

# Applying the EAPC Recommendations in the Development of a Standardised Undergraduate Curriculum in Palliative Medicine: the EDUPALL project.



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## Background

Access to Palliative Care is increasingly recognised as an International Human Right.<sup>1</sup> The Lancet Commission report ‘Alleviating the access abyss in Palliative Care and Pain Relief’ estimated 25.5 million of the deaths in 2015 involved serious health-related suffering, equating to six billion hours of significant distress.<sup>2</sup>

According to the World Health Organisation (WHO) *Global Atlas of Palliative Care at the End of Life*, the main barrier to increased access to Palliative Care is a lack of trained healthcare professionals.<sup>3</sup> Hence, the WHO recommends that “palliative care should be integrated as a routine element of all Undergraduate Medical Education”.<sup>4</sup> However, the provision of training for medical undergraduates is variable; only 30% of 43 European countries have mandatory training in Palliative Medicine.<sup>5</sup>

EDUPALL<sup>6</sup> is an Erasmus+ funded project, led by Transilvania University Brasov, to produce a complex European Palliative Care programme for undergraduate medical students based on the EAPC recommendations for undergraduate education. The EDUPALL project will develop and pilot an undergraduate programme for training in Palliative Medicine, producing: a Standardised Curriculum with multimedia teaching resources; resources for Faculty Training and Development; and an Implementation and Evaluation Programme. The EDUPALL Collaborative is a multi-professional, interdisciplinary international group from Romania, Ireland, Germany, Austria, Spain and the UK

The EDUPALL Collaborative



The first step of the EDUPALL project was to systematically review the current EAPC Recommendations for the Development of Undergraduate Curricula in Palliative Medicine, translating these into an updated curriculum document.

## Methods

The European Association of Palliative Care (EAPC) considers that “every undergraduate medical student will need to learn about Palliative Care” and in 2007, developed and published guidelines for training in Palliative Care at undergraduate level. The guidelines were revised and republished in 2013,<sup>7</sup> following a modified Delphi process that engaged experts from across Europe, to ensure the that updated recommendations were meaningful, relevant and applicable across the continent.



### Critical Review and Revision of the 2013 EAPC Recommendations.

Clinicians, Academics and Researchers from the EDUPALL Collaborative were divided into four supra themed groups (Table 1) with each group structured to maximise international and professional diversity from within the EDUPALL team.

Group	Themed Group
Group 1	Basics of Palliative Care + Psychosocial and Spiritual Aspects
Group 2	Pain Assessment and Management
Group 3	Symptom Assessment and Management
Group 4	Ethical & Legal Issues + Communication + Teamwork & Self-Reflection

**Step 1—Review:** Each group systematically reviewed the EAPC recommendations for relevance, purpose and potential omissions/additions, using a variant of consensus methodology.<sup>8</sup>

**Step 2—Revision:** Initial revisions and additions to the EAPC Recommendations were centrally collated and then discussed across the whole EDUPALL team for either acceptance or rejection, to produce an updated version of the 2013 EAPC Recommendations.

**Step 3—Translation:** Each working group then translated each recommendation into a specific Learning Objective, and developed associated learning outcomes, stratified by domain:

- Attitude; Cognition; Skills.

The Outcomes and Objectives were organised into discrete teaching units and transferred into a Curriculum Template, identifying notional hours, teaching and assessment strategies.

**Step 4—Peer Review:** To ensure Quality Control, the draft template was circulated to experts from 17 European Countries, together with a brief survey instrument, for peer review purposes.

## Results

**Review and Revision:** Updates to the existing EAPC Recommendations included additional objectives within the Pain and Symptom Management themes, and the development of a specific set of knowledge goals pertaining to Care of the Dying. This perhaps reflects an increased attention, understanding and specialisation within symptom management, and an increased focus on care specific to the last days and hours of life. A revised version of the 2013 EAPC Recommendations has been produced, and will be adopted by the EAPC as an updated version, and hosted on the EAPC website.<sup>9</sup>

**Translation:** Each themed group completed template, including:

- Learning Outcomes— against the newly developed recommendations;
- Learning Objectives that address:
  - Knowledge and Understanding; Practical Skills; Personal Competencies;
- Teaching Plans/Methods and Assessment Strategies
- Required resources – to support training.

The template was further refined to enable the development of distinct Teaching Units for “core” Learning Outcomes with linked Learning Objectives, stratified by domain. Additionally, within the Teaching Units, notional hours were outlined to help provide structure to the final curriculum. An example of the template is presented below:

Topic	Teaching unit	Learning Outcome(s)	Learning Objectives: Cognitive/Knowledge and Understanding	Learning Objectives: Ability/Practical Skills	Learning Objectives: Attitude/Personal Competencies	Learning modality Teaching Methods and Timings	Assessment modality	EAPC REC Syllabus
Symptom Assessment and Management 20%	Principles of Symptom Assessment and Management	Understand the core principles, assessment, diagnosis and treatment of common symptoms in Palliative Care.	Discuss the principles of symptom management according to the stage of disease, and the impact on the patient and their family. Appraise the similarities/differences in symptom management in Curative approach versus Palliative Care approach. Describe the principle of continuous and “as-required” medication.	Use a systematic approach (e.g. the OPQRSTU framework) to investigate symptoms when undertaking a holistic assessment.	Identify the importance of the individuals’ goals and concerns regarding treatment. Explain the value of the interdisciplinary approach to symptom assessment.	Class room teaching 1hr + Experiential learning through bedside observation – 1hr	Formative – Observation (Clinical Practice/ Simulation) + Short Answer Exam Questions Structured Review of evidence base for one symptom.	Curative treatment Palliative medicine Interdisciplinary options
	Assessment and Management of Fatigue, Digestive and Respiratory Symptoms in Palliative Care	To assess and manage common symptoms Palliative Care using best evidence guidelines and protocols of care.	Outline common causes of common symptoms, including: Constipation; Diarrhoea; Nausea/ Vomiting; Anorexia/ Cachexia; Fatigue; Oral problems (Xerostomia, Dysphagia); Dyspnoea; and Cough. Describe and justify management plans, incorporating pharmacological and non-pharmacological approaches to care.	Explain and Provide advice/ education to people with life-limiting conditions, in the context of the management of symptoms.	Reflect on how each symptom affects the quality of life of the patient. Examine the limits of pharmacotherapy in relieving all/ every symptom – and the doctors continued role in patient support.	Online learning 6hrs + Seminar/ Experiential learning through bedside observation – 2hrs		Gastrointestinal symptoms. Anorexia, Cachexia and Fatigue Oral Care Pulmonary symptoms
	Dermatologic conditions.	To assess, (prevent) and manage dermatologic conditions associated with life-limiting conditions using best evidence guidelines and protocols of care.	List the main signs and symptoms of dermatologic conditions in palliative care (pressure ulcers, lymphoedema, malignant ulcers).	Develop a management plan for patients with dermatologic conditions to provide symptom relief, including pharmacological and non-pharmacological approaches. Demonstrate ability to explain the approaches for preventing the development of dermatologic conditions such as pressure sores and lymphoedema.	Adopt the practice of routine screening for dermatologic conditions (e.g. the common sites of pressure ulcer formation)	Online learning 1hr Clinical placement/ seminar – 1hr		Dermatologic symptoms

### Peer Review.

All invited reviewers (n=27) returned overwhelmingly positive comments on the Curriculum Template. There was large agreement that: the teaching units were logically organised; Learning Outcomes covered core training needs; Learning Objectives provided guidance for teaching sessions; learning modalities were appropriately aligned; assessment strategies were fit for purpose. One reviewer commented:

*“We have carefully compared the presented curriculum with the curriculum running on the Faculty of Medicine – the document prepared is better drafted, more comprehensive and creates the excellent basis for Undergraduate Education in Palliative Care. It can serve as a sample for further development of the teaching of Palliative Care in medical universities (schools) worldwide.”*

Some challenges were raised regarding the overall notional 72 hours for the curriculum, with several peer reviewers identifying limited opportunity for expanding current provision within existing undergraduate medical curricula.



## Conclusion

An updated and standardised curriculum\* has been developed and provides a platform for the sequential development of the next phases of the EDUPALL project. The experience of the EDUPALL consortium members, combined with the input from established expert reviewers, has resulted in a curriculum that is relevant to the wider European and International community. The developed EDUPALL Curriculum also provides an opportunity to set a quality threshold for benchmarking undergraduate training and education across Europe.

\*The curriculum together with the lesson plans can be viewed at the EAPC stand and obtained in electronic version free of charge by registration on the dissemination list

## References

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