Reflective Practice in Palliative Care Education

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The Course at Cambridge

- Traditional Pre-Clinical & Clinical courses run separately.

- Palliative Care as a strand subject in Clinical Course:
  - Spiral curriculum
  - Integrated into all areas of care and across all sessions.
  - Approximately 9½ days of face to face teaching over 3 years

- Reflective Portfolio Cases in final year started in 2007.
- Structured essay 2500 words based on a interview with a patient.
- Palliative Care Case Seminars in Stage 1 started 2012.
Final Year Reflective Portfolio Cases

➢ **GP Case:**
  • GP tutor identifies a suitable patient
  • Visit patient in their home
  • Discuss with GP tutor
  • Write up as a Reflective Portfolio Case
  • Marked by GP Teacher in the Clinical School

➢ **Hospital Case:**
  • Find a suitable patient, preferably from own firm and interview patient individually
  • Present and discuss at Hospital Palliative Care Seminar
  • Write up as a Reflective Portfolio Case
  • Marked by Hospital Consultant
Structure and Marking

5 domains: scored on factual content and reflection on that content:

• Introduction and Background
• Psychological, Existential & Spiritual Issues
• Professional Issues
• Personal Issues
• Learning Arising

Scores 0-3:

• 0 = inadequate, 1 = adequate, 2 = good, 3 = excellent

2 Additional marks for:

• Professionalism
• Referencing: useful, clear and relevant
Setting up the task to succeed

- Clear objective of reflective practice
- Learning theory explicitly mentioned in reasoning
- Concern for patients made clear
- Acknowledge the challenge of the task
- Professionalism
“Minutes into meeting him, any preconceived notions I might have held of a cachetic, depressed and bedbound palliative patient were shattered.”

“A very simple question I asked inadvertently started the discussion on our second visit: “What sorts of things trigger your darker moments?” In retrospect, acknowledging that there would be such things may have been a release for him, and he became tearful as he told us that leaving behind his wife and family terrified him. He tried not to think about ‘the inevitable’ because, as he put it, ‘I don’t have a clue what will happen’”

“In addition, she (Community PC Nurse Specialist) was able to put words to what we could see but were unsure how to describe; that he had become much more pressured in speech, uninterruptible, and, more concerning, forgetful, often losing a train of thought in the middle of a sentence. The overall picture was suggestive of new liver failure, with hepatic encephalopathy.”

“I can see that caring for someone in the palliative phase of an illness would be both rewarding and difficult - the two are not mutually exclusive. I also feel that it is acceptable for it to continue to be difficult; whilst we are medical professionals, we are also human, and from personal experience of bereavement, it is important to acknowledge that.”

“This encounter has profoundly changed the way I interact with patients, and I am far more aware of their emotions. Patients want to be seen as a person, not as a disease or a problem. I make an effort to consider them as individuals, and the best way to do that is to take the time to know more about the patient.”
Supporting Students

- **On Placement**
  - From GP tutor / from Hospital Consultant or Palliative Care Team

- **Via email**
  - “I did however find it very emotionally challenging considering everything that is going on…” Student; Father with cancer, wrote GP case but exempted the Hospital Case.

- **1 to 1 support**
  - Support for students to talk through their case rather than write a reflective piece. 2 students this year: one bereaved, one with Mum newly diagnosed with cancer.

- **Exemptions**
  - 2 GP exemptions, 2 Hospital exemptions, all different students.

- **Feedback**
  - Hospital seminar, written feedback with marking, and on request.

- **Setting own agenda**
  - Altered structure, personal story, reflecting on a family illness/bereavement.
Developing this form of Learning

- Taking Palliative Care cases into Stage 1 (first Clinical year)
- Developing our framework for assessment
  - Depth of Reflection
  - Assessment of reflection
  - Teaching critical reflection
- Faculty development
- Collaboration across specialties
- Dealing with large numbers of students
- New curriculum opportunities