



THE REPUBLIC OF UGANDA  
MINISTRY OF EDUCATION AND SPORTS

**BUSINESS TECHNICAL VOCATIONAL EDUCATION AND TRAINING (BTVET)**

**CURRICULUM DOCUMENT FOR DIPLOMA  
IN PALLIATIVE CARE NURSING**



**November 2018**



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## FOREWORD

Uganda's Vision 2040 for health is to provide equitable and affordable health care at the highest standards to her citizens. The Ministry of Education and Sports in collaboration with Ministry of Health are committed to the realization of this vision. One of the strategies implemented by the Government is to train nurses with relevant competencies for provision of quality holistic care which improves and promotes the health status of Ugandans and beyond. The development of this advanced Diploma in Palliative Care Nursing curriculum is in alignment with Uganda's Second National Health Policy of 2010 which has a mission of providing health services to all people in Uganda through delivery of promotive, preventive, curative, *palliative* and rehabilitative health services at all levels. The national development plan II and the international sustainable development goal 03 and 04 also emphasises quality education of health workers for delivery of health services at all levels.

The Health sector registers increasing number of non-communicable diseases. It is estimated that over 80,000 new cancer cases are diagnosed in Uganda every year and there are approximately 1.4 million Ugandans living with HIV/AIDS. (UBoS, 2016). Diseases like diabetes, hypertension, and cardiac diseases are also on the rise. These conditions all lead to terminal/chronic and debilitating disease status which requires palliative care and therefore the need for nurses to provide Palliative care services. It is on this background that Ministry of Health has requested my Ministry to introduce an advanced diploma in palliative care for nurses and midwives. With support from the Palliative Care Association of Uganda (PCAU), the Ministry of Education and Sports together with Ministry of Health and Mulago School of Nursing and midwifery developed this curriculum to guide the training of nurses in this area. I have high confidence that the competencies prescribed in this curriculum are adequate for the nurses to attain the knowledge, skills and attitude for the provision of quality Palliative Care services at all levels.

I therefore call upon the tutors and preceptors/mentors to ensure that this curriculum is implemented according to the prescribed levels. I also call upon the students to ensure that they strictly follow the guidance provided by their tutors and preceptors. I commend all stakeholders who have participated in the development of this curriculum.



Alex Kakooza

**Permanent Secretary**  
Ministry of Education and Sports

## **ACKNOWLEDGEMENTS**

The development of this curriculum would not have been possible without the contribution of various organisations and individuals who provided their time, technical expertise as well as financial support.

Special thanks go to Palliative Care Association of Uganda (PCAU), Mulago School of Nursing and Midwifery (MSNM), the Institute of Hospice and Palliative care in Africa (IHPCA) at Hospice Africa Uganda, Ministry of Health for spearheading the curriculum development process.

The Ministry of Education and Sports staff from the BTVET department, National curriculum development centre, Uganda nurses and midwives examination board and National Council for higher education are highly appreciated. Mulago National Referral Hospital and Uganda Nurses and Midwives Council are appreciated for their tremendous support and guidance they provided during this process.

All organisations and individual who participated in the curriculum development process in one way or the other are appreciated for their time, expertise and commitment, without them this task would not have been possible.

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ADPCN	Advanced Diploma in Palliative Care Nursing
APCA	African Palliative Care Association
ARV	Antiretroviral
AU	African Union
BTVET	Business, Technical, Vocational Education and Training
CDC	Centre for Disease Control
CPD	Continuous Professional Development
HAART	Highly Active Antiretroviral therapy
HAU	Hospice Africa Uganda
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSDP	Health Sector Development Plan.
ICT	Information Communication and Technology
IHPCA	Institute of Hospice and Palliative care in Africa
MNRH	Mulago National Referral Hospital
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MSNM	Mulago School of Nursing and Midwifery
NCDC	National Curriculum Development Center
NCDs	Non-communicable Diseases
PC	Palliative Care
PCAU	Palliative Care Association of Uganda
PLWHA	People Living with HIV/ AIDS
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCST	Uganda National Council for Higher Education
UNMC	Uganda Nurses and Midwives Council
UNMEB	Uganda Nurses and Midwives Examinations Board
UNMU	Uganda Nurses and Midwives Union
WHA	World Health Assembly
WHO	World Health Organization
WHPCA	Worldwide Hospice Palliative Care Alliance

# 1.0 INTRODUCTION

## 1.1 BACKGROUND

The Ministry of Health requested MoES has introduced the post basic advanced diploma training program in palliative care for registered nurses in the nurses' training schools, because of the high prevalence of Non Communicable diseases, HIV/AIDS and cancer so as to avail and increase access to palliative care services. Mulago School of Nursing and Midwifery (MSNM), has been identifies as one of the ideal institutions to start this training as a pilot then it will be rolled out to other institution if need be. This because the school has evolved over time with many successes and its is considered one of the best especially in the areas of specialized courses in order to address the growing need for specialized nurses required to offer specialized services as it uses Mulago National Referral and Teaching Hospital as its training site. The school is also in possession the best nursing tutors in the country.

The MoH within the Public Private Partnership for Health (PPPH) with Hospice Africa Uganda and the Palliative care Association of Uganda has been supporting training of diploma palliative officers at HAU. However the output of 15 graduates per year has been noted to very low compared to the estimated need for palliative care services i.e.255, 000 cancer and HIV/AIDS patients need palliative care services. This increasing demand has prompted the government of Uganda to start an advanced diploma in Palliative Care Nursing in government health training institutions. This is aimed at increasing the numbers of palliative care nurse providers and increase access of palliative care services to patients in severe pain due to chronic and debilitating illnesses.

## 1.2 Uniqueness of the Programme

The Advanced diploma in Palliative Care Nursing (DPCN) is a unique programme because:

- i) It aims to develop a cadre of specialised nurses capable of assessing and managing pain and symptoms as well as suffering caused by serious chronic illnesses;
- ii) It evolves from the PC needs identified from the communities. It is tailored to the knowledge and skills gap of the nurses, where there is a shortage of doctors to prescribe medications to relieve pain and other symptoms;
- iii) It draws from the wide experiences and technical expertise of PC practitioners as well as best practices in the country;
- iv) The course meets the objective of developing prescribers to form a critical mass and bridge the gap of inadequate numbers of PC practitioners and prescribers in the country;
- v) It is one of the courses in the country that empowers and enables registered nurses to prescribe class A drugs especially oral liquid morphine and other palliative care medications;
- vi) It will equip the graduates with training skills so that they are able to train and mentor others;
- vii) It will equip graduates with the knowledge and skills to utilise digital health nursing;
- viii) The course has potential for attracting nurses from other African countries as it will be the first of its nature on the continent.



### **1.3 OBJECTIVES OF THE PROGRAMME**

The graduate from the DPCN should be able to:

- i) Assess and manage patients' using a holistic approach at all levels of service delivery in the health care setting, including within the community;
- ii) Deal with complex clinical situations using methods of effective assessment, diagnosis and management of pain and other symptoms;
- iii) Demonstrate a high level of integrity in observing the legal requirements and procedures for using oral morphine, other medicines and treatment modalities;
- iv) Communicate appropriately with patients and their families, communities and colleagues on issues regarding diagnosis and related treatment;
- v) Apply appropriate Information Technology (IT) skills and act as a resource for utilisation and dissemination of information on palliative care in the community, health units and district;
- vi) Develop PC reports and contribute to the national Health Management Information System (HMIS);
- vii) Work independently with minimal supervision as palliative care health professionals in collaboration with other stakeholders;
- viii) Train, supervise, assess, coach and mentor others;
- ix) Undertake research, identify and document good practices and disseminate results to colleagues and other stakeholders;
- x) Advocate for PC services at local, national and international levels;
- xi) Support community linkage and households on palliative care initiatives with other stakeholders.
- xii) Provide leadership in the integration of palliative care within existing health services.

### **1.4 Programme Mission**

The mission of the DPCN is to develop specialised PC nurses capable of taking on clinical, educational, managerial, policy and research roles in PC.

### **1.5 Programme Goal**

The goal of the programme is to produce multi-skilled graduates for Uganda who will develop and manage clinical PC services. It will also continue to increase the number of PC practitioners who will prescribe palliative care medications.

### **1.6 Profile of Desired Graduate**

The graduate of the DPCN programme will need to be able to demonstrate skills in practicing palliative care in a resource-limited environment, and developing PC services, training and mentoring others. This would require leadership, clinical, organisational and management skills, as well as advanced health professional and educational skills. The graduate should be able to observe the ethical and professional codes of conduct while dispensing their services.

## **2.0 IMPLEMENTATION GUIDELINES**

### **2.1 TITLE OF THE PROGRAMME**

The title of the programme is Advanced Diploma In Palliative Care Nursing (DPCN). The training shall be full time (12 months) and will run on the semester system. Each semester shall consist of 17 weeks, which will comprise 15 weeks of teaching and 2 weeks of examinations.

## **3.0 JUSTIFICATION FOR THE PROGRAMME**

In 2014, the first ever global resolution on palliative care, World Health Assembly resolution WHA67.19, called upon WHO and Member States to improve access to palliative care as a core component of health systems, with an emphasis on primary health care and community/home-based care (WHA, 2014). In this resolution, WHO Member States are urged to include palliative care as an integral component of the ongoing education and training offered to care providers, in accordance with their roles and responsibilities.

Uganda is facing an increasing burden of NCDs and infectious diseases, and these are posing a public health crisis. However, the country still has a significant unmet need for palliative care and pain relief services. Currently only 11% of those who need pain control within the wider context of palliative care access it (Knaul et al., 2017).

Uganda's Health Sector Development Plan 2015/16 - 2019/20, shows that hospice and palliative care services are being offered in only 4.8% of the hospitals in the country (Ministry of Health, 2015). This plan lists palliative care services as one of the development priorities towards achieving Uganda's health sector objectives. The Republic of Uganda Human Resources for Health Strategic Plan 2005-2020 (Ministry of Health, 2017), projects a need of 700 palliative care professionals to be trained. Currently there are only 191 clinical palliative care practitioners providing care to an estimated 255,000 patients with cancer and AIDS, alongside those suffering from other chronic diseases in severe pain being cared for in health facilities and at home (UBoS, 2016)

The MoES was requested to introduce the post basic diploma in palliative care for nurses and midwives in its health training Institutions because of its mandate. Some institutions offer specialised programs and palliative care is going to be one of those programmes following capacity building amongst the tutors.

The training will not only enable the sector to realise a critical mass of PC specialised nurses, but also meet the set targets of the Human Resources for Health Strategic Plan for the provision of PC in the hospitals, which is part of the comprehensive health care package for the people in Uganda (MoH, 2007)

The course will produce graduates capable of improving the quality of life of patients and their families facing life threatening illness, through the assessment, management and treatment of pain and other physical, psychosocial, spiritual and cultural problems and above all the ability to prescribe morphine that is only limited to Doctors and palliative care nurses.

## **4.0 COURSE STRUCTURE**

The structure of this course has been framed utilising the competences that were developed for graduates from the clinical palliative care course which has been conducted by Hospice Africa Uganda since 2002. These were revised in 2017 as part of an evaluation of PC nurse prescribing in Uganda (Downing, 2018).

### **4.1 Programme Management Capacity**

The faculty of palliative care in the nurses training institutions will be run by competent palliative care tutors. The programme will run basing on the UNMEB calendar semester system with the capacity of 40 students per intake.

### **4.2 General Regulations**

The DPCN is a 12 months full-time academic programme. There will be 2 semesters of 22 weeks each. The programme will be governed by the general regulations of the University and Other Tertiary Institutions' Act (2006), the UNMC Act (1996), the Nurse's ethical code of conduct and other relevant legal documents.

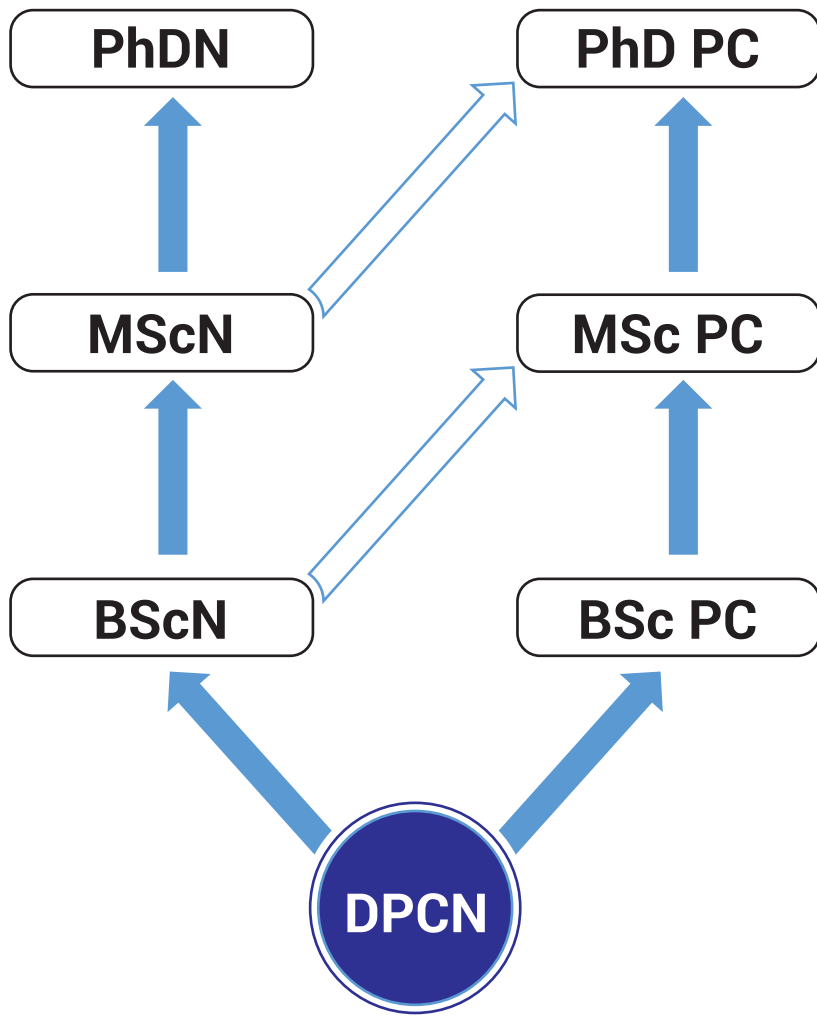
### **4.3 Admission Requirements**

For admission to the DPCN, candidates are required to:

1. Hold a Diploma or Degree in Nursing, Midwifery, Psychiatry or Comprehensive Nursing;
2. Have a minimum of 2 years working experience;
3. Be working in a licensed health facility;
4. Have up-to-date registration with the Uganda Nurses and Midwives Council;
5. Have a letter of recommendation from current employer.

### **4.4 Career and Employment Opportunities**

Graduates of the DPCN have a vast array of employment opportunities open to them. Employment settings include: referral hospitals, military hospitals, district hospitals, health centers, faith based hospitals, and hospice facilities, among others. In addition, the DPCN prepares the nurse for roles such as an educator, palliative care nurse specialist, palliative care administrator, advocate and researcher. Graduates of this programme are open to take different career paths, including BSc, Masters and PhD which are already being offered in Uganda and worldwide, as elaborated in Figure 1, below.



**Figure 1: Career paths for graduates of the DPCN**

## **5.0 PROGRAMME DESCRIPTION**

### **5.1 Type of Programme**

This is a full-time programme of 12 months constituting both course work and a research project.

### **5.2 Examinations and Diploma Award Regulations**

Students will be required to do all courses as mandatory, and complete assignments and semester examinations set by the Uganda Nurses and Midwives Examinations Board (UNMEB). The final examinations and grades of each candidate shall be administered by UNMEB who will award the DPCN. Candidates must sit and pass all the prescribed courses.

### **5.3 Assessment of courses**

Assessment of students shall comprise the following;

- i) Progressive Assessment -40 %
- ii) End of semester UNMEB Examination. -60%

Assessment of practice shall include competency based assessment through observation of candidates clerking patients (including the taking of history, doing physical examination, and presentation of both short and long cases), review of the candidates log book and a reflective paper based on the cases handled during the practicum.

Written papers shall comprise of;

- i) Multiple Choice Questions,
- ii) Fill in for the blank spaces
- iii) Short Answer Questions,
- iv) Essay Questions.

Progressive Assessment shall consist of written cases, reports and written tests. 90% classroom and clinical attendance is required of classroom attendance to allow the student to sit their exams.

### **5.4 Course grading**

Assessments shall be graded as follows:

- |              |                |
|--------------|----------------|
| 1. 75 - 100% | A–Distinction; |
| 2. 65 - 74%  | B-Credit;      |
| 3. 54 - 64 % | C+- Pass;      |
| 4. 50 - 53%  | C- Pass;       |
| 5. Below 50% | Failure.       |

### **5.5 Research guidelines**

- a) Research will be carried out during the recess term. This should conform to the guidelines of UNMEB.
- b) The students will be required to submit one copy of their action research report accompanied

by a declaration to UNMEB stating that it is their own work and that it has not previously been submitted for any award at any other University or tertiary institution.

- c) The report will be marked following its submission.

### **5.6 Rules of examination**

- a) If a student fails an examination at the end of the semester (progressive and promotional), they will be allowed to continue on probationary basis but will retake the course examination failed when next offered.
- b) i) If a student fails a paper three times, it will lead to automatic discontinuation from the programme.  
ii) If a student fails three course examination papers at one sitting they will automatically be discontinued from the program
- c) All candidates must meet the requirement of at least 90% contact hours per course unit for both clinical and lectures. If this is not met, the candidate shall be required to repeat the course unit in question when next offered.
- d) A student found in any form of malpractice or gross professional misconduct shall be discontinued from the programme.

### **5.7 Graduation requirements**

The DPCN will be awarded without classification to a candidate who completes and passes all course units and UNMEB exams.

### **5.8 Regulation, Registration and Licensure**

The programme shall be registered and regulated by the Uganda Nurses and Midwives Council.

### **5.9 Organisation of the Programme**

- a) The programme shall be run on a semester system consisting of two semesters each of 22 weeks. Semester start and end schedule is shared in Table 1.
- b) The two 22-week semesters are divided into:
  - i. A clinical placement period of 14 weeks;
  - ii. 7 weeks theory;
  - iii. 1 week for assessment.
- c) All course units are core and mandatory, and must be passed and taken in the semester they are offered.
- d) The course will be delivered using different learning methods including didactic teaching, group work, case discussions, clinical teaching at different placement sites, on-going mentorship and supervision during follow up.

**Table 1: Semester start and end schedule**

Semester	Begin	End
1 <sup>st</sup> Semester	2 <sup>nd</sup> week January	4 <sup>th</sup> week June
2 <sup>nd</sup> Semester	3 <sup>rd</sup> week July	2 <sup>nd</sup> week December

**5.10 List of courses and course codes**

- I. One Practical Hour (PH) will be equivalent to half a contact hour (CH).
- II. One Clinical Learning Hour (CLH), Tutorial Hour (TH) or Lecture Hour (LH) will be equivalent to one Contact Hour (CH).
- III. 15 Contact Hours (CH) will be equivalent to 1 Credit Unit (CU).

The programme will be made up of the following courses:

**Table 2: Programme courses**

Codes	Semester 1	PH	TH	CLH	LH	CH	CU
<b>ADPC101</b>	Foundations of palliative care		5	4	25	30	2
<b>ADPC102</b>	Research methods			25	20	60	4
<b>ADPC103</b>	Ethics and legal issues in palliative care		5		25	30	2
<b>ADPC104</b>	Nursing informatics	40	5		20	45	3
<b>ADPC105</b>	Communication and counselling in palliative care	10	10	10	25	45	3
<b>ADPC106</b>	Psychosocial issues and teamwork		6	6	18	30	2
<b>ADPC107</b>	Pain assessment and management	10	10	10	20	45	3
<b>ADPC108</b>	Clinical Placement I	30	15	15		45	3
	<b>TOTAL</b>						<b>21</b>
	<b>Semester 2</b>						
<b>ADPC209</b>	Palliative care in disease specific conditions	10	10	10	20	45	3
<b>ADPC210</b>	Symptom control	10	10	10	20	45	3
<b>ADPC211</b>	Opioid use in palliative care	10	10	10	20	45	3
<b>ADPC212</b>	Spiritual and cultural issues	10	5	5	15	30	2
<b>ADPC213</b>	Teaching methodology	10			10	15	2
<b>ADPC214</b>	Mentorship	10	-		10	15	1
<b>ADPC215</b>	Death, dying, grief and bereavement	10	5	5	15	30	2
<b>ADPC216</b>	Clinical Placement II	30	15	15		45	3
<b>ADPC217</b>	Applied research	30	30			45	3
	<b>Total</b>						<b>23</b>

## **6.0 COURSE DESCRIPTIONS FOR SEMESTER I**

### **DPCN 101: FOUNDATIONS OF PALLIATIVE CARE**

**Course weight:** 3CU

#### **Course description**

This course will provide a background and understanding of the philosophy of palliative care, discussing its origins and the history of palliative care in Uganda. The Public Health Approach to palliative care will be explored and critically analysed. Legal and regulatory frameworks of palliative care at the global, regional and national level will also be explored and discussed including the World Health Assembly palliative care resolution of 2014. Issues and challenges for the integration of palliative care into existing health structures will be explored along with specific challenges within the Ugandan context. Individual roles within the multi-disciplinary palliative care team will be explored and the issue of team work within palliative care analysed.

#### **Course objectives**

- To explore the philosophy of palliative care and analyse this within the Ugandan context.
- To explore issues with regards to individual roles within the palliative care team.
- To critically analyse the application of the public health approach to palliative care and the integration of palliative care into practice.
- To analyse the global, regional and national legal and regulatory frameworks for palliative care and their implementation in Uganda.

#### **Learning objectives**

Upon completion of this course unit, the students will be able to:

- Discuss the philosophy and ethos of palliative care and its implementation in different settings;
- Demonstrate how palliative care can be implemented and integrated into practice in own hospital/organization/health unit;
- Distinguish between palliative care and curative care and discuss specific issues for palliative care in Uganda;
- Discuss the skills needed in order to contextualise and provide palliative care that is appropriate within the context of where they are working;
- Discuss and critically analyse the public health approach and its application to palliative care;
- Discuss and demonstrate an understanding of the legal and regulatory frameworks for palliative care at the global, regional and national level;
- Discuss and evaluate their role within the multi-disciplinary palliative care team;
- Identify the need for the involvement of other members of the multi-professional team, discuss their roles and make appropriate referrals.



## **Competency**

Upon completion of this course the students will have the following competencies:

### ***Knowledge***

- Philosophy of palliative care.
- Differences between palliative care and curative care.
- Public health approach and its application to palliative care.
- Importance of multi-disciplinary approach in palliative care.
- Legal And regulatory frameworks for palliative care.

### ***Attitude***

- Recognise the importance of multi-disciplinary approach in palliative care.
- Care and empathise in the provision of palliative care services.

### ***Skills***

- Provide palliative care to patients and their families using the appropriate principals.
- Integrate and Implement palliative care into practice in own hospital/organization/health unit.
- Implement a holistic approach in the assessment and management of patients.
- Correctly analyse patients' needs and make appropriate referral

## **Course outline**

1. Introduction to palliative care– definition, concepts, models, Ethos. Holistic approach
2. The need for and issues of palliative care in Uganda
3. The public health approach and its application to the management of patients with palliative care needs Defining context and contextualising palliative care
4. Factors affecting provision and access to palliative care services
5. Best practices within the delivery of palliative care in Africa
6. Regional perspective on Palliative care.
7. Team and individual roles within the multi-disciplinary palliative care team

## **Mode of delivery**

- Lectures
- Group discussions
- Case studies
- Case conferences and Journal Clubs

## **Mode of assessment**

- a) Progressive assessment (40%)
  - i. Written tests (10%)
  - ii. Course work/ take home assignments (20%)
  - iii. Tutorials (10%)
- b) End of semester examinations (60%)

## Reading list

Becker R (2010) *Fundamental Aspects of Palliative Care Nursing 2<sup>nd</sup> Edition: An evidence Based Handbook for Student Nurses*. Quay Books, UK.

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World Health Assembly, May, 2017. Seventieth World Health Assembly. *Cancer prevention and control in the context of an integrated approach*. Available at: <http://www.who.int/cancer/media/news/WHA58%2022-en.pdf?ua=1>

World Health Assembly. *Strengthening of palliative care as a component of integrated treatment within the continuum of care*. 134th session. EB134.R7. 2014.

# **DPCN102: RESEARCH METHODS**

**Course Weight:** 2CU

## **Course description**

The course unit will prepare and equip students with the knowledge and skills of research methodologies which they will employ to conduct their identified research proposal.

## **Course objectives**

To prepare students with the necessary knowledge and skills in action research.

## **Learning objectives:**

Upon completion of this course unit the students will be able to:

1. Develop a research proposal;
2. Discuss the different types of research designs and data collection methods;
3. Discuss how to process, analyse and report data.

## **Competence**

Upon completion of this course, the students will have the following competencies:

### ***Knowledge***

1. Describe the process of planning and carrying out a research project.
2. Describe different types of research designs.
3. Explain methods and steps of data collection.
4. Explain procedure of processing, analysis and reporting of data.

### ***Attitude***

1. Appreciate the importance of research in health care.
2. Appreciate the legal ethical issues in research.

### ***Skills***

8. Development of research proposal.

## **Course outline**

1. Introduction to applied research
  - a. Formation of research topics
  - b. Writing a research proposal
2. Conducting research
  - a. Procedure of developing data collection tools
  - b. Data collection techniques
  - c. Sampling methods
  - d. Pre- testing methodology
  - e. Pre- visit to the study area
  - f. Steps of data collection
  - g. Procedure of data processing and analysis
  - h. Methods of data presentation
  - i. Computer applications

- j. Ethical consideration in research
3. Research reporting
    - a. Components of research report
    - b. Procedure of writing research report

### **Mode of delivery**

1. Lectures
2. Group discussions
3. Brain storming
4. Supervised practice

### **Mode of assessment**

1. Topic presentation (10%)
2. Course work/ take home assignments (10%)
3. Tutorials (10%)
4. Research proposal (70%)

### **READING LIST**

Cormack D. (2010) *The Research Process in Nursing*, 3<sup>rd</sup> (ed). Blackwell Science, Oxford

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Polit DF Hungler BP. (2007) *Nursing Research; Principles and Methods*. Lippincott Williams, UK.

Rhee JY, Luyirika E, Namisango E, Powell RA, Garralda E, Pons JJ de Lima L, Centeno C. (2017) *APCA Atlas of palliative care in Africa*. IHPCA press, USA.

## **6.3 COURSE UNIT 03: ETHICAL AND LEGAL ISSUES IN PALLIATIVE CARE (3CU)**

**COURSE CODE: DPCN103**

### **Course description**

This course unit will explore the importance of ethics in palliative care. Students will be equipped with a broad knowledge base in this area, which will enable them to have an appreciation of ethical issues in their own practice and how these can be managed in patient care. The course will also introduce the common legal and human rights issues that impact on the provision of palliative care.

### **Course objectives**

1. To equip students with knowledge and skills in reflecting on ethical and legal issues and their implication on palliative care practice.

### **Learning objectives**

On completion of this course unit, the students will be able to:

1. Identify the four pillars of medical ethics;
2. Maintain patient confidentiality as appropriate;
3. Explore ethical components of palliative care practice and the application of ethical principles to practice;
4. Discuss differing opinions regarding euthanasia and end-of-life issues;
5. Describe the common legal issues and needs of palliative care patients and their families and how these are addressed;
6. Examine the impact of personal values in decision-making;
7. Discuss the importance of making a Will and assist patients and their families to make one;
8. Facilitate an environment in which all members of the multi-professional team in partnership with patients and families are able to contribute to the resolution of ethical dilemmas encountered in practice;
9. Analyse laws and policies governing the provision of palliative care, including essential medicines and technologies.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Explain the four pillars of medical ethics.
2. Describe the ethical components of palliative care practice.
3. Discuss differing opinions regarding euthanasia and end of life issues.
4. Describe legal issues and needs of patients and families in palliative care.
5. Explain the impact of personal values in decision-making.

6. Discuss family laws, fostering and inheritance.
7. Discuss national laws and policies governing the provision of palliative care.

### ***Attitudes***

1. Appreciate the ethical and legal issues in the provision of palliative care.
2. Appreciate the importance of making a Will and be able to assist in their own situation.

### ***Skills***

1. Facilitate an environment in which all members of the multi-professional team are able to contribute to the resolution of ethical dilemmas encountered in practice.
2. Analyse laws with regards to the provision of palliative care medicines.
3. Apply approaches for supporting patients and their families with legal needs to access legal support.

### **Course outline**

1. Introduction to ethical and legal issues in palliative care.
2. The four pillars of medical ethics.
3. Ethics and palliative care.
4. Laws and policies governing the provision of palliative care.
5. Family and other laws directly relevant to palliative care such as inheritance, property etc.
6. Euthanasia.
7. End-of-life care planning.
8. Integration of legal and ethical issues in palliative care.
9. Personal values and their impact on care and decision making.
10. Issues around confidentiality and informed consent.
11. Resolving ethical dilemmas in practice.
12. Involving the multi-disciplinary team in decision making.
13. Provision of palliative care medicines – legal aspects.

### **Mode of delivery**

1. Modified lectures
2. Group discussions and tutorials
3. Case studies
4. Role plays

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Written tests (20%)
  - b. Course work/ take home assignments (10%)
  - c. Tutorials (10%)
2. End of semester UNMEB examinations (60%)

## READING LIST

Altilio T and Otis-Green S. 2011. *Oxford Textbook of Palliative Social Work*. York, Oxford University Press.

Cherny N, Fallon M, Kaasa S, Portenoy R, and Currow D. 2015. *The Oxford Textbook of Palliative Medicine, 5th edition*. New York, Oxford University Press.

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Connor SB and Sepulveda Bermedo C. 2014. *Global Atlas of Palliative Care at the End of Life* London, World Palliative Care Alliance and World Health Organization.

Ferrell BR Coyle N and Paice J. (2015) *Oxford Textbook of Palliative Nursing*. Fourth Edition. York, Oxford University Press.

Fineberg I. 2008. Preparing professionals for family conferences in palliative care. Evaluating results of an interdisciplinary approach. *Journal of Palliative Medicine*. 8[4];857-866.

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Macauley RC. 2018. *Ethics in Palliative care*. New York, Oxford University Press.

Ministry of Health, Uganda. Human Rights, Ethical and Legal Issues in Palliative Care: A Guide for Health Care Workers. Accessible at: <https://www.africanpalliativecare.org/images/stories/pdf/proguide.pdf>

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Schatman ME. 2009. *Ethical issues in chronic pain management*. York, Oxford University Press.

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## 6.4 COURSE UNIT 04: NURSING INFORMATICS (3CU)

**COURSE CODE: DPCN104**

### **Course description**

Building on existing curriculum related to digital health, this course prepares students to understand Information and Communication Technology (ICT) applications to improve health outcomes in underserved communities. The interdisciplinary field of digital health is rapidly growing and sits at the intersection of global health and information and communication technologies. As more of the world becomes connected to communications and technology, this considerable growth will lead to evidence-based improvements in health outcomes in low and middle-income countries. A focus will be placed on M-Health and practical applications in palliative care.

### **Course objectives**

1. To explore the role of information and communication technologies (ICT) in health research and practice.
2. To discuss the major concepts related to mobile and ICT applications for health.
3. To explore digital health applications used to solve health challenges.
4. To equip students with the necessary skills to use ICT applications in a real world health setting.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Discuss the importance of ICT and digital technologies in improving health;
2. Describe the benefits and challenges of implementing digital health projects in various settings;
3. Identify applicable mobile and ICT applications and learn in depth one application;
4. Demonstrate the use of ICT in their practice.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Describe the concepts of information and communication technologies (ICT) in health research and practice.
2. Explain the technique of designing health programs using ICT.
3. Explain the importance of using ICT and digital technologies in improving health service delivery.

#### ***Attitude***

1. Appreciate the use of ICT and digital technologies in improving health service delivery.

#### ***Skills***

1. Demonstrate ICT and digital technologies in improving health service delivery.



## Course Unit outline

1. Communication technologies for health
2. Standards and best practices in m-Health
3. Case study of m-Health platform
  - a. Introduction to smart phone and m-Health platform
  - b. Data collection and tool
  - c. Analysis and reporting

## Mode of delivery

1. Lecture discussions
2. Group discussions
3. Tutorials
4. Problem based learning
5. Case studies
6. Self-study
7. Assignments
8. Reflective learning
9. Demonstration

## Mode of assessment

- |                           |     |
|---------------------------|-----|
| 1. Attendance             | 5%  |
| 2. Assignments            | 15% |
| 3. Project reports        | 20% |
| 4. Written examinations   | 40% |
| 5. Practical examinations | 20% |

## READING LIST

1. Allsop MJ, Powell RA, Namisango E. 2016. The state of m-Health development and use by palliative care services in sub-Saharan Africa: a systematic review of the literature. *BMJ Support Palliative Care*. [Epub ahead of print].
2. Bloomfield GS, Vedanthan R, Vasudevan L, Kithel A, Were M, Velazquez EJ. 2014. Mobile health for non-communicable disease in sub-Saharan Africa: a systematic review of the literature and strategic framework for research. *Global Health*. 10:49.
3. Opoku D, Stephani V, Quentin W. 2017. A realist review of mobile phone-based interventions for non-communicable disease management in sub-Saharan Africa. *BMC Med*. 15(1):24.
4. Wanlass B (2015) *Developing a Surveillance system to support and strengthen palliative care services in Uganda report*. Kampala, PCAU.

## **6.5 Course Unit 05: COMMUNICATION AND COUNSELLING (3CU)**

**Course code DPC 105**

### **Course description**

This course unit is designed to enable the learner to utilize communication and counseling knowledge and skills effectively in the delivery of PC services.

### **Course objectives**

1. To equip students with therapeutic communication skills to enable them effectively communicate with patients, their family members and colleagues in a range of health care settings.
2. To equip students with effective counselling skills to enable them identify and address psychosocial and spiritual issues and needs of patients requiring palliative care and their families.
3. To enable students reflect on their own self-awareness and how this impacts on care provision.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Explore the importance of therapeutic communication methods in managing patients (adults and children) and their families, and in relating with colleagues;
2. Employ effective personal communications skills in managing patients (adults and children) and their families, and in relating with colleagues;
3. Employ effective communication skills of breaking bad news in a sensitive and caring manner;
4. Apply the skills of counselling in breaking bad news in a sensitive and caring manner;
5. Apply effective counselling skills in identifying and addressing the psychosocial and spiritual needs of patients and their families, including appropriate referrals.

### **Competence**

By the end of the course, students will have the following competencies:

#### ***Knowledge***

1. Explain types, process and importance of effective communication in palliative care.
2. Explain effective counselling and communication skills in the care of patients with long-term suffering.
3. Explain the therapeutic communication in effective personal communication skills in managing patients (adults and children) and their families, and in relating with colleagues.

4. Explain therapeutic communication skills on how to effectively communicate with patients, their family members and colleagues in a range of health care settings.
5. Describe the process of breaking bad news using effective communication and counselling skills.

### ***Attitude***

1. Appreciate communication and counselling skills in identifying and addressing issues and needs of patients requiring palliative care and their families, so as to competently offer practical support and refer those they cannot manage for appropriate support.
2. Appreciate the importance of self-awareness in the effective provision of palliative care services in a sensitive and respectful manner.

### ***Skills***

1. Demonstrate effective counselling and communication skills in practice.
2. Demonstrate effective counselling and communication skills in breaking bad news in a sensitive and caring manner.
3. Provide emotional and social support to patients, families and communities during loss, grief and bereavement and in addressing other emotional and social needs.
4. Competently offer practical support to patients and their families and make appropriate referrals when necessary.

### **Course outline**

1. Importance of communication in PC
2. Types, skills and process of effective communication
3. Steps in breaking bad news
4. The importance of knowing self or personal awareness
5. Therapeutic communication methods and effective personal communication skills in managing patients and their families and in relating with colleagues
6. Effective counselling skills
7. Effective communication and counselling in end-of-life and other difficult situations
8. Barriers to communication in PC

### **Mode of delivery**

1. Lectures
2. Group discussions and tutorials in Problem Based Learning (PBL) format
3. Case studies
4. Role plays
5. Patient testimonies

## Mode of assessment

1. Progressive assessment (40%)
  - a. Written tests (20%)
  - b. Course work/ take home assignments (10%)
  - c. Tutorials (10%)
2. End of semester UNMEB examinations (60%)

## Reading list

Altilio T and Otis-Green S. 2011. *Oxford Textbook of Palliative Social Work*. York, Oxford University Press.

Building Nursing competency in pain control and palliative care. <http://www.medsch. Wisc. edu/WHO cancer pain/volumes/12 3/competency.html>.

Cherny N, Fallon M, Kaasa S, Portenoy R, and Currow D. 2015. *The Oxford Textbook of Palliative Medicine, 5th edition*. New York, Oxford University Press.

Christ GH and Blacker S. 2005. Improving interdisciplinary communication skills with families. *Journal of Palliative Medicine* 8[4]:855-856.

Downing J, Atieno M, Debere S, Mwangi-Powell F, Kiyange F. (2010) *A Handbook of Palliative Care in Africa*. APCA, Kampala.

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Li S. 2004 'Symbiotic niceness' constructing a therapeutic relationship in psychosocial palliative care. *Social Science and Medicine* 58[12]:2571.

Louis HM. (2009) *Speaking of Dying: a practical guide to using counselling skills in palliative care*. Jessica Kingsley.

Macauley RC. 2018. *Ethics in Palliative care*. New York, Oxford University Press.

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Schatman ME. 2007. *Ethical issues in chronic pain management*, New York, Informal Healthcare.

Standing M. 2014. *Clinical Judgment and Decision Making for Nursing Students*. 2nd Edition. Reading, Learning Matters: Bahamut Media.

## **6.6 Course Unit 06: Psychosocial Issues and Teamwork (2CU)**

**Course Code: DPCN106**

### **Course description**

This course unit will explore the common psychosocial issues and needs of patients and their families and their impact on the patient and family's quality of life within the spectrum of holistic care. This will include how to identify and address the psychosocial needs of patients and their families and strategies for addressing these.

### **Course objectives**

1. To equip students with skills in identifying and addressing psychosocial issues for patients requiring palliative care and their families, so as to competently offer practical support and refer those they cannot manage for appropriate support.
2. To address issues on how to assess family dynamics, offer support and guidance on family relationships in families faced with long-term suffering.
3. To explore self-care in relation to providing an insight of knowing oneself and team working in order to effectively offer palliative care.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Recognise the psychosocial needs of palliative care patients and their families
2. Identify the impact of the relationship between psychosocial issues and physical symptoms in adults and children and assist the patient in dealing effectively with these issues;
3. Initiate and facilitate effective support mechanisms within the multi-disciplinary team and the community (e.g. community volunteers, religious leaders, traditional healers etc);
4. Explore the importance of therapeutic communication methods and employ effective personal communications skills in managing patients (adults and children) and their families, and in relating with colleagues;
5. Assess the effect that family dynamics and social background may have on the patient, their family and the healthcare professional.

### **Competence**

Upon completion of this course the students will have the following competencies:

#### ***Knowledge***

1. Discuss the meaning of psychosocial care within the context of palliative care
2. Describe the relationship between psychosocial issues and physical symptoms in adults and children.
3. Explain the appropriate physiotherapy, occupational therapy and other related disciplines in palliative care in the African setting.
4. Explain the therapeutic communication in effective personal communications skills in managing patients (adults and children) and their families, and in relating with colleagues.
5. Discuss the principles and practice of multidisciplinary teamwork in own area of practice, including team building strategies.

### ***Attitude***

1. Appreciate the importance of identifying and addressing psychosocial issues in improving the quality of life of patients and their families.
2. Appreciate effective support mechanisms within the multi-disciplinary team and the community (e.g. community volunteers, religious leaders, traditional healers etc).

### ***Skills***

1. Demonstrate counselling and communication skills in practice.
2. Demonstrate the skills of breaking bad news in a sensitive and caring manner.
3. Assess the effect that family dynamics and social background may have on the patient, their family and the healthcare professional.
4. Assess psychosocial needs of patients and their families, address those within the nurse's ability and make appropriate referral for those requiring attention of other members of the inter-disciplinary team.
5. Support stress management within the interdisciplinary team.

### **Course outline**

1. Overview and role of psychosocial care in palliative care
2. Common psychosocial issues in palliative care and how to address them.
3. Relationship between psychosocial issues and physical symptoms in adults and children.
4. Roles of social work, physiotherapy, occupational therapy and other related disciplines in palliative care in the African setting – appropriate referral linkages of support networks.
5. Effective support mechanisms within the multidisciplinary teams and communities, e.g. community volunteers, religious leaders, traditional healers, etc.
6. Working with families and communities, including effective family meetings
7. Sexuality and gender issues in palliative care
8. The effect of family dynamics and social background on the patient, their families and the health care professionals.
9. Principles and practice of multidisciplinary teamwork in own area of practice including team building strategies.

### **Mode of delivery**

1. Lectures
2. Group discussions and tutorials in Problem Based Learning (PBL) format
3. Case studies
4. Role plays

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Written tests (20%)
  - b. Course work/ take home assignments (10%)
  - c. Tutorials (10%)
2. End of semester UNMEB examinations (60%)

## READING LIST

Akiror M. 2010. Where there is no Social Worker. Kampala, Hospice Africa Uganda Publication.

Amery J. 2009. *Children's Palliative Care in Africa*. York, Oxford University Press.

Altilio T and Otis-Green S. 2011. *Oxford Textbook of Palliative Social Work*. York, Oxford University Press.

Cherny N, Fallon M, Kaasa S, Portenoy R, and Currow D. 2015. *The Oxford Textbook of Palliative Medicine, 5th edition*. New York, Oxford University Press.

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Ferrell BR Coyle N and Paice J. (2015) *Oxford Textbook of Palliative Nursing*. Fourth Edition. York, Oxford University Press.

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HAU. 2015. *Palliative Medicine: Pain and Symptom control in the Cancer and /or AIDS Patient in Uganda and other African Countries*. Kampala, HAU.

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Louis HM. (2009) *Speaking of Dying: a practical guide to using counselling skills in palliative care*. Jessica Kingsley.

Rhee JY, Luyirika E, Namisango E, Powell RA, Garralda E, Pons JJ de Lima L, Centeno C. (2017) *APCA Atlas of palliative care in Africa*. IHPCA press, USA.

Schatman ME. 2007. *Ethical issues in chronic pain management*, New York, Informal Healthcare.

Standing M. 2014. *Clinical Judgment and Decision Making for Nursing Students*. 2nd Edition. Reading, Learning Matters: Bahamut Media,

## 6.7 Course Unit 07: Pain Assessment and Management (3CU)

Course Code: DPCN107

### Course description

This course unit will cover the main aspects of pain assessment, diagnosis and control in patients with palliative care needs. The appropriate use of available medicines in managing pain especially morphine and adjuvant drugs will be discussed. The pharmacological and non-pharmacological principles of pain management will be presented utilising a multi-professional approach. The major pain syndromes will also be covered.

### Course objectives

1. To equip students with knowledge and skills on assessment and effective management of pain to enable them improve the quality of life of patients.

### Learning objectives

Upon completion of this course unit, the students will be able to:

1. Describe the concept and dimensions of total pain
2. Explain the anatomy and physiology of pain and the therapeutic implications;
3. Describe the difference between nociceptive and neuropathic pain;
4. Assess and diagnose different types of pain and undertake effective management to control these or refer for appropriate intervention;
5. Identify and describe pain syndromes;
6. Undertake effective practical application of the analgesic ladder, including the use of morphine, adjuvant analgesia and complementary therapies;
7. Be aware of the fears and myths surrounding morphine use and be able to dispel these in colleagues in their own place of work.

### Competence

Upon completion of this course, the students will have the following competencies:

#### *Knowledge*

1. Describe the anatomy and physiology of pain and the therapeutic implications.
2. Explain the process and steps in effective pain assessment and management.
3. Describe the difference between nociceptive and neuropathic pain.
4. Describe pain syndromes.
5. Describe the tools used in pain assessment and management.

#### *Attitude*

1. Appreciate the importance of effective pain assessment and management in improving the quality of life of patients and their families.
2. Value the fear and myths surrounding morphine use and be able to dispel these fears in colleagues in their own place of work.



### ***Skills***

1. Assess and diagnose different types of pain and undertake effective management using pharmacological and non-pharmacological methods or referral for appropriate intervention, when necessary.
2. Demonstrate the practical application of the analgesic ladder, including the use of morphine and adjuvant analgesia.
3. Document pain assessment and management.
4. Counsel patients on the fears and myths surrounding morphine use and be able to dispel these fears in colleagues in their own place of work.

### **Course outline**

1. Anatomy and physiology of pain.
2. Concept of total pain, and types of pain: nociceptive pain, neuropathic pain.
3. Pain assessment, diagnosis and control.
4. Non pharmacological management of pain.
5. Common Pain syndromes in Cancer and HIV.
6. The analgesic ladder (including pharmacology and use of morphine, and adjuvant drugs).
7. Morphine: theory, practical applications, fears surrounding use.

### **Mode of delivery**

1. Modified lectures
2. Group discussions
3. Clinical demonstrations
4. Videos

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Written tests (20%)
  - b. Course work/ take home assignments (10%)
  - c. Tutorials (10%)
2. End of semester UNMEB examinations (60%)

## READING LIST

- Alt-Epping B, Nauck F (Editors). 2016. *Palliative care in Oncology*. USA, Springer.
- Downing J (Editor). 2010. *Beating Pain: A Pocket Guide for Pain Management in Africa*. Kampala Uganda, APCA.
- Gloth M. 2010. *Handbook of Pain Relief in Older Adults: An Evidence-Based Approach*. UK, Springer.
- Baylor College of Medicine. 2009. *HIV Curriculum for the Health Professionals*, Texas, Baylor College of Medicine.
- Cherny N, Fallon M, Kaasa S, Portenoy R, and Currow D. 2015. *The Oxford Textbook of Palliative Medicine, 5th edition*. New York, Oxford University Press.
- Dickman A, and Schneider J. 2016. *The Syringe Driver: Continuous Subcutaneous Infusion in Palliative Care. 4th Edition*. York, Oxford University Press.
- Downing J, Atieno M, Debere S, Mwangi-Powell F, Kiyange F. (2010) *A Handbook of Palliative Care in Africa*. APCA, Kampala.
- Ferrell BR Coyle N and Paice J. (2015) *Oxford Textbook of Palliative Nursing*. Fourth Edition. York, Oxford University Press.
- HAU. 2015. *Palliative Medicine: Pain and Symptom control in the Cancer and /or AIDS Patient in Uganda and other African Countries*. Kampala, HAU.
- Schatman ME. 2007. *Ethical issues in chronic pain management*, New York, Informal Healthcare.
- Standing M. 2014. *Clinical Judgment and Decision Making for Nursing Students*. 2nd Edition. Reading, Learning Matters: Bahamut Media.
- Twycross RG and Lack SA. 2013. *Therapeutics in Terminal Cancer* Oxford. Churchill Livingstone.

## **6.8 Course Unit 08: Clinical Placement I (3CU)**

**Course Code: DPCN108**

### **Course description**

This course provides hands-on experience for students on palliative care with particular emphasis on all aspects of pain assessment and management and the use of holistic patient assessment tools, communication and counselling skills, including breaking bad news and teamwork. The placement will be carried out at various clinical attachment sites.

### **Course objectives**

1. To demonstrate practical and clinical skills to enable students to apply theory to practice.
2. To enable students to be proficient in clinical pain assessment and management using holistic patient assessment tools, and communication and counselling skills including breaking bad news.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Undertake holistic assessment including clinical examination of patients;
2. Assess pain including the use of pain rating tools;
3. Manage pain using the WHO analgesic ladder;
4. Document pain assessment and management;
5. Utilise relevant patient-record systems, prescribing and information systems, and decision-support tools;
6. Work in a multi-disciplinary team;
7. Utilise communication and counselling skills in palliative care, in particular that of breaking bad news;
8. Demonstrate confidence in applying competencies in pain assessment and management as well as effective communication and counselling skills

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Explain holistic assessment including clinical examination of patients.
2. Discuss how morphine and adjuvant therapies are utilised in practice.
- 3.

#### ***Attitude***

1. Appreciate the importance of pain assessment and management using pain assessment tools.

#### ***Skills***

1. Perform holistic assessment including clinical examination of patients.
2. Assess pain, including the use of pain rating tools.
3. Manage pain using the WHO analgesic ladder.
4. Utilise relevant patient-record systems, prescribing and information systems, and decision-support tools.

5. Utilise effective communication and counselling skills, particularly in relation to breaking bad news.

### **Course outline**

1. Preparation for clinical placement, including the identification of sites and setting objectives.
2. Guidelines for clinical placement.
3. Identification of patients needing palliative care.
4. The use of pain assessment and rating scales
5. Pain management using the WHO analgesic ladder.
6. Patient record systems.
7. Observation of morphine storage and record keeping in pharmacies.
8. Maintenance of a log book with regards to clinical care.
9. Communication skills, in particular in relation to breaking bad news.
10. Support supervision and mentorship.
11. Feedback post-placement.

### **Mode of delivery**

1. Modified lectures
2. Group discussions and tutorials
3. Clerking patients
4. Case studies
5. Demonstration and observation
6. Home and hospital visits
7. Coaching and mentoring
8. Reflective sessions
9. Mentorship
10. A variety of clinical placement sites will be utilised such as HAU and sites with cancer management facilities such as the Uganda Cancer Institute (UCI), Chemotherapy Centre and Mulago Radiotherapy department. Other sites providing palliative care services will be identified, including hospital palliative care units.

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Reflective Journals (20%)
  - b. Case write ups (20%)
2. End of semester UNMEB examinations (60%)

## Reading list

Downing J (Editor). 2010. *Beating Pain: A Pocket Guide for Pain Management in Africa*. Kampala Uganda, APCA.

Global Partners in Care, 2014. *Guidelines for Clinical Placement in Hospice and Palliative Care in Africa*. Accessible at: [Ahttps://www.africanpalliativecare.org/images/stories/pdf/Clinical\\_placement\\_guidelines.pdf](https://www.africanpalliativecare.org/images/stories/pdf/Clinical_placement_guidelines.pdf)

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Twycross R. 2009. *Pain Relief in Advanced Cancer*. UK, Churchill Livingstone.

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Twycross R, Wilcox A, Howard P. 2017. *Palliative Care Formulary: Sixth Edition*. UK. [Palliativedrugs.com](http://Palliativedrugs.com)

# COURSE DESCRIPTIONS FOR SEMESTER II

## 6.9 Course Unit 09: Palliative Care in Disease Specific Conditions (3CU)

Course Code: DPCN209

### Course description

This course unit will provide a background and understanding of the major diseases requiring palliative care. The epidemiology and pathophysiological processes of cancer and HIV/AIDS will be examined, mainly within the African and Ugandan setting, although a global perspective will also be presented. The AIDS/Cancer interface will be explored and the student will be able to discuss both the similar and different approaches to the cancer and AIDS patient. In addition, the public health approach to palliative care provision will be examined and palliative care in other non-communicable diseases as well as co-morbidities. Palliative care needs of older persons, children and other special needs populations and their management will also be explored.

### Course objectives

1. To explore palliative care practices in the management of disease specific conditions e.g. Cancer, HIV/AIDS and other non-communicable diseases.
2. To explore epidemiological and pathophysiological issues in cancer, HIV/ AIDS and other life limiting diseases such as renal disease, sickle cell etc.
3. To use the principles of palliative care practice to manage a wider range of disease conditions and co-morbidities.
4. To explore palliative care needs of special needs populations, including the elderly and children and their management.

### Learning objectives

Upon completion of this course, unit the students will be able to:

1. Describe the disease pathophysiology in cancer and HIV/AIDS;
2. Demonstrate an evidence-based approach to palliative care in the management of cancer and HIV/ AIDS;
3. Explain and understand the epidemiology of cancer and HIV/AIDS and its relevance to their own practice;
4. Apply in practice the differences and similarities in approach to caring for the cancer patient and the AIDS patient;
5. Discuss the roles of chemotherapy, radiotherapy and surgery in palliation of cancer patients;
6. Discuss the distinctive features of palliative care in HIV/AIDS and critique the role of palliative care in the era of ART;
7. Manage HIV/AIDS opportunistic infections and understand the principles of antiretroviral therapy;
8. Discuss the provision of palliative care in other conditions e.g. heart disease, renal disease, sickle cell disease etc and management of co-morbidities.
9. To identify and effectively manage the palliative care needs of special needs populations.

### Competence:

Upon completion of this course, the students will have the following competencies:

### ***Knowledge***

1. Explain the epidemiology of cancer and HIV/AIDS.
2. Describe the relevance of epidemiology to palliative care.
3. Describe the disease pathophysiology in cancer and HIV/AIDS.
4. Discuss the distinctive features of palliative care in HIV/AIDS.
5. Explain the role of palliative care in the era of ART.
6. Explain the differences and similarities in the approach to caring for the cancer patient and the AIDS patient.
7. Explain the use of palliative care in other conditions and in management of patients with co-morbidities.
8. Discuss the palliative care needs of special needs populations and their management.

### ***Attitudes***

1. Appreciate the roles of chemotherapy, radiotherapy and surgery in the palliation of cancer patients.
2. Appreciate the evidence-based approach to palliative care in the management of cancer and HIV/ AIDS.
3. Appreciate the provision of palliative care in other conditions and in the management of co-morbidities.
4. Appreciate the unique needs of special needs populations and approaches for their management.

### ***Skills***

1. Demonstrate an evidence-based approach to palliative care in the management of cancer and HIV/ AIDS along with patients with other conditions such as heart disease.
2. Manage HIV/AIDS opportunistic infections.
3. Apply the principles of antiretroviral therapy.
4. Apply approaches managing the unique needs of special needs populations.

### **Course outline**

1. Overview of the Public Health Approach and its relationship to the management of patients and their families.
2. Introduction to the epidemiology and pathophysiology of Cancer and HIV/AIDS.
3. Natural courses of cancer and HIV/AIDS and their interface.
4. Cancer palliative care: pathophysiology and management.
5. Approach to cancer as opposed to HIV/AIDS patient.
6. HIV/AIDS palliative care (Distinctive features of HIV/AIDS palliative care, management of opportunistic infections and principles of highly active antiretroviral therapy).
7. Palliative care in other conditions such as heart disease, renal disease and sickle cell disease.
8. Management of co-morbidities.
9. Palliative care for special needs populations.

### **Mode of delivery**

1. Modified lectures
2. Group discussions
3. Case studies
4. Case conferences

## Mode of assessment

1. Progressive assessment (40%)
  - a. Written tests (20%)
  - b. Course work/ take home assignments (10%)
  - c. Tutorials (10%)
2. End of semester UNMEB examinations (60%)

## READING LIST

Alt-Epping B, Nauck F (Editors). 2016. *Palliative care in Oncology*. USA, Springer.

Cherny N, Fallon M, Kaasa S, Portenoy R, and Currow D. 2015. *The Oxford Textbook of Palliative Medicine, 5th edition*. New York, Oxford University Press.

Christ GH and Blacker S. 2005. Improving interdisciplinary communication skills with families. *Journal of Palliative Medicine* 8[4]:855-856.

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Nicol J, Nyatanga B. 2014. *Palliative and End of Life Care in Nursing: Transforming Nursing Practice Series*. California, Sage Publications.

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## **6.10 Course Unit 10: Symptom Control (3CU)**

**Course Code: DPCN210**

### **Course description**

This course will equip students with the knowledge and skills of holistic assessment, diagnosis and management of symptoms in palliative care. It will address specific symptoms based on the body systems and explore the role of different health professionals in symptom control.

### **Course objectives**

1. To equip students with skills for the assessment and effective management of symptoms.
2. To explore the management of common palliative care emergencies.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Apply the principles of assessment and diagnosis of different symptoms, and be able to manage patients with these symptoms;
2. Undertake effective assessment, diagnosis and control of the following symptoms: respiratory, wound and skin care, gastrointestinal, neurological, psychiatric, urinary and cardiac;
3. Implement the principles of holistic management of symptoms;
4. Manage common palliative care emergencies;
5. Discuss the role of nutrition and hydration in palliative care and associated ethical issues.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Describe the principles of the assessment and diagnosis of different symptoms.
2. Explain the management of patients with various symptoms.
3. Describe the principles of the holistic management of critically ill patients.
4. Discuss the management of palliative emergencies.
5. Discuss the role of nutrition and hydration in palliative care and associated ethical issues.

#### ***Attitudes***

1. Appreciate the principles of the holistic management of life-limiting illness.
2. Value the roles of nutrition and hydration in palliative care.
3. Appreciate ethical issues in symptom control and manage these with sensitivity.
4. Recognise the importance of the holistic management of symptoms.

#### ***Skills***

1. Manage patients with a wide variety of symptoms.
2. Describe the holistic management of critically ill patients.

3. Manage palliative emergencies.
4. Manage the nutrition and hydration issues sensitively.

### **Course outline**

1. Principles of symptom assessment and control.
2. Respiratory symptoms.
3. Wound and skin care.
4. Gastrointestinal symptoms.
5. Neurological symptoms.
6. Psychiatric symptoms.
7. Urinary symptoms.
8. Cardiac symptoms.
9. Pharmacological principles in symptom control.
10. Palliative care emergencies.
11. Nutrition and hydration.

### **Mode of delivery**

1. Modified lectures
2. Group discussions and tutorials
3. Case studies
4. Clinical demonstrations
5. Pre and post conferences.

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Written tests (20%)
  - b. Course work/ take home assignments (10%)
  - c. Tutorials (10%)
2. End of semester UNMEB examinations (60%)

## READING LIST

Alt-Epping B, Nauck F (Editors). 2016. *Palliative care in Oncology*. USA, Springer.

Amery J. 2009. *Children's Palliative Care in Africa*. York, Oxford University Press.

Building Nursing competency in pain control and palliative care. [http://www.medsch.wisc.edu/WHO\\_cancer\\_pain/volumes/12\\_3/competency.html](http://www.medsch.wisc.edu/WHO_cancer_pain/volumes/12_3/competency.html).

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## **6.11 Course Unit 11: Opioid Use in Palliative Care (3CU)**

**Course Code: DPCN211**

### **Course description**

This course unit introduces the students to morphine and will discuss how it works and the rules and regulations for importation, procurement, prescription and critically examine how its use applies to children and adults, including the elderly. The legal implications of using oral morphine will also be discussed and the role of nurses. The course will also discuss other essential medicines for palliative care.

### **Course objectives**

1. To explore the necessary legal requirements for prescribing oral morphine in pain management practices in their workplaces.
2. To learn to assess and manage the common side effects of oral liquid morphine.
3. To understand how to prescribe morphine paying attention to the statutory and legal regulations.
4. To discuss other essential medicines in palliative care.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Discuss how morphine is stored and how records are kept;
2. Effectively prescribe morphine based on the correct assessment of the patient;
3. Utilise professional judgement to make prescribing decisions, based on the needs of patients;
4. Accept personal responsibility for own prescribing of morphine, and understand the legal implications of doing so;
5. To understand other essential medicines used in palliative care.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Describe the management of pain using morphine at the work place.
2. Describe the legal issues in the prescription of morphine for the management of pain.
3. Describe the rules for administering oral morphine in pain management.
4. To outline other essential medicines in palliative care.

#### ***Attitude***

1. Appreciate the importance of morphine in the management of moderate to severe pain.
2. Appreciate the legal issues in prescription and administration of oral morphine.
3. Appreciate the role of other essential medicines in palliative care.

### ***Skills***

1. Prescribe and manage pain using oral morphine at their workplace based on correct patient assessment.
2. Carry out proper documentation of morphine.
3. Recognise and manage the side effects of morphine.
4. Advocate for consistent availability of morphine at own work places.
5. Effectively use other essential medicines in palliative care.

### **Course outline**

1. Legal aspects of morphine production, transportation, storage and distribution.
2. Morphine prescription.
3. Statutory instruments for morphine prescription in Uganda.
4. Practical aspects of morphine prescription.
5. Guidelines for use of Class A drugs in Uganda.
6. Leadership role of nurses especially in rural settings.
7. Other essential medicines in palliative care.

### **Modes of delivery**

1. Site visit for morphine production and use (Visit to Hospice Africa Uganda) pharmacy
2. Demonstrations
3. Case studies
4. Modified lecture
5. Pre and post conferences.

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Written tests (20%)
  - b. Course work/ take home assignments (10%)
  - c. Tutorials (10%)
2. End of semester UNMEB examinations (60%)

## READING LIST

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World Health Organization. Model List of Essential Medicines. <http://www.who.int/medicines/publications/essentialmedicines/en/>

## **6.12 Course Unit 12: Spiritual and Cultural issues (2CU)**

**Course Code: DPCN212**

### **Course description**

This unit concentrates on the theory and practice of spiritual and cultural assessment and support of patients in a palliative care setting. It will build on their previous study on self-awareness, teamwork, communication skills and psychosocial care. It will help build their confidence of holistic assessment and management of patients and support to their families, including appropriate referrals.

### **Course objectives**

1. To enable students understand the contribution of good spiritual care within the context of the patient's culture to their quality of life and that of the family.
2. To equip students to care for patients in a culturally appropriate manner, taking into account spiritual aspects of care.
3. To explore issues related to personal morality.
4. To develop student's confidence in holistic assessment.

### **Learning objectives**

Upon completion of this course, unit the students will be able to:

1. Describe the meaning of spirituality in palliative care;
2. Describe the common spiritual needs of palliative care patients;
3. Discuss and assess patients spiritually;
4. Discuss the role of spiritual leaders in relationship with other members of the multidisciplinary team in the provision of palliative care;
5. Discuss the development of personal morality;
6. Discuss the importance of culturally sensitive care;
7. Discuss patient's spiritual issues having identified their own spiritual needs;
8. Explain the various ways in which spirituality and cultural needs of the patient and family can be addressed.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Describe how to carry out a spiritual assessment of a patient.
2. Explain the roles of spiritual leaders in relationship with other members of the team in palliative care.
3. Discuss religious and cultural beliefs surrounding death.
4. Explain the development of personal morality.
5. Discuss patient's spiritual issues having identified their own spiritual needs.
6. Explain ways of addressing spiritual needs of the patient and family.

#### ***Attitude***

1. Appreciate the roles of spiritual leaders in relationship with other members of the team in palliative care.
2. Appreciate religious and cultural beliefs surrounding death.

## ***Skills***

1. Demonstrate spiritual assessment of the patient.
2. Demonstrate team work in addressing the spiritual needs of patients.

## **Course outline**

1. Define spirituality and religion and the relationship between these concepts
2. Common spiritual needs of palliative care patients and family
3. Spiritual assessment
4. The role of spiritual leaders and their relation to other members of the team
5. Religious and cultural beliefs surrounding death
6. The development of personal and corporate morality

## **Mode of delivery**

1. Lectures
2. Group discussions and tutorials
3. Case scenarios

## **Mode of assessment**

1. Progressive assessment(40%)
  - a. Reflective Journals(20%)
  - b. Case write ups (20%)
2. End of semester UNMEB examinations (60%)

## **READING LIST**

Amery J. 2009. *Children's Palliative Care in Africa*. York, Oxford University Press.

Christ GH and Blacker S. 2005. Improving interdisciplinary communication skills with families. *Journal of Palliative Medicine* 8[4]:855-856.

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Li S. 2004 'Symbiotic niceness' constructing a therapeutic relationship in psychosocial palliative care. *Social Science and Medicine* 58[12]:2571.



## **6.13 Course Unit 13: Teaching Methodology (1CU)**

**Course Code: DPCN213**

### **Course description**

This course will help the students acquire effective skills in teaching and be able to apply these teaching techniques in various palliative care situations with different groups of people. It will focus on both the theory and practice of teaching and the underlying principles to adult learning. It will also explore effective teaching methodologies in palliative care.

### **Course objectives**

1. To enable students develop effective teaching skills on palliative care in the classroom and clinical setting.
2. To enable students understand effective teaching methodologies in palliative care.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Discuss theories of teaching and learning;
2. Conduct a training needs assessment;
3. Plan and deliver palliative care teaching sessions;
4. Confidently use different media/methods for teaching sessions;
5. Apply appropriate teaching methods according to the target audience;
6. Undertake effective teaching sessions;
7. Implement training programmes effectively;
8. Evaluate training programmes.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Discuss theories of teaching and learning.
2. Discuss effective methods of teaching palliative care.

#### ***Attitude***

1. Confidently use different teaching media/methods for teaching sessions on palliative care.

#### ***Skills***

1. Apply appropriate teaching methods according to target audience.
2. Plan palliative care sessions.
3. Undertake effective teaching sessions.
4. Implement training programmes effectively.
5. Evaluate training programmes.

## **Course outline**

1. Theories of adult education and their application in teaching.
2. Learning styles.
3. Teaching methods, with a key focus on those effective in teaching palliative care.
4. Training needs assessment.
5. Developing and implementing a training programme for health non-health professionals.
6. Preparing, planning, designing and delivering a session.
7. Approaches to developing teaching materials.
8. Assessing and evaluating teaching sessions.
9. Evaluating the outcomes of palliative care training programmes.

## **Mode of delivery**

1. Project work
2. Group discussions and tutorials
3. Microteaching
4. Demonstrations
5. Co-operative learning
6. Modified lecture
7. Role plays.
8. Video tapes.
9. Support supervision.
10. Assessment.
11. Tests
12. Peer assessment with checklists
13. Written reports
14. Teaching practice.

## **Mode of assessment**

1. Progressive Assessment: 40%
  - a. Health education Talks 10 %
  - b. Reflective journals 10%
  - c. Written tests 20%
2. End of semester UNMEB Examination 60%

## READING LIST

African Palliative Care Association, 2013. *Monitoring and Evaluating Palliative Care Education: A Framework for palliative care educators and Trainers in Africa*. Accessible at: [https://www.africanpalliativecare.org/images/stories/pdf/Monitoring\\_and\\_Evaluation\\_Framework.pdf](https://www.africanpalliativecare.org/images/stories/pdf/Monitoring_and_Evaluation_Framework.pdf)

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Wee B and Hughes N. 2017. *Education in Palliative Care: Building a Culture of Learning*. Oxford, Oxford University Press.

## **6.14 Course Unit 14: Mentorship (1CU)**

**Course Code: DPCN214**

### **Course description**

This course will provide students with an insight into the skills required for effective mentorship and supervision within palliative care. Students will be expected to identify their own personal support needs and identify the qualities of an effective supervisor and mentor reflecting on their own supervision experience.

### **Course objectives**

1. To introduce students to the skills of mentorship, support and supervision within the context of palliative care.
2. To empower and equip students with the skills for mentorship and supervision within the context of palliative care.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Discuss and evaluate the role of mentorship and supervision within palliative care;
2. Discuss and critically evaluate the qualities of an effective supervisor and mentor reflecting on their own experience of supervision;
3. Examine the interpersonal skills required for supervision in palliative care;
4. Provide mentorship and supervision to individuals within the field of palliative care;
5. Utilise skills of personal awareness to evaluate to their own support needs;
6. Critically analyse issues around supervisory leadership, coaching and mentorship and the implications for palliative care practice.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Explain the roles of mentorship and supervision within palliative care.
2. Discuss the quality of an effective supervisor and mentor.
3. Describe the interpersonal skills required for supervision in palliative care.
4. Explain the difference between mentorship and coaching.

#### ***Attitude***

1. Appreciate the interpersonal skills required for supervision in palliative care.
2. Value the roles of mentorship and supervision within palliative care.

#### ***Skills***

1. Provide mentorship and supervision to individuals within the field of palliative care.
2. Demonstrate the interpersonal skills required for supervision in palliative care.

3. Critically analyse issues around supervisory leadership, coaching and mentorship and the implications for palliative care practice;

### **Course outline**

1. Definition of mentorship and coaching.
2. Supervision in palliative care.
3. The qualities of an effective supervisor and mentor.
4. Importance of mentorship and supervision.
5. Interpersonal skills in supervision such as influencing, communication and feedback, time management and problem solving.
6. Personal awareness.
7. Supervising and mentoring in the clinical palliative care context.
8. Differences between mentoring and coaching.
9. The mentoring process.
10. The coaching process.

### **Mode of delivery**

1. Lectures
2. Group discussions and tutorials format
3. Role plays
4. Case studies

### **Mode of assessment**

1. Progressive Assessment: 40%
  - a. Case write ups 10 %
  - b. Reflective journals 10%
  - c. Written tests 20%
2. End of semester UNMEB Examination 60%

### **READING LIST**

African Palliative Care Association, 2011. *Standards for Providing Quality Palliative Care Across Africa*. Accessible at: [https://www.africanpalliativecare.org/images/stories/pdf/APCA\\_Standards.pdf](https://www.africanpalliativecare.org/images/stories/pdf/APCA_Standards.pdf)

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## **6.15 Course Unit 15: Death, Dying, Grief and Bereavement (3CU)**

**Course Code: DPCN215**

### **Course description**

This course unit will cover the end stages in the disease trajectory. Communication with the patient and family will be taught to enhance holistic care during such moments surrounding death. Cultural issues surrounding death and dying will also be discussed in order to provide effective care.

### **Course objectives**

1. To equip students with skills to care for patients during the end stage of their illness.
2. To develop students understanding of patients' spiritual and psychosocial needs at the very end of life and their implications to care and support.
3. To discuss appropriate nursing strategies to meet end of life needs.
4. To explore issues related to grief, loss and bereavement.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Identify the signs of impending death and plan care accordingly;
2. Discuss the changes in physiology at the end of life and be aware of the effects this may have on medicines metabolism;
3. Communicate openly and honestly with the family and provide appropriate support;
4. Discuss the local practices for embalming, burial and cremation;
5. Discuss and analyse cultural issues in relation to death and dying;
6. Prepare the patient and family for the impending death;
7. Value, respect and work with decisions made by the dying person whilst preserving their own integrity.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Explain the signs of impending death and the provision of care of a patient at the end of life.
2. Describe the effect of medicines and the physiological changes of death and dying.
3. Discuss the process of preparing the patient and family for impending death.

#### ***Attitude***

1. Value, respect and work with decisions made by the dying person whilst preserving their own integrity.
2. Appreciate local practices for embalming, burial and cremation.

#### ***Skills***

1. Communicate openly and honestly with the family and provide appropriate support.
2. Analyse cultural issues in relation to death and dying.
3. Provide appropriate support to the patient and family.

### **Course outline**

1. Recognising impending death.
2. Care in the last hours of life.
3. Local and cultural issues with regards to caring for the dying.
4. Bereavement, loss, grief and survivorship in palliative care.
5. The impact of caring for the dying on families and health professionals.
6. Preparing the patient and family for impending death.

### **Mode of delivery**

1. Lectures
2. Group discussions and tutorials
3. Case studies
4. Role plays

### **Mode of assessment**

1. Progressive Assessment: 40%
  - a. Case write ups 10 %
  - b. Reflective journals 10%
  - c. Written tests 20%
2. End of semester UNMEB Examination 60%

### **READING LIST**

Attilio T **and** Otis-Green S. 2011. *Oxford Textbook of Palliative Social Work*. York, Oxford University Press.

Cherny N, Fallon M, Kaasa S, Portenoy R, and Currow D. 2015. *The Oxford Textbook of Palliative Medicine, 5th edition*. New York, Oxford University Press.

Gomez-Batiste X, Connor S. (2017) *Building Integrated Palliative Care Programs and Services*. Liberduplex, Catalonia.

Hospice Africa Uganda, 2015. *Palliative Medicine: Pain and Symptom control in the Cancer and /or AIDS Patient in Uganda and other African Countries*. Kampala, HAU.

Louis HM. 2009. *Speaking of Dying: a practical guide to using counselling skills in palliative care*. Jessica Kingsley.

Macauley RC. 2018. *Ethics in Palliative care*. New York, Oxford University Press.

Nicol J, Nyatanga B. 2014. *Palliative and End of Life Care in Nursing: Transforming Nursing Practice Series*. California, Sage Publications.

Rhee JY, Luyirika E, Namisango E, Powell RA, Garralda E, Pons JJ de Lima L, Centeno C. (2017) *APCA Atlas of palliative care in Africa*. IHPCA press, USA.

Standing M. 2014. *Clinical Judgment and Decision Making for Nursing Students. 2nd Edition. Reading, Learning Matters: Bahamut Media*.



## **6.16 Course Unit 16: Clinical Placement II (5CU)**

**Course Code: DPCN216**

### **Course description**

This course is designed to enable the learner to acquire the knowledge, skills and attitudes needed to appropriately assess and manage distressing symptoms in patients with life threatening illnesses.

### **Learning objectives**

Upon completion of this course unit, the students will be able to:

1. Reflect on the nursing process in the management of patients with life-limiting illness;
2. Assess and manage patients with distressing symptoms;
3. Manage patients with palliative care emergencies;
4. Integrate complementary therapies in patient care;
5. Provide end of life care;
6. Integrate nutritional aspects into patient care.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Understand the steps used in the implementation of the nursing process in palliative care.
2. Develop nursing care plans in the management of patients with life limiting illness to relieve their symptoms.

#### ***Attitude***

1. Demonstrate through knowledge and behaviour a commitment to the highest standards of clinical care, ethics, integrity and accountability to the patient and family, society and the profession.

#### ***Skills***

1. Effectively use motor and cognitive skills to provide appropriate diagnosis, management and the prevention of common health problems encountered in patient care using the nursing process.

### **Course outline**

1. Application of the nursing process in palliative care.
2. Management of distressing symptoms in palliative care.
3. Application of the concept of total pain in patient care.
4. Management of palliative care emergencies.
5. Application of non-pharmacological management of pain.
6. End-of-life care.

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Reflective Journals (20%)
  - b. Case write ups (20%)
2. End of semester UNMEB examinations (60%)

## READING LIST

Downing J (Editor). 2010. *Beating Pain: A Pocket Guide for Pain Management in Africa*. Kampala Uganda, APCA.

Global Partners in Care, 2014. *Guidelines for Clinical Placement in Hospice and Palliative Care in Africa*. Accessible at: [Ahttps://www.africanpalliativecare.org/images/stories/pdf/Clinical\\_placement\\_guidelines.pdf](https://www.africanpalliativecare.org/images/stories/pdf/Clinical_placement_guidelines.pdf)

Gloth M. 2010. *Handbook of Pain Relief in Older Adults: An Evidence-Based Approach*. UK, Springer.

Hospice Africa Uganda, 2015. *Palliative Medicine: Pain and Symptom control in the Cancer and /or AIDS Patient in Uganda and other African Countries*. Kampala, HAU.

Kinghorn S and Gamlin R. 2010. *Palliative Nursing: Bringing Comfort and Hope*. Edinburgh, UK, BailliereTindall.

Ministry of Health, 2011. *National Guidelines on the Use of Class A Drugs*. Kampala, Ministry of Health.

Twycross R. 2009. *Pain Relief in Advanced Cancer*. UK, Churchill Livingstone.

Twycross A, Moriarty A, Betts T. 2009. *Paediatric Pain Management: A multi-disciplinary approach*. UK, CRC Press.

Twycross R, Wilcox A, Howard P. 2017. *Palliative Care Formulary: Sixth Edition*. UK. [Palliativedrugs.com](http://Palliativedrugs.com)

## **6.17 Course Unit 17: Applied Research (3CU)**

**Course Code: DPCN217**

### **Course description**

This course unit will equip trainees with the knowledge of research methodologies which they will use to conduct health related research and will build on course unit ADPCN102.

### **Learning objective**

Upon completion of this course unit, the students will be able to:

1. Conduct research on a palliative care related topic;
2. Write a research report;
3. Disseminate research findings to relevant individuals and authorities.

### **Competence**

Upon completion of this course, the students will have the following competencies:

#### ***Knowledge***

1. Ethical considerations
2. Data collection tools and their pre-testing
3. Methods of data collection
4. Methods of data analysis
5. Steps in report writing
6. Knowledge in identifying the target group for result dissemination
7. Use of appropriate method for result dissemination
8. Identifying and training of research assistants

#### ***Attitude***

1. Confidentiality in data collection
2. Honesty
3. Tactful
4. Accuracy
5. Empathy
6. Ethical consideration

#### ***Skills***

1. Communication
2. Data collection techniques
3. Report writing
4. Literature review
5. Research assistant training

### **Course outline**

1. Introduction to applied research.
2. Conducting research.
3. Research reporting.
4. Utilization of research findings.

### **Mode of delivery**

1. Group discussions
2. Modified lectures
3. Role plays
4. Individual study
5. Supervision practice

### **Mode of assessment**

1. Progressive assessment (40%)
  - a. Project write ups 20%
  - b. Written tests 20%
2. Research report 60%

### **READING LIST**

Cormack D. 2010. *The Research Process in Nursing. 3<sup>rd</sup> Edition*. Oxford. Blackwell Science.

Ellis P. 2013. *Evidence Based Practice in Nursing. 2nd Edition*. London, Sage Publications Ltd.

Field D, Clark D, Corner J, Davis C. 2001. *Researching Palliative Care*. Milton Keynes, Open University Press.

Gerrish K and Lacey A. 2010. *The Research Process in Nursing 7th Edition*. Oxford, Oxford University Press.

Greenhalgh T. 2009. *How to read a paper*. London, BMJ Publishing Group.

Kvale S, and Brinkmann S. 2008. *Interviews: Learning the Craft of Qualitative Research Interviewing*. London, Sage Publications.

Mays N and Pope C. 2010. Qualitative methods in health and health services research. In *Qualitative Research in Health*. London, BMJ Publishing Group.

Polit DF and Beck CT. 2016. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 7<sup>th</sup> Edition*. New York, Lippincott Williams and Wilkins Philadelphia Baltimore.

Polit DF Hungler BP. (2007) *Nursing Research; Principles and Methods*. Lippincott Williams, UK.

Rhee JY, Luyirika E, Namisango E, Powell RA, Garralda E, Pons JJ de Lima L, Centeno C. (2017). *APCA Atlas of palliative care in Africa*. IHPCA press, USA.

Robbins M. 1998. *Evaluating Palliative Care: Establishing the Evidence Base*. Oxford, Oxford University Press.

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African Union, October 2012. *African Common Position on Controlled Substances and Access to Pain Management Drugs*.

Clark . D wright .M ,Hunt .J & Lymch. T (2015) Hospice and Palliative care in Africa: A multi method Review of services . *Journal of Pain and Symptom Management* 33(6) :698-710. Pub-med

J.Downing,G.Kivumbi, E. Nabiry-An evaluation of palliative care Nursing Prescribing.BMJ. Supportive and Palliative care.

Knaul FM, et al. (2017). Alleviating the access abyss in palliative care and pain relief – an imperative of universal health coverage: the Lancet Commission report. *The Lancet*. [online] Available at: <http://www.thelancet.com/commissions/palliativecare>

Merriman.A.,(2006). *Pain and symptom control in the cancer and/or AIDS patients in Uganda and other African countries*. 4<sup>th</sup> (ed) Hospice Africa Uganda available at <http://www.hospiceafrica.or.ug>

Merriman.A.,& Harding. R.,(2010). Pain control in the African context: The Ugandan introduction of affordable morphine to relieve suffering at the end of life Vol 5: 2010 PEHM 2914675. Jul 8. Doi 10.1186/1747-5341-5-10

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Temel. J., Greer, J., Gallagher, E, et al. (2010). Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. *New England Journal of Medicine*363(8). [pdf] Available at: <<http://www.nejm.org/doi/pdf/10.1056/NEJMoa1000678>>

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United Nations General Assembly. (September, 2011). *Political Declaration of the High-Level Meeting of the General Assembly of the General Assembly on the Prevention and Control of Non-Communicable Diseases*. [online] Available at: <[http://www.un.org/ga/search/view\\_doc.asp?symbol=A/66/L.1](http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1)>

World Health Assembly. (May, 2014). Sixty-Seventh World Health Assembly. *Strengthening of palliative care as a component of comprehensive care throughout the life course*. [pdf] Available at: <[http://www.oeci.eu/Attachments%5CA67\\_R19-en.pdf](http://www.oeci.eu/Attachments%5CA67_R19-en.pdf)>

World Health Assembly. (May, 2017). Seventieth World Health Assembly. *Cancer prevention and control in the context of an integrated approach*. [online] Available at: <http://www.who.int/cancer/media/news/WHA58%2022-en.pdf?ua=1>

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World Health Organization and Worldwide Hospice Palliative Care Alliance. (2014). *Global Atlas of Palliative Care at the End of Life*. [pdf] Available at: <[http://www.who.int/nmh/Global\\_Atlas\\_of\\_Palliative\\_Care.pdf](http://www.who.int/nmh/Global_Atlas_of_Palliative_Care.pdf)>

World Health Organization, n.d. *Questions and Answers on Universal Health Coverage*. [pdf] Available at: <<http://www.who.int/contracting/documents/QandAUHC.pdf>>

World Health Organization. (2010). *Monitoring the Building Blocks of Health: A Handbook of Indicators and Their Measurement Strategies*. [online] Available at: <<http://www.who.int/workforcealliance/knowledge/toolkit/26/en/>>

# APPENDICES

## Appendix I: Student Guides

### Clinical Placement Guide /Objectives

For the learners to gain the prescribed competencies they will be required to practice in the palliative care units and hospices approved by the Ministries of Health with guidance from qualified palliative care professionals

The learner will be expected to;

- a) Utilize 3 pain assessment tools in patient care among adults
- b) Manage 3 adult patients with pain using the WHO protocols
- c) Carry out an impeccable assessment on 3 adult patients with other distressing symptoms.
- d) Manage distressing symptoms in 3 adult patients.
- e) Identify 3 adult patients facing palliative care emergencies
- f) Manage 1 adult patient with a palliative care emergency
- g) Prepare a diet plan for 3 adults patients with different nutritional needs
- h) Diagnose 3 adult patients with signs of impending death
- i) Provide end of life care to 3 adult patients
- j) Utilize 2 pain assessment tools in children palliative care
- k) Manage 2 children with pain using the WHO protocols
- l) Carry out an impeccable assessment on 2 children with other distressing symptoms.
- m) Manage 2 children with distressing symptoms.
- n) Identify 2 children facing palliative care emergencies
- o) Manage a child with a palliative care emergency
- p) Prepare a diet plan for 2 children with different nutritional needs
- q) Diagnose 2 children with signs of impending death
- r) Provide end of life care to 2 children
- s) Utilize effective communication skills in breaking bad news to 3 patients
- t) Conduct 3 bereavement support sessions
- u) Participate in a home visit
- v) Participate in 2 day care sessions
- w) Assess 2 clients/Patients with psychosocial needs.
- x) Provide psychosocial support to 2 clients/patients
- y) Manage a PC unit/Hospice

### Summary of Clinical Placements

The student should apply the multidisciplinary team approach in providing holistic palliative care in all departments.

Type of placement	Duration in Weeks
<b>Palliative Care Unit</b>	
Out patient	10
Gynaecology department	2
Adult Medical department	6
Adult Surgical department	4
Pediatrics Medical department	2
Pediatrics Surgical department	2
Comprehensive care center	2
Day care	2
<b>Hospice</b>	
Home Based Care	6
Out patient	6
<b>TOTAL</b>	<b>44 WEEKS</b>

## GENERAL COMPETENCES

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Perform palliative care assessment on patients and identify palliative care needs.	20			
2. Ordering of supplies Participate in stock taking	5 1			
3. Counseling of patients/families	10			
4. Assess pain	10			
5. Prescribe opioids	10			
6. Administer opioids	10			
7. Identify and control distressing symptoms	15			
8. Apply aseptic technique in wound care	10			
9. (a)Insert and care, gastric tubes and colostomy bags	2			
10. Insert an IV catheter using aseptic technique	10			
11. Break bad news to patients and families	10			
12. Identify and provide families and patients with: <ul style="list-style-type: none"> <li>• social support</li> <li>• Spiritual support</li> <li>• Psychological support</li> </ul>	10			
13. Sharing health messages	10			
Identify patients for referral	5			

## PALLIATIVE CARE UNIT- MEDICAL WARDS

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Prepare patient for admission to the ward by applying nursing process.	10			
2. Take holistic history (physical, psychological, spiritual and social)	20			
3. Prepare, record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs.	10			



5. Ordering of supplies	5			
Participate in stock taking	5			
5. Counsel patients /families	5			
6. Assess pain	10			
7. Prescribe opioids	10			
8. Administer opioids	5			
9. Break bad news to patients/ families	10			
10. Provide social support to patients/ families	10			
11. Identify and manage palliative care Emergencies <ul style="list-style-type: none"> <li>• Convulsions</li> <li>• Spinal cord compression</li> <li>• Hemorrhage</li> <li>• Superior venacava syndrome</li> <li>• Hypercalcaemia</li> </ul>	3			
12. Share health messages with the patients about:				
Eminent signs of emergencies	2			
Death and dying	5			
Handling of opioids,	5			
Rest	2			
Nutrition.	5			
13. Identify patients who require referral services and take action	10			
14. Identify and provide bereavement care and support	10			
15. Prepare and care for patients undergoing invasive procedures;				
Underwater seal drainage	1			
Ascitic drainage	1			
Paracentesis	1			
Lumberpuncture	1			
Others....				
16. Provide personalized care of palliative care patients				
Hygiene	5			
Elimination	5			
Comfort	5			
17. Provide end of life care .support care of the dying				
Physical	5			
Social	5			
Psychological	5			
Spiritual	5			
Last office	5			
Family support	5			

**SURGICAL /GYNECOLOGICAL WARD**

<b>OBJECTIVES AND COMPETENCIES</b>	<b>Minimum Requirements</b>	<b>Performed</b>	<b>Supervisor's Signature</b>	<b>Student's Signature</b>
By the end of the clinical placements the student will be able to:				
2. Take holistic history (physical, psychological, spiritual and social)	20			
3. Prepare, record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs.	10			
5. Ordering of supplies	5			
6.Participate in stock taking	5			
7.Counsel patients /families	5			
8.Prepare patient for theatre	5			
9. Assess pain	10			
10.Prescribe opioids	10			
11. Administer opioids	5			
11. Break badnews to patients/ families	10			
13. Provide social support topatients/ families	10			
14. Identify and manage palliative care Emergencies <ul style="list-style-type: none"> <li>• Convulsions</li> <li>• Spinal cord compression</li> <li>• Hemorrhage</li> <li>• Superior venacava syndrome</li> <li>• Hypercalcaemia</li> </ul>	3			
15. Share health messages with the patients about: <ul style="list-style-type: none"> <li>Eminent signs of emergencies</li> <li>Death and dying</li> <li>Handling of opioids,</li> <li>Rest</li> <li>Nutrition.</li> </ul>	2 5 5 2 5			
16. Prepare and care for patients undergoing invasive procedures; <ul style="list-style-type: none"> <li>Underwater seal drainage</li> <li>Ascitic drainage</li> <li>Paracentesis Lumber</li> <li>puncture Others....</li> </ul>	1 1 1 1			
19. Provide personalized care of palliative care patients <ul style="list-style-type: none"> <li>Hygiene</li> <li>Elimination</li> <li>Comfort</li> </ul>	5 5 5			

## PAEDIATRICS

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of clinical placements the student will be able to:				
1. Prepare patient for admission to the ward by applying nursing process.	10			
2. Take holistic history (physical, psychological, spiritual and social)	20			
3. Prepare record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs	10			
5. Ordering of supplies	5			
Participate in stock taking	5			
5. Prepare patient for theatre	5			
6. Counsel patients/families	5			
7. Assess pain	10			
8. Prescribe opioids	10			
9. Administer opioids	5			
10. Break bad news to patients/families	10			
11. Provide social support to patients/ families	10			
14. Identify and manage palliative care Emergencies <ul style="list-style-type: none"> <li>• Convulsions</li> <li>• Spinal cord compression</li> <li>• Hemorrhage</li> <li>• Superior venacava syndrome</li> <li>• Hypercalcaemia</li> </ul>	3			
15. Share health messages with the patients about:				
Eminent signs of emergencies	2			
Death and dying	5			
Handling of opioids,	5			
Rest	2			
Nutrition.	5			
16. Identify patients who require referral services and take action	10			
17. Prepare and care for patients undergoing invasive procedures;				
Underwater seal drainage	1			
Ascitic drainage	1			
Paracentesis Lumber	1			
puncture Others....	1			
18. Provide personalized care of palliative care patients				
Hygiene	5			
Elimination	5			
Comfort	5			

19. Provide end of life care support care of the dying				
Physical	5			
Social	5			
Psychological	5			
Spiritual	5			
Last office				
Family support				

### PALLIATIVE CARE/HOSPICE UNIT- PLACEMENT

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Admit patient in to hospice	10			
2. Take holistic history (physical, psychological spiritual and social)	20			
3. Prepare ,record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs	10			
5. Ordering of supplies	5			
6. Participate in stock taking	5			
7. Prepare patient for theatre	5			
6. Counsel patients /families	5			
7. Assess pain	10			
8. Prescribe opioids	10			
9. Administer opioids	5			
10.Participate in day care	2			
12. Participate in home visit	2			
12. Break bad news to patients/ families	10			
11. Provide social support to patients/ families	10			
14. Identify and manage palliative care Emergencies <ul style="list-style-type: none"> <li>• Convulsions</li> <li>• Spinal cord compression</li> <li>• Hemorrhage</li> <li>• Superior venacava syndrome</li> <li>• Hypercalcaemia</li> </ul>	3			
15. Share health messages with the patients about:				

Eminent signs of emergencies	2			
Death and dying	5			
Handling of opioids,	5			
Rest	2			
Nutrition.	5			
16. Identify patients who require referral services and take action	10			
17. Prepare and care for patients undergoing invasive procedures;				
Underwater seal drainage	1			
Ascitic drainage	1			
Paracentesis Lumber puncture Others....	1			
18. Provide personalized care of palliative care patients				
Hygiene	5			
Elimination	5			
Comfort	5			
19. Provide end of life care support care of the dying				
Physical	5			
Social	5			
Psychological	5			
Spiritual	5			
Last office				
Family support				
Physical	5			
Social	5			
Psychological	5			
Spiritual	5			
Last office				
Family support				

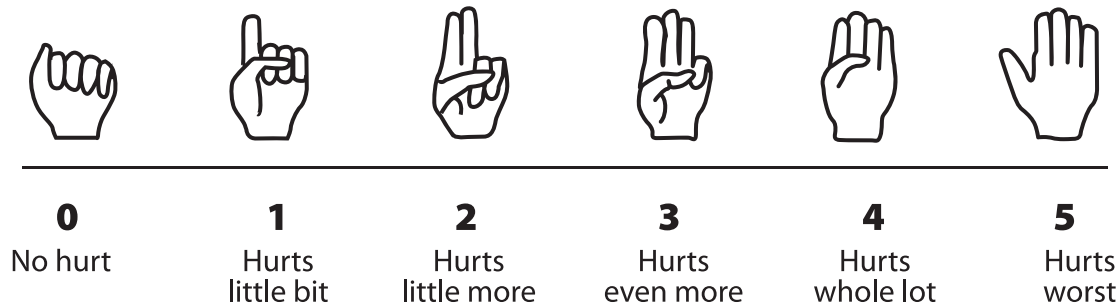
## Appendix II: Clinical Placement Assessment tool/form

### Pain assessment tools

Choose the pain score that is most helpful for your patient:

#### a) Five-finger score

Ask the patient to show how bad the pain is with their hand



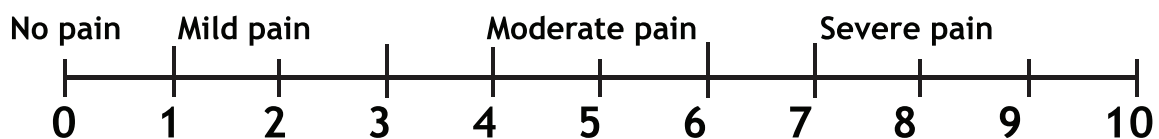
#### b) Faces score

Ask the patient to point to the face which shows how bad their pain is



#### c) Numerical pain scale

Ask the patient to point to the face which shows how bad their pain is



#### d) Key History taking questions for pain assessment.

- **Where** is the pain? (there may be more than one pain)
- **When** did it start?
- **What** does it feel like? (e.g. stabbing, cramping, burning, etc)
- **Timing** – Is the pain there all the time or does it come and go?
- **Treatment** – Has any treatment been tried and has it helped?
- **Changing** – What makes it better or worse? (e.g. movement, eating, time of day, etc)
- **Causing** - What do you (the patient) think is causing the pain?

**e) PQRST guide in pain assessment**

Precipitating factors	P
Quality of pain	Q
Radiating / Relieving	R
Site and severity	S
Treatment/ Timing	T

**f) FLACC Scale**

ITEM	0	1	2
<b>Face</b>	No particular expression or smile	Occasional frown, withdrawn disinterested	Constant frown, clenched jaw, quivering chin
<b>Legs</b>	Normal position or relaxed	Uneasy, restless, tense	Legs drawn up
<b>Activity</b>	Lying quietly, moves easily	Squirming, shifting back and forth	Arched, rigid, jerking
<b>Cry</b>	No cry (awake or asleep)	Moans, whimpers, occasional complaints	Crying steadily, screams, frequent complaints
<b>Consolability</b>	Content, relaxed, no need to console	Reassured by occasional touching, hugging or talking to,	Difficult to console or comfort

*Adapted from WHO Cancer Pain Relief and Palliative Care. Geneva; 1990 Tool Kit*

## Appendix iii: Assessment Checklist:

1.	Organization Presentation	Marks	Comments
	Establishing relationship with the client		
	Environment preparation		
2.	Performance /Skill		
	Patient assessment		
	Develop appropriate objectives		
	Develop plan of action		
	Execute the plan		
	<ul style="list-style-type: none"> <li>• Head to toe examination</li> <li>• Pain assessment</li> <li>• Symptom analysis</li> <li>• Breaking bad news</li> <li>• Appropriate diagnosis</li> <li>• Management</li> <li>• Holistic care</li> </ul>		
3.	Communication		
	Ability to describe the event: <ul style="list-style-type: none"> <li>• Clarity</li> <li>• Consistency</li> <li>• Succinct</li> </ul>		
	Ability to identify and focus on salient issues		
	Application of communication skills: <ul style="list-style-type: none"> <li>• Probing</li> <li>• Questioning</li> <li>• Listening</li> <li>• Paraphrasing</li> </ul>		
	Team work		
4.	Ability to apply theory to practice		
5.	Time management		
	<b>Total</b>		



## Appendix iv: List of developers

Names	DESIGNATION	INSTITUTION
Dr. Safina Musene Kisu	Commissioner	BTVET
Mr James Muwonge	Asst. Commissioner	BTVET
Ronald Janja	Curriculum Specialist	BTVET
Eva Nampiima Kakonge	Principal	Mulago Sch. Nursing and Midwifery
Florence Najjuma	Health Tutor	MSNM
Janet Oroma	Principal Tutor	MSNM
Caroline Akello	Deputy Principal	MSNM
Dinavence Kebirungi	Clinical Instructor	MSNM
Barbara Namirembe	Health Tutor	MSNM
Beatrice Amuge	Ass.Commissioner Nursing services	Mulago National Referral Hospital (MNRH)
Gertrude Munduru	Palliative Care Nurse	Uganda Heart Institute
Damaseni Hugumakubaho	Paediatric Palliative Care Nurse	Uganda Heart Institute
Mwazi Batuli	Palliative Care Nurse/Health Tutor	Mulago Palliative Care Unit (MPCU)
Florence Nalutaaya	Palliative Care Nurse	MPCU
MargretTumwebaze	Palliative Care Trainer	Institute of Hospice and Palliative Care in Africa (IHPCA)
Berna Manderu	Palliative Care Nurse	IHPCA
Racheal Dipio	Palliative Care Nurse	IHPCA
Rose Kiwanuka	Country Director	Palliative Care Association of Uganda (PCAU)
Harriet Kebirungi	Training and Advocacy Officer/ Palliative Care Nurse	PCAU
CharlotteKomunda	Palliative care Nurse	PCAU
Mark Mwesiga	Programmes Manager/Palliative Care Social Worker	PCAU
Josephine Kimera	Palliative Care Nurse	IHPCA
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## List of Validators

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