem jelent változást

4. Mennyire rendelkezik azokkal a kommunikációs ismeretekkel és készségekkel, amelyek az életvégi ellátás nyílt és empatikus megbeszéléséhez szükségesek? Értékeljen ismét 0-tól 10-ig.
   Ez az eredeti ismereteihez képest…
   1. Jelentős javulást jelent
   2. Kismértékű javulást jelent
   3. Nem jelent változást

Jelenléti és online oktatás

5. Melyik állítással ért egyet a következők közül? Kérjük, jelölje meg.
   1. A jelenléti oktatás minden esetben hatékonyabb, mint az online
   2. A jelenléti és az online oktatás hatékonyan kombinálható (pl. előadások megtartása online, gyakorlatok megtartása személyes jelenléttel)

Kérjük, röviden indokolja meg a válaszát.

A kurzus teljesítését követően a hallgatók fókuszcsoporton vettek részt, ahol megvitatták a kurzussal kapcsolatos tapasztalataikat, az online és jelenléti oktatás során tapasztalt előnyöket és hátrányokat, az oktatási és tanulási módszereket és a javaslataikat.

Eredmények

Motiváció

A hallgatók legfontosabb motivációja a palliatív orvoslás jobb megismerése és a praktikus ismeretek megszerzése volt, és elsősorban azért vették fel a kurzust, mert érdekes témának tartották a palliatív ellátást. A kurzus utáni értékelés alapján a hallgatók összességében nagyon elégedettek voltak ezzel a tantárggyal, 100%-uk azt kapta a félév folyamán, amit előzetesen várt.

Ismeretek és készségek

A kurzus indulásakor a hallgatók az orvos-beteg kommunikációval, a palliatív ellátás különböző formáival, a fájdalomcsillapítással, a nem daganatos betegek palliatív ellátásával, és a saját szorongásukkal való megküzdés módjaival kapcsolatban szerettek volna ismereteket és készségeket elsajátítani. Mind a hét hallgató teljes mértékben megkapta a kurzustól azt, ami motiválta őket az órafelvételkor. A felmérésre használt 0-10 közötti skálán a kurzus előtt átlagosan 4,43 pontra értékelték azokat az ismereteiket, amelyek a palliatív betegek ellátásához szükségesek. A kurzus utáni felméréskor ugyanez az átlag 7,83 pont volt. Valamennyi hallgató úgy ítélte meg, hogy az eredeti ismereteihez képest ez jelentős javulást jelent. Az életvégi ellátás nyílt és empatikus megbeszéléséhez szükséges kommunikációs ismereteiket és készségeiket a hallgatók átlagosan 5,71 pontra értékelték a kurzus előtt, és 7,83 pontra a kurzus után a mérésre használt tízfokozatú skálán. 83%-uk esetében jelentős, 17%-uk esetében kismértékű javulás következett be az eredeti ismereteikhez, készségeikhez képest.

Jelenléti és online oktatás

A kurzus előtti felmérésben a hallgatók 71%-a értette egyet azzal az állítással, hogy a jelenléti és az online oktatás hatékonyan kombinálható és 29% gondolta azt, hogy a jelenléti oktatás minden esetben hatékonyabb, mint az online. A kurzus utáni visszajelzés során minden hallgató egyetértett a hibrid oktatás hatékonyságával. A következő okokat fogalmazták meg:

- A fizikai jelenlét nem szükséges a figyelem megragadásához és az interaktivitáshoz.
- Valódi érdeklődés esetén a résztvevők ugynúgy tudják követni és élvezni az online, mint a jelenléti órákat.
- Nagy előnye az online óráknak, hogy nem kell odautazni a helyszínre.
- Az online oktatás rugalmasabb.
- Bizonyos témák esetén az online forma hatékonyabb lehet.
- Az interaktivitás az online órákon is megvalósítható, és ugyanolyan hasznos, mint jelenléti órák esetén.

A fókuszcsoport legfontosabb eredményei

A fókuszcsoporton a hallgatók kifejezték a kurzussal való elégedettségüket fejezték ki és számos pozitív észrevételt fogalmaztak meg a hibrid oktatás-tanulás vonatkozásában:

- A hibrid oktatás bevett gyakorlat, nemcsak az oktatásban, hanem az élet más területein is. A pandémia miatt világossá vált, hogy a fizikai jelnlét nem mindig szükséges.
- Az online órák hatékonyak lehetnek, és könnyebbségnek találják, ha nem kell az órák helyszínére utazniuk. A tudás virtuálisan is ugyanúgy átadható és a kurzus során volt lehetőség kérdezni az oktatóktól.
- Kedvelték a hallgatók az online oktatást. Elméleti órák esetében az online órákat preferálták, a beszélgetős órák és a szemináriumok esetében pedig a jelenléti formát.
- Mind a két oktatási formát kedvelték a hallgatók, a hibrid oktatást előremutatónak tartották. Annak örültek, hogy az ápolási eszközök bemutatójára jelenléti formában került sor.
- A virtuális órák ugyanolyan hatékonyak voltak, mint a jelenléti órák.
- Szerették a hallgatók az online órákat, különösen a Poll Everywhere kérdőíveket, amelyeket anonim módon lehetett kitölteni.
- They liked the online classes, especially the Poll Everywhere questionnaires, where responses could be made anonymously.

Legfontosabb tanulságok

A hallgatók megismerkedtek a palliatív ellátás különböző dimenzióival, ami segítette számukra jobban megérteni a palliatív orvoslást. A legfontosabb üzenet, amit a kurzus résztvevői magukkal vittek, az volt, hogy a kellő ismeretek, a holisztikus megközelítés, a multidiszciplináris team-munka, az együttérző, de hatékony kommunikáció, valamint az önreflexió alapvető jelentőségű a magas minőségű palliatív elláttás biztosításához.

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McMASTER. Virtual Palliative Care Learning in the Undergraduate Medical School Curriculum at McMaster University: Exploring Learner Experiences

Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, Ontario (Canada)

Date completed:
April 2022

Project lead and team members

Project lead at site:
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Team members:
Dr. Jeffrey McCarthy; Assistant Clinical Professor[1], Ashlinder Gill, MSc; Research Coordinator[1], Christopher Klinger, PhD; Assistant Professor (Part-Time) and Research Lead[1], Collaborator: Dr. José Pereira; Professor[1,2].
This project summary completed by: Dr. Jeffrey McCarthy; Assistant Clinical Professor[1], Christopher Klinger, PhD; Assistant Professor (Part-Time) and Research Lead[1]

General information

Number of students: 221/year. 618/3 years. Increased to 218/year from 2023.
Semester: 3-year curriculum.
Length: Eight hours LEAP Fundamentals online modules. 13 hours instructional time; 2-week selective clerkship rotation
Integration:
Mandatory instructional time, with required LEAP Fundamentals
Educational theory of reference:
Constructivism

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INTRODUCTION

The McMaster University Michael G. DeGroote School of Medicine (https://medschool.healthsci.mcmaster.ca/) is known for its pioneering work in problem-based learning and evidence-based medicine. McMaster welcomes 221 students each year across 3 distributed campuses as one of two 3-year undergraduate medical programs in Canada. Students must complete another undergraduate degree prior to entering medical school. McMaster offers 241 first year postgraduate residency positions, with many more subspecialty and enhanced skills program positions. This includes 4 palliative care enhanced skills positions through the College of Family Physicians, 1 palliative medicine position through the Royal College of Physicians and Surgeons, and the Palliative Care Traineeship program for practicing physicians, offered through the multidisciplinary Division of Palliative Care (https://palliativecare.mcmaster.ca/).

SUMMARY

Eight hours of LEAP Fundamentals online modules (Pallium Canada), 13 hours of instructional time within the compulsary undergraduate medical curriculum at McMaster University. Topics covered include: Taking ownership of palliative care, advance care planning, essential conversations, pain and symptom management (including gastrointestinal symptoms, hydration and nutrition, delirium, and respiratory symptoms), psychosocial and spiritual care, and care in the last days and hours of life.

CONTENTS

Access information on: placement of palliative care in the university curriculum, integration of the program carried out, program description, evaluation methods, results and lessons learned.

TEACHING MATERIALS

→ Access to the 15 LEAP Fundamentals online modules is available to all McMaster undergraduate medical students and faculty members via a partnership agreement between the McMaster University Library and Pallium Canada. While access to the complete set of 15 modules is not publicly available, the first module, Taking Ownership, is made accessible for individuals to sign-up on the Pallium Canada website at https://www.pallium.ca/taking-ownership/.

For the six formal curriculum sessions, presenter slide sets have been developed by Drs. Hun-Je Park and Jeffrey McCarthy. For the Family Medicine clerkship selective rotation in palliative care for senior medical students, a compilation of required readings - mapped to a 2-week rotation schedule - has been created.

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Placement of palliative care in the university curriculum

The goal of undergraduate palliative care medical education at McMaster University in Hamilton, Ontario (Canada) is to equip medical students with the core skills of a primary palliative approach to care to support patients and families with serious illness, to build on in residency and future practice.

The Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) Canadian national competencies for medical students guide the development and refinement of curricular offerings, including 96 specific learning objectives. These competencies are promoted by the Association of Faculties of Medicine of Canada (AFMC), where the EFPPEC Project has been hosted.

Unlike medical school training in Europe, which lasts six years, in North America (Canada and the United States), medical training is typically four years. However, students must have completed another undergraduate degree prior to entering medical school, often in areas such as the health sciences and/or the basic sciences. Once medical training is completed, residency training is mandatory. Medical graduates cannot go into practice with only their undergraduate medical degree.

Two universities in Canada, McMaster University and the University of Calgary, offer a shortened undergraduate medical degree of three years. This curriculum covers the same content and areas of competencies as the other medical schools in their four-year programs, but breaks and vacations are shortened to allow for the material to be covered in three years.

At McMaster University, which is known internationally as the pioneer of problem-based learning, palliative care is a well-established component of the medical curriculum. Over the years, there have been some changes as the overall curriculum has undergone modifications and updates.

In essence, the curriculum consists of a series of six lectures and case-based learning workshops during the 1st and 2nd year. An optional selective palliative care clinical rotation is offered in the 3rd year. About 70 out of the annual 221 students in their last year complete this clinical rotation across different palliative care sites. The opportunity to expand clinical rotations in palliative care to a greater number of students is limited by the capacity of clinical sites and preceptors to take on more learners at any given time.

Integration of the program carried out

While palliative care education is embedded into the full three-year undergraduate medical curriculum at McMaster University, evaluation of virtual palliative care learning components in the curriculum is mainly geared toward the series of six lectures and case-based learning workshops during the 1st and 2nd year of Medical School that require review of eight hours of LEAP Fundamentals online module (Pallium Canada) content. An optional selective palliative care clinical rotation is offered in the 3rd year.

Program description

Eight hours of LEAP Fundamentals online modules (Pallium Canada), 13 hours of instructional time within the compulsary undergraduate medical curriculum at McMaster University. Topics covered include: Taking ownership of palliative care, advance care planning, essential conversations, pain and symptom management (including gastrointestinal symptoms, hydration and nutrition, delirium, and respiratory symptoms), psychosocial and spiritual care, and care in the last days and hours of life.

Evaluation methods

The overall goal of the curriculum evaluation study is to explore the relative contribution of the LEAP Fundamentals online self-learning modules (Pallium Canada) on the undergraduate palliative care curriculum, across the three years of medical school training. The specific research (quality improvement) questions are:

- Are the LEAP Fundamentals modules helping to equip students with core skills of a primary palliative approach to care at an appropriate level?
- Are the offered LEAP Fundamentals modules assessed as appropriate for their level of training by students and if so, why?
- Are the offered LEAP Fundamentals modules the right educational experience at the right time in the curriculum and why?
- Are the offered LEAP Fundamentals modules effective in learning the core skills of a primary palliative approach to care from the perspective of the learners' experience?
- Do given LEAP Fundamentals modules integrate effectively as preparation for formal curriculum sessions and clerkship rotations, and if so, how?
- What are the learner's expectations toward virtual education components and how are those met as part of McMaster's undergraduate palliative care curriculum?
- This project represents a secondary analysis of data being collected as part of a longitudinal, mixed methods approach (McMaster Undergraduate Palliative Care Education Evaluation Quality Improvement Study). Data is being collected mainly through online surveys, supplemented by interviews/focus groups with undergraduate medical learners. The surveys collect quantitative (descriptive) and qualitative data (open-ended questions). The virtual interviews/focus groups allow for deeper insights following a semi-structured questionnaire approach. A further focus group with representatives from all cohorts of medical learners is convened separately to specifically address the ELPIS component of the study.

Results

For the overarching Evaluating Undergraduate Palliative Care Medical Education at McMaster University study, most students were younger than 25 years of age and based at McMaster University's Hamilton campus. Most students had no prior experience or rotations in palliative care. They identified the online Pallium LEAP Fundamentals modules and curriculum sessions as helpful in learning a palliative approach to care and appropriate for their level of training. Student feedback to date focused on impact and improvements to the formal and informal curriculum: Students identified palliative care curriculum materials as engaging and interactive, with supportive preceptors and valuable palliative care rotations limited by elective availability.

Lessons learned

For the overarching Evaluating Undergraduate Palliative Care Medical Education at McMaster University study, students identified Pallium LEAP Fundamentals modules and curriculum sessions as helpful in learning a palliative approach and appropriate for their level of training. A more thorough specific evaluation of the online curriculum (Pallium Fundamentals modules) is ongoing.

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