



Palliative Care Education:
What are the needs for
practical exposure in the
upcoming training?
Hall A Session 1

Jochen Becker-Ebel, PhD



- studied religion, philosophy, counselling, psychology, psychodrama to be a trainer.
- 6 years at Shantimalai/Sri Ramana Maharshi R&D Trust, Tiruvannamalai
- lecturer at 5 German universities, author
- Owner of MediAccion - German palliative care training institute and PalliAction

Palliative Care Education: Practical Exposure

Overview:

1. International (EAPC) and National (Indian) educational needs
2. 3 learning-levels: knowledge, skills, attitude/emotions/heart
3. Focus: Attitude/emotions/heart: What to learn and how?
4. A Proposal for a 20-day certificate course (like EAPC)
5. Conclusion

International Palliative Care Education: 1. GB

http://www.rcplondon.ac.uk/sites/default/files/palliative_medicine.pdf.

MD with six years of specialization in GB

- since 1987: 474 (2013);
- Aim: 505 (2015); 600 (2020),
- One full time MD specialist for 1.6 lakhs

In addition: nurses, general practitioners

India would need: 7.700 MD specialists.

Intern. Palliative Care Education: 2. Germany

No “MD or specialist training” in Palliative Care in Germany.
either: **1 year “on the job training” for MBBS and MD** in oncology, anesthesia, geriatrics or related in a specialized palliative care ward in a hospital (180 wards available)

Or: after MD **20 days Postgraduate Diploma** “Basics in Palliative Care”; within 10 years one PG Diploma MD per 8.000 population. These MD interact according to the need with other MDs, nurses, social workers etc..

There are 10.000 MD and 18.000 nurses trained in 20 day “all academic” postgraduate diploma in palliative care by 60 regional training centers (some 10 % in the 12 MediAcion centers).

International Palliative Care Education: 3. EU

www.eapcnet.eu/LinkClick.aspx?fileticket=2DHXbM1zaMI%3d

European levels / length for training (page 9)

- Basic training (included in undergraduate training, if not it should be mandatory in postgraduate curricula): 40 hours
- Postgraduate diploma for general practitioners and specialists who have interest in palliative care: 160 hours / 20 days
- Specialist training in palliative medicine : 3 years after MD

fields of achievement (page 16)

- knowledge (cognitive)
- skills (psychomotor)
- attitude (affective)

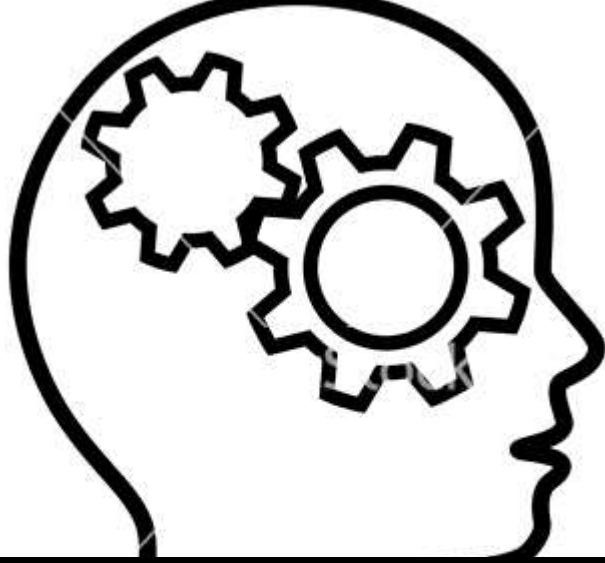


2. Palliative Care teaching in India (Raj 2012)

<http://ebookbrowse.net/teaching-palliative-care-in-india-m-r-rajagopal-ppt-d419648038>

Palliative care practice needs..

- Heart (Attitude)
- Head (Knowledge)
- Hands (Skill)



Teaching in India: „HEAD“

(Raj 2012, a.o.)

Distance education

- Heart (Attitude)
- Head (Knowledge)
- Hands (Skill)

Needs to be supplemented with
“hands-on” training

E-Learning is mostly
knowledge centered.
Can reach many.
Can be done in spare
time (plus 15 hours
academic training or 10
day „hands on“).
Over 4000 participants.

available in Assam, West Bengal,, Orissa, Delhi, Chandigarh, Madhya Pradesh, Gujarat, Uttar Pradesh, Rajasthan, Andhra Pradesh, Maharashtra(2), Tamil Nadu (3), Karnataka (5), Kerala (7).

Example: IAHPC Manual of Palliative Care 3rd ed.

TABLE OF CONTENTS

- I. Principles and Practice of Palliative Care
- II. Ethical Issues in Palliative Care
- III. Pain
- IV. Symptom Control
- V. Psychosocial
- VI. Organisational Aspects of Palliative Care

Teaching in India

HANDs ON (Raj 2012, a.o.):

- 1-3 days' sensitisation courses
- ~~7-14 days' foundation courses~~
- 4-6 weeks' certificate courses
- 2 - 5 days' refresher courses

4 weeks at Tata M.H. Mumbai, MNJ, Hyderabad
6 weeks at Kochi, Kalikut, Trivandrum and
others like training at CMC Vellore and at
Bangalore and other places
More on that: on Sunday, 9.30 am



Certificate courses:

- can reach some
- presents a role modell
- gives clear advice at patients bed
- Can be done only at places with palliative care in action
- Timeconsumig for active palliative care specialists

Teaching in India: „Head & hand“

Diploma in Pain and Palliative Medicine (DPPM)

Fits in with system of existing PG education

- 2 year residential course
- Entry criterion: Basic medical qualification
- Students work as full-time residents

Tata Memorial
Hospital Mumbai

2 year MD since 2012
(2 enrolled in 2012/13)

Sources:

[http://www.ehospice.com/india/ArticlesList/Palliative
ecareeducationinIndia070813061745/tabid/7477/Arti
cleId/5588/language/en-GB/Default.aspx#.UrFlv-
IU81n](http://www.ehospice.com/india/ArticlesList/Palliative%20educationinIndia070813061745/tabid/7477/ArticleId/5588/language/en-GB/Default.aspx#.UrFlv-IU81n)
[http://hospicecare.com/uploads/2013/9/The%20IAH
PC%20Manual%20of%20Palliative%20Care%203e.pdf](http://hospicecare.com/uploads/2013/9/The%20IAH
PC%20Manual%20of%20Palliative%20Care%203e.pdf)
[http://ebookbrowse.net/teaching-palliative-care-in-
india-m-r-rajagopal-ppt-d419648038](http://ebookbrowse.net/teaching-palliative-care-in-
india-m-r-rajagopal-ppt-d419648038)

Interactive Sessions

Example: Hyderabad 2013, 4 weeks course:

- “There will be one or two academic exercises every day - majority of the topics will be covered in the form of **interactive tutorials.**”
- “Candidates will be expected to make short presentations on topics from the modules and to **present cases** from their clinical experience.”





Heart - part of learning



- emphasise with the patients emotional needs
- improve one's own communication skill
- understand one's own role in groups / teams
- Reflect on one's own work behaviour/ethics
- find one's own strength

<http://directfrommelissa.blogspot.in/>

Example: UG Curriculum MBBS / nurses



A five modules some 160 pages curriculum for MBBS and a similar for nurses were handed in to the respective councils for approval and inclusion in the UG studies in Oct. 2013.



4.Heart-learning
specific teaching

Need for more communication skills /attitude

The medical caregivers communication tasks are:

- Breaking / bringing „bad news“
- Coping with Collusion
- Support the decision making in end-of-life decisions (ethics)
- Resistance/non compliance – How to cope with that ?

Communication skills – how to improve?

Traditional way
(learning by doing/practical)

See patients and reflect
on that with seniors
(mentoring)

Additional ways
(emotion and reflection in groups):

Role play, „Act storming“,
role work. Inner Team
Work (v. Thun), Balint
work, psychodramatic
protagonist work, Indian
Psychodrama:Vedadrama®

The need for Selfcare

- Coping with resistance / non compliance
- Coping with collusion / difficult relatives
- Coping with disgust
- Stress - management
- Transference and countertransference
- Fear of death (see latest issues of jpalliativecare.com)
- Difficulty to evaluate one's success

5 suggestions on „self-care“

- 
- A photograph of a person sitting on a rocky outcrop, looking out over a calm lake. The person is wearing a dark jacket and a headband. The lake is surrounded by forested hills, and the sky is overcast. The text is overlaid on the left side of the image.
1. Yoga, movement, workout
„take a minute“ (Zuleikha)
 2. supervision, Balint group,
professional counselling
 3. Family life / friends
 4. Spirituality, meditation
 5. Take time out

Need for: Emphasize /Quality of Life (QoL)

Addressing patients/Family members emotional needs:

- Strenghless-ness (incl. fatigue, sleep disorders, agony)
- Loneliness, forsakenness, worthlessness, depression
- Fear of death and the time BEFORE death, anxieties
- Bereavement (even before the patients death)

Suggestions on: QoL, additional therapies 1

1. **supportive therapies: play**
2. music therapy:
body tambura
3. Acupressure /
Mediakupress®
4. Yoga: mudras,
hatha yoga, take
a minute™,
pranic healing,
laughter yoga



Suggestions on: QoL, add. therapies 2a

1. supportive
therapies: play
- 2. music therapy:
body tambura**
3. Acupressure /
Mediakupress®
4. Yoga: mudras, hatha
yoga, take a minute,
pranic healing,
laughter yoga



Suggestions on: QoL, add. therapies 2b

1. supportive
therapies: play
- 2. music therapy:
singing**
3. Acupressure /
Mediakupress®
4. Yoga: mudras, hatha
yoga, take a minute,
pranic healing,
laughter yoga



Suggestions on: QoL, add. therapies 3

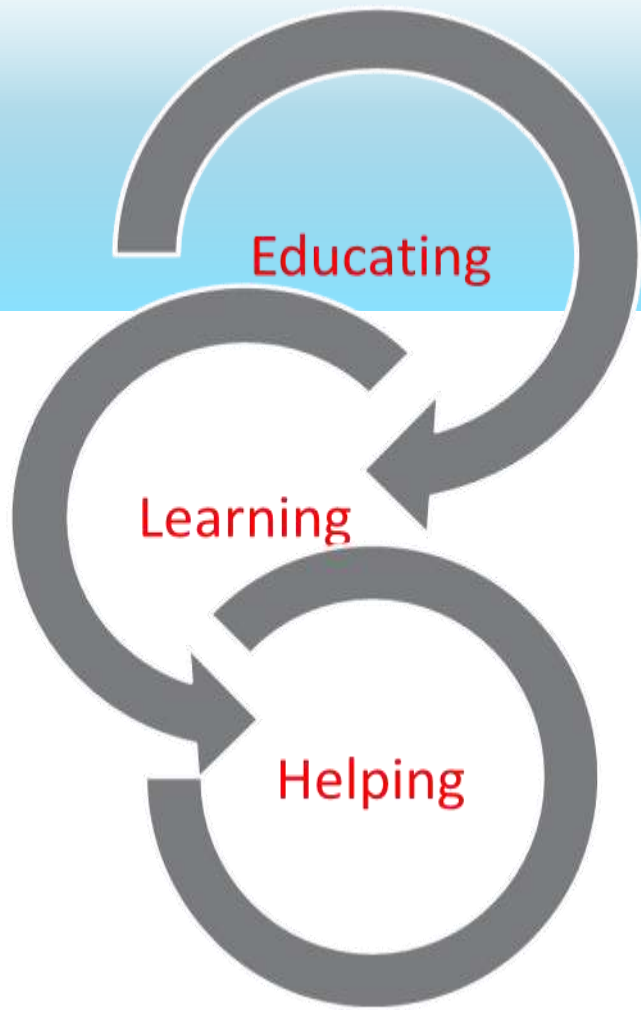
1. supportive therapies: play
2. music therapy: body tambura
3. **Acupressure / Mediakupress®**
4. **Yoga: mudras, hatha yoga, take a minute,** pranic healing, laughter yoga



Suggestions on: QoL, add. therapies 4

1. supportive therapies:
play
2. music therapy:
body tambura
3. Acupressure /
Mediakupress®
4. mudras, hatha yoga,
take a minute,
pranic healing (Help Age)
laughter yoga





Teaching means: not only know theory and practice, but...
during teaching to cope with:

- emotions of the students
- outbreak of emotions, tears, grief,...
- resistance, non-cooperation, anger
- „knowing better“ or „have reason why this should not be done“
- students' lack of palliative practice
- conducting difficult group processes

Supporting letters of Governmental Hospitals

JIPMER (Director)

Madras Medical College (Dean)



No.JIPMER/Misc/2012

Dated:27.12.2012

Dear Mr. Supja Erickson,

Sub : Training - Dr. Jochen Becker Ebel, Leiter MedAction für Palliative Care and Geriatric Care - Regensburg

I had an opportunity to meet and discuss in depth with Dr. Jochen Becker Ebel, the Programme for Palliative and Geriatric Care Training for Nurses and Medical Practitioners at JIPMER.

I understand that the German Training Institute is likely to be funded by the German Government, with support for 2 years to undertake this effort in Odisha, Chennai and hopefully in Pondicherry as well. JIPMER, being an Autonomous Institute, will be able to take this as an academic training activity and the proposal will be channelled through our Standing Academic Committee, if required.

I understand that this training course (1 weeks for Doctors and 6 weeks for Nurses) in addition will target the teachers, such that teaching the teachers course will pave way for 'rapid cycle learning' and capacity building effort. I am pleased to note that JIPMER has been one of the institutions that conduct 'Train the Trainers' course to various fields for the last many years and has a national reputation in this regard. JIPMER hopes not only to 'train the trainers' but to develop a formal curriculum for students, as well as to implement some of the advanced new viz., Palliative Care and Geriatric Care, through our up-coming day care facility on our campus and long-term at the Community level.

I would like to seek your support in making JIPMER one of the world sites for this effort.

With kind regards,

Sincerely,

Dr.

To

Mr. Supja Erickson
Joint Secretary
Government of India
Ministry of Health & Family Welfare
Prakash Bhawan, New Delhi-110 188.

Copy to

Dr. Jochen Becker Ebel,
Leiter MedAction
Geriatric Care
30157 Hamburg

(DR. T.S. RAVIKULMAR)



30.03.2013

Date

To
Dr. Jochen Becker Ebel, CEO MedAction
C/o Shikhar Associates
64, Srikanth Srinivasan Cross Street, Alwarpet
Chennai - 600 018.

Dear Dr. Jochen Becker Ebel,

Sub : Proposal received from Dr. Jochen Becker Ebel, CEO
MedAction on Geriatric and Palliative/End-of-Life Care
training - req

Ref:-F.NO.T.210206/3012-MCD(M), Dept. of H&FW, GOI

With reference to your proposal on the subject noted above Madras Medical College is willing to sign a MOU with CEO MedAction and willing to organize the following facilities.

1. Conference hall with audio visual projection facilities
2. Organizing the participants, mostly trainers of future courses and provide travel and daily expenses
3. Organizing local resource persons for the training programme, including travel expenses and honorarium
4. Organizing to develop course curriculum according to Indian needs

The training programme can be started from December 2013 after getting approval from Government of Tamil Nadu and after signing a Memorandum of Understanding.

DEAN 24/3/13



Palliative Care Education

Supporting Letter of Apollo and GoI

Apollo (in Name of MD: C Edu O)

Sec. Health&Family Welfare GoI



First certificate course at Manipal in Aug. 2014

MoU signed on Feb. 11th 2014

MoU signed by Vice-Chancellor and CEO



Professor Dr Prabha Adhikari M.R. (Internal Medicine & TMA Pai Endowment Chair in Geriatrics & Gerontology Former HOD Medicine KMC Mangalore) and **Dr. Becker-Ebel**



20 day Palliative Care with specialisation on geriatrics for MD at MANIPAL 2014/2015: First Week: Basic Introduction week

Time	Wednesday 20. Aug '14	Thursday 21. Aug '14	Friday 22. Aug '14	Saturday 23. Aug '14	Sunday 24. Aug '14
9.00 – 10.30	At home / work	Pain – Where it comes from and why which pain should be treated with which control method	Skin problems (itching, open wounds, malignant wounds) Problems of respiration	Social needs, role of family, caretakers, extended team inclusive volunteers and helpers and work as a team	Communication: Break bad news, empathic listening, collusion, good communication with relatives
10.30-11.00	Tea break (Thursday to Sunday)				
11.00-12.30	preparing to arrive, travel and registration	General pain assessment tools; documentation/ Pain management, WHO-ladder, other principles	Nutrition and hydration, thirst (mouth dryness), ethical issues: termination of nutrition /hydration	Coping with death and strategies of avoidance, emotional needs in the end of life care	Evaluation, use for own practice, avoid "burn out"; overview over the next 3 weeks, "basic certificate"
12.30-13.30	Midday break (Wednesday to Sunday)				
13.30 – 15.00	introductory session, giving an overview and definition and history on palliative care, how palliative care is procured (incl. Kerala)	Management of pain control in Indian context, NSAIDs, adjuvant medicine and therapies, side effects problem	Ethical questions in the end of life care – patients will recording, Indian laws/regulations, advanced will	Bereavement and help in prolonged bereavement processes even before death	Back home
15.00 – 15.30	Tea break (Wednesday to Saturday)				
15.30 – 17.00	Overview of the symptom control need in palliative care	Gastrointestinal problems (vomiting, nausea, diarrhea, constipation, ileus)	Emotional symptom-control (anxiety, agitation, delirium, fatigue, depression) and epilepsy	spiritual-religious needs and assistance through team members and other religious guides	Back home

All topics of IAHPC Manual / UG Curricula covered in 20 days

New: Additional teaching methods on communication skill training.

See: www.palliaction.com



Palliative Care Education

Advantages of „all academic“ courses

- Can reach distant regions
- Can offer training in regions without palliative care centres
- Can thus be adjusted easily to regional needs/possibilities
- Can be “complimentary” part of students professional life
- Can give skill/attitude access to palliative care—“part-timers”
- Can include palliative care in their respective specialisations
- Can relief active P.C.specialists from high teaching workload
- Can give teaching workload to well trained / palliative-experienced part time and full-time teachers

Conclusion: 3 suggestions



Try new communication skills training
Try academic 20 day certificate course
Train the trainers CC /UG teaching