Teaching the difficult-to-teach topics

Dr Iain Lawrie
Consultant and Honorary Clinical Senior Lecturer in Palliative Medicine
iain.lawrie@pat.nhs.uk
The context

- all doctors will see patients with progressive life-limiting conditions
- the relevance of palliative care to every clinician
- evolution of medical UG education (Lewington 2012)
  - from a focus on attainment of factual knowledge
  - to a broader, more rounded approach to preparation for provision of high quality, holistic care
  - more clinical experiences and emphasis on reflective practice
  - less didactic, lecture-based sessions
  - use of simulated patients and direct patient involvement (Laukner et al, 2012)
Palliative medicine in UG education

- Teaching in palliative medicine should be integrated throughout the medical undergraduate curriculum
  - Knowledge areas (e.g. symptom control)
  - Attitudinal aspects (e.g. teamwork and understanding patient and carer perspectives on illness)

- Teaching should be
  - Introduced early in the curriculum
  - Taught in a step-wise basis
  - Vertically integrated throughout the curriculum
The sessions

- palliative care considered in a broad sense; an example of holistic care
- small group discussions with
  - patients
  - carers
  - members of the multi-disciplinary team
- content
  - led by the patient/carer/professionals’ experiences
  - further explored with facilitated student questions
What did the students think?

“... a first hand experience of understanding patients’ feelings and through health professionals working in this field vastly broadened my views on patients’ feelings during diseases and that caring is very much greatly varied on an individual basis.”

“The session really helped me to see the person behind an illness.”
More comments

“It’s been really useful to hear from a patient (and a family member of a patient) about how the illness impacted different people in the family and first hand. The session was extremely useful and thought-provoking.”

“... her story made me realise how important it is to be a good communicator”
Where does this fit with what we know?

- horizontally and vertically integrating palliative medicine into undergraduate training improves outcomes for students (Mason & Ellershaw, 2010)

- the challenges of bedside teaching within palliative settings are recognised (Harris, 2011)

- palliative medicine teaching provides opportunities to develop attitudinal aspects of learning often not covered elsewhere (Olthous & Dekkers, 2003)

- early clinical contact has been found to play an important part in teaching professionalism, particularly patient contact (Goldie et al, 2007)
What should we consider?

- patient and multi-disciplinary team contact in a non-clinical setting
- alternative learning methods can be useful in providing different perspectives
- providing opportunities to shape and develop attitudes at an early stage
- a foundation for future learning about palliative care
- insights into broader attitudes on providing good care and professionalism
Thank you ... questions?
References