GUIDELINES

FOR CLINICAL PLACEMENT IN HOSPICE AND PALLIATIVE CARE IN AFRICA

GLOBAL PARTNERS IN CARE

African Palliative Care Association
APCA
Relieving Pain and Suffering

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BACKGROUND: THE NEED FOR EXPANDED PALLIATIVE CARE SERVICES & TRAINED CAREGIVERS

Overview: This chapter introduces the need for palliative care in Africa and describes the purpose of these *Guidelines*.

Africa is facing a staggering disease burden that is only expected to increase dramatically in the coming decades. As a result, every health care professional in the region will — at some point in their career — be in a position to provide care for patients who have a life-threatening illness and need palliative care services. To meet this demand, African health care professionals need education and training in how to provide high-quality, culturally competent palliative care. Yet, many African countries face a shortage of medical staff in general, and a specific deficit in providers who are skilled in palliative care services.

To address this problem, considerable effort has been devoted to developing palliative care capacity among African health professionals over the last decade, including the establishment of training and education activities. As the African Palliative Care Association (APCA) notes:

> *"In education, as in other areas of clinical practice, the early experiences are very important in sending messages of enthusiasm for the subject, of its excitement, its place in medicine as a whole, and its value to patients and the public. Palliative care needs well-qualified leaders if it is to continue to grow and develop as a specialism. However, such leaders can only be produced if palliative care education programmes are effective enough to produce competent care providers who are able to provide quality services to patients and their families."* [1]

The *Guidelines* build upon these efforts to expand palliative care education and training activities and describes steps to conduct clinical placements in palliative care. The *Guidelines* also serve as a resource for national palliative care associations, public facilities and other organisations interested in hosting clinical placements as a way to increase the number of palliative care professionals in Africa. These Guidelines can be adapted by African Governments in their own settings.

For Global Partners in Care (which began as FHSSA, the Foundation for Hospices in Sub-Saharan Africa) and the African Palliative Care Association (APCA), the *Guidelines* are a key component of their work with governments, civil society groups, and institutions of higher learning in health care to ensure that palliative care is integrated into national health policies and strategies, and included in health education curricula. These *Guidelines* have been reviewed by palliative care experts from Eastern and Southern Africa, and can be adapted to fit the needs of specific settings and teaching programmes.

The goals of the *Guidelines* are to ensure quality clinical placements that will:

- increase stakeholders' knowledge about palliative care;
- better integrate palliative care into health and education systems and national health policies;
- increase the number of skilled health care professionals who are aware of, and committed to, the holistic benefits of palliative care
- improve palliative care clinical sites across Africa; and
- develop mentors in palliative care.

1. African Palliative Care Association (APCA), *Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa*, Kampala, Uganda: APCA, 2012, p. 9.

COMMUNICABLE AND NON-COMMUNICABLE DISEASES IN AFRICA

Communicable and non-communicable diseases both significantly impact much of Africa. The World Health Organization (WHO) estimates that 23 percent of the deaths in the Africa region are the result of chronic diseases such as cancer and HIV/AIDS; 10.9 million Africans die of chronic diseases each year, with a projected 28 million Africans dying from a chronic disease between 2005 and 2015.[2] In 2008 alone, there were 715,000 new cancer cases and 542,000 cancer deaths in Africa; the numbers are expected to nearly double by 2030 as the population both grows and ages.[3] Africa is the region most disproportionately affected by HIV/AIDS in the world and is home to 69 percent of the total global disease burden.[4] By 2011, an estimated 23.5 million people in sub-Saharan Africa were living with HIV/AIDS, and 1.8 million new infections were reported in that year alone.[5] Patients with HIV/AIDS and cancer are in particular need of palliative care, because "the burden of issues that cause suffering is acutely high for these patients."[6]

2. World Health Organization (WHO), The Impact of Chronic Disease in Africa, Geneva: WHO, 2012.

3. American Cancer Society (ACS), Cancer in Africa, Atlanta: ACS, 2011, p. 2.

4. Kaiser Family Foundation (KFF), The Global HIV/AIDS Epidemic, Menlo Park, CA: KFF, 2012, p. 1. Available online at: http://www.kff.org/hivaids/3030.cfm

5. Kaiser Family Foundation (KFF), The Global HIV/AIDS Epidemic, Menlo Park, CA: KFF, 2012, p. 1. Available online at: http://www.kff.org/hivaids/3030.cfm

6. Stjernsward J, Foley K, Ferris F, "WHO Public Health Approach for Palliative Care," Journal of Pain and Symptom Management 2007; 33(5): 486-93, p. 487.

WHAT IS CLINICAL PLACEMENT IN PALLIATIVE CARE?

This chapter provides background specific to palliative care and clinical placements, an overview of the core competencies of palliative care, and the essential elements of successful clinical placement.

Before exploring the specifics of implementing a clinical placement programme, it is useful to provide some background on palliative care, clinical placements, and the competencies that these placements are designed to build.

PALLIATIVE CARE

The World Health Organization (WHO) defines "palliative care" as an approach that:

> *"improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, [and] spiritual and psychosocial support from diagnosis to the end of life and bereavement." Palliative care:*

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness; and
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.[7]

WHO states that palliative care for children represents a special, albeit closely related field to adult palliative care. WHO's defines palliative care appropriate for children and their families as follows:

- Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.
- It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate a child's physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.
- It can be provided in tertiary care facilities, in community health centres and even in children's homes.

7. World Health Organization (WHO), Palliative Care, no date. Available at http://www.who.int/cancer/palliative/en

Palliative care can be provided at the community level — through local, district, and national health facilities — as well as by specialists who focus on palliative care. Palliative care is a critical part of the comprehensive care and support services provided by hospitals, clinics, NGOs, and other facilities caring for patients who face progressive, life-threatening illnesses.

According to the WHO, the effective provision of palliative care requires a public health approach with four key pillars:

1. appropriate [government] policies;
2. adequate drug availability;
3. education of policy makers, health care professionals, and the public; and
4. implementation of palliative care services at all levels throughout the society.[8]

The *Guidelines* address the pillars — specifically, the education of health care professionals — by using clinical placements to increase access to palliative care in the community. The Guidelines also serve to cement the gap between theoretical education in hospice and palliative care and practical experience.

CLINICAL PLACEMENT IN PALLIATIVE CARE

A **clinical placement** is a formal arrangement in which a health care professional is present and engaged in an environment that provides health care-related services. During a clinical placement, health care professionals actively engage in patient care and observe health care and/or social care processes.

At its core, a clinical placement is a form of mentorship, an "on-going and empowering learning process" through which the trainee receives professional supervision by, and support from, a skilled supervisor in order to gain the education, support, and skills needed to engage in palliative care activities and improve patient care.[9]

Any organisation that is engaged in providing care for patients with a life-threatening illness and/or their families is an appropriate site for a clinical placement. Clinical placements can occur in any community health care setting or institution, including (but not limited to):

- Hospitals (including teaching hospitals)
- Hospices
- Organisations that provide home-based care for clients
- Others

> Mentorship is an ongoing process where the mentor shares their experience and skills with the mentee with an aim of improving their quality of work.
>
> *–Dr. Kinyanjui, Kenya Hospices and Palliative Care Association*

Clinical placements are appropriate for both health care workers who are in training as well as those who are already established in their careers. Doctors and nurses benefit from clinical placements by gaining experience with palliative care models they can adapt in their own practices for patients who are coping with life-threatening illnesses. Health care students can engage in clinical placements during or immediately after their academic or introductory training in order to gain hands-on experience before beginning their professional careers.

8. Stjernsward J, Foley K, Ferris F, "WHO Public Health Approach for Palliative Care," Journal of Pain and Symptom Management 2007; 33(5): 486-93, p. 486.

9. Powell R and J Downing (eds.), Mentoring for Success: A Manual for Palliative Care Professionals, Organisations, and Associations, Kampala, Uganda: APCA, 2007, p. 9.

Other health care providers can also participate in clinical placements to improve and deepen their knowledge about palliative care and their skills to provide these vital services. Organisations and institutions should feel free to adapt these Guidelines for use in continued education and training for other providers such as social workers, home health care workers, and pharmacists. (For simplicity's sake, the *Guidelines* refer to the individual participating in the clinical placement as the "trainee.")

Participating in a clinical placement enhances trainee's knowledge and skills about palliative care, and improves their confidence to provide palliative care services. Through hands-on experience, clinical placements foster positive attitudes about palliative care, and make abstract concepts about this field of work more specific and understandable. They help practitioners develop their sensitivity and empathy, and enhance their understanding of their own practice.

CLINICAL SUPERVISION

Clinical supervision is a formal process of professional support and learning, which enables individual care providers to develop knowledge and skills, assume responsibility for their own practice, and enhance patient protection and safety of care. Clinical supervision allows staff to continually improve their clinical practice, develop professional skills, [and] maintain and safeguard standards of practice.[10]

As noted, there is a growing need for palliative care services in Africa; sadly, existing palliative care providers are often unable to meet the significant demand for these services. Clinical placements are one practical and proven way to increase the number of providers who are familiar with palliative care services, and expand patients' access to high-quality palliative care regardless of where they are being treated.

As with so much in the health care field, clinical placements vary by the country, region, and community in which they occur. For this reason, these *Guidelines* should be viewed as a framework that can be adapted to the community's specific needs and situations.

> The clinical placement was an eye opener for the participants. Initially, we thought that the scenarios we were given in class exaggerated the patients' conditions. But, during the Clinical Placement, we saw that it was real. The services that the facility offers to the communities are very special and the staff provides high-quality care.
>
> *–Participant in a Palliative Care Clinical Placement at the Ekwendeni College of Health Sciences, Malawi*

CLINICAL PLACEMENTS GUIDED BY PALLIATIVE CARE'S CORE COMPETENCIES & SERVICE LEVELS

APCA's *framework* of core competencies for palliative care providers in Africa delineate the **core competencies** that all palliative care providers must have.[11] Caregivers develop these core competencies by engaging in focused teaching, training, and practice activities,

10. African Palliative Care Association (APCA), Standards for Providing Quality Palliative Care Across Africa, Kampala, Uganda: APCA, 2010, p. 111.

11. African Palliative Care Association (APCA), Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa, Kampala, Uganda: APCA, 2012

such as clinical placements. Thus, clinical placements should be specifically structured around these core competencies in order to build providers' skills and ability to deliver high-quality, culturally competent services.

CORE COMPETENCIES FOR PALLIATIVE CARE

- Care for Special Needs Populations
- Clinical Supervision
- Communication
- Complementary Therapies in Palliative Care
- End-of-Life Care
- Ethical Care, Human Rights, & Legal Support
- Grief, Loss & Bereavement Care
- Inter-Disciplinary Teams
- Management of Opportunistic Infections
- Medication Management
- Pain & Symptom Management
- Planning, Coordination, & Access to Care
- Providing Support to Care Providers
- Psychosocial, Spiritual, and Cultural Care

While all palliative care providers must have some level of skill in the core competencies, the provider's specific degree of skill needed varies by the type of caregiver and their level of service delivery. For example, doctors must have different competencies, or skills, than social workers. APCA states:

> *"The competencies are expected to support on-going improvement in knowledge, skills and attitudes among care providers and will provide guidance to organisations in designing staff development strategies. They can be used as performance indicators to assess the level of mastery, which an individual has attained in a competency area. From the education point of view, the competencies will support the design and implementation of curricula and education programmes which aim to produce competent care providers and educators. Competencies are useful for identifying areas of training to achieve desired outcomes."*[12]

In addition to the core competencies, APCA specifies **three levels of service delivery** that "represent the essential knowledge, skills and attitudes that an individual is expected to possess in order to perform a task or set of tasks effectively in a specified field or context."[13] The levels are: Basic, Intermediate, and Specialist which are defined below.

- **Basic competency level:** Basic-level competencies are the minimum competencies that are expected of the different cadres following an introductory training in palliative care that is accompanied by support supervision and mentorship from more experienced care providers.
- **Intermediate competency level:** Intermediate-level competencies are those that care providers would be able to display after having undertaken further training, having had the opportunity to practise in their respective field and having had mentorship support from expert palliative care providers.
- **Specialist competency level:** Specialist-level competencies represent those that would be demonstrated by someone who has undergone formal specialist training in palliative care, has extensive practical experience, and is able to take responsibility for a service or programme, train and offer expert support and mentorship for other care providers within their own team and outside, and can take an active role in palliative-care-related research and advocacy.

12. African Palliative Care Association (APCA), Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa, Kampala, Uganda: APCA, 2012, p. 11.

13. African Palliative Care Association (APCA), Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa, Kampala, Uganda: APCA, 2012, p. 19

The level of knowledge and practical abilities that are needed by an individual will vary according to their formal role, the setting in which they are working, their level of responsibility, the degree of their involvement within an inter-disciplinary team, and the amount of involvement with patients and their families. Therefore, the competencies are divided into levels of expertise. These levels reflect the expertise that is expected of palliative care providers.[14]

The clinical placement's content and structure help to build the specific core competencies needed for that specific trainee to succeed in his/her specific clinical practice and service level. These factors — the trainee's background, area of clinical practice, and service level — impact both the clinical placement's content and the trainee's learning objectives and influence the most appropriate site for the trainee's clinical placement and the specific learning objectives. A focus on developing skills around the key content areas and competencies remains constant, however.

See **Appendix A** for a chart of capability, resource, and competency requirements for the three service levels. For more information on these competencies, service levels, and domains of expertise, see APCA's documents: *Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa, and Standards for Providing Quality Palliative Care Across Africa*.

14. African Palliative Care Association (APCA), Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa, Kampala, Uganda: APCA, 2012, p. 22.

HOST SITES: CREATING A HIGH-QUALITY PLACEMENT EXPERIENCE

Facilities must have certain assets and structures in place before they can host a meaningful clinical placement. Once a site confirms that it has those structures and can effectively host a clinical placement, the facility must create systems to ensure that the clinical placement is successful. This chapter describes the essential elements that sites need to host a clinical placement and pre-placement activities that must be conducted before accepting trainees.

KEY ELEMENTS FOR A CLINICAL PLACEMENT

Not every organisation is immediately able to host a successful clinical placement programme. Interested host sites should conduct a self-audit to evaluate their ability to support a clinical placement — including both the ability to manage programme logistics and staff's readiness to serve as supervisors / mentors during the placement. Before a site can effectively host a clinical placement, it must ensure the following:

- The host site must be part of a **network/community** that supports palliative care. This includes being a member of the African Palliative Care Association (APCA) and the country's National Association (if one exists). These affiliations are important because they help foster communication and provide a way to share lessons learned and best practices — both of which improve the clinical placement experience for trainee and host organisation alike. Learn more about APCA through its website at www.africanpalliativecare.org. The affiliations also foster follow-up of trainees and their involvement in national, regional and international palliative care activities and initiatives.
- The host site must have an existing, **formal Palliative Care programme**. A current programme that is integrated into the health facility's overall continuum of care is necessary in order to conduct a clinical placement in palliative care.
- The host site must have **designated staff** who have agreed to serve as trainee supervisors / mentors. These staff must be supported to spend the time and effort necessary to effectively fulfill their supervisory responsibilities and provide a strong learning environment.
- The host site's other **staff must also be committed** to engaging in the capacity-building and training activities associated with clinical placement. Beyond the efforts of the mentor / supervisors, hosting trainees is likely to impact the workload and productivity of other staff as well. The host site must be able to integrate the trainees into its on-going operations without disrupting the delivery of palliative care to patients.
- The host site should have a **record of previous clinical placements** and evaluation reports that demonstrate the site's willingness to receive and implement feedback.
- The host site should explore **the possibility of securing support** (i.e., from foundations, hospices, hospitals, Ministries of Health) and/or having the trainees pay fees to support the programme to avoid the risk of the clinical placement activities being discontinued due to lack of funding.

If the organisation lacks any of these attributes, it should delay hosting clinical placements until they can be accomplished and the foundation laid for an effective and successful programme.

Once an organisation has these attributes in place, it can notify the organisation that coordinates clinical placements about its ability and willingness to host clinical placements. (The coordinating body may be the National Association or other entity, discussed in the following chapter.) Potential host organisations should provide the coordinating entity with background information that will facilitate the effective match of trainees and host sites.

This information includes the potential host site's:

- Staffing levels
- Patient load
- Services provided
- Access to palliative care and other medications
- Primary language spoken (i.e., on-site and by patients)
- Geographic location (i.e., urban, rural)

Example: *To be considered as a Clinical Placement host site in Malawi, a hospital must have full-time, designated palliative care services and trained staff; registered palliative care patients; a regular supply of drugs, including morphine; and a designated supervisor. Hospitals are assessed for their appropriateness to host Clinical Placements during the Ministry of Health's bi-annual National Community Home-Based Care (CHBC) Palliative Care supervision.*

PRE-PLACEMENT ACTIVITIES FOR HOST SITES

Once the site has determined its suitability to host a clinical placement, it must create and implement systems to guide the programme's implementation. This includes determining the content and focus of the clinical placement, as well as the schedule and balance of time the trainee will spend in observation versus practice. There are eight steps to create and implement the programme, as described below.

Step 1. Create an organisational structure for the clinical placement and identify the programme supervisors.

Host sites must clearly define which staff will be responsible for logistics and management during the clinical placement programme — including who will supervise the trainees. The organisational structure specifies which staff will be involved in, and responsible for, the various aspects of clinical placement, including:

- working with the National Association (or other host site) to coordinate the trainee match and accept the placement(s);
- conducting the trainee's orientation;
- providing on-going supervision to trainees;
- providing logistical support to trainees that includes travel, food and housing;
- coordinating the evaluation process at the end of the clinical placement; and
- integrating feedback from the evaluation process.

It is recommended that host sites have clear job descriptions for the varying staff roles (i.e., coordinator, supervisor, evaluator, etc.) and secure staff's commitment to the clinical placement programme from the outset. Clinical placement roles can also be integrated into a staff's job description as an alternative.

The trainee supervisor/mentor is a key role and this staff person must be identified before the clinical placement begins. Supervisors / mentors must support the clinical placement's goals and be trained in how to help practitioners gain the skills needed to engage in palliative care in the future. Supervisors / mentors must be committed to creating the dynamic information-sharing relationship that is necessary to enhance trainee's quality of work.

It is critical that the supervisors/mentors help foster a trusting environment in which trainees are encouraged to seek help and/or support during the clinical placement. For this reason, APCA recommends that supervisors be "selected for their ability to listen, assess and coach in terms of personal and professional development issues."[15]

Example: *In Kenya, trained and experienced hospice staff primarily conduct the Clinical Placement supervision, with guidance and support from Kenya Hospices and Palliative Care Association (KEHPCA). In Malawi, clinicians supervise the Clinical Placement programme.*

See **Appendix B** for a sample job description for a site supervisor.

Step 2. Determine the fees and benefits for the placement trainees.

Sites must clearly identify and be able to communicate the benefits, if any, that will be offered to trainees. These might include housing or housing stipends, meals, transportation to home visits, medical insurance, etc.

The specific benefits and fees affect the budget for the clinical placement programme. Further, they will influence trainee's interest in, and ability to accept, a placement position at the host site. This information also helps the National Association (or other organising entity) as it strives to create the most beneficial match possible between trainees and host sites.

Step 3. Define the core competencies and skills to be covered in the clinical placement.

As noted, palliative care providers must be proficient in specific skills and subject areas in order to provide high-quality, culturally competent care to their patients.

APCA's Standards describe the expectations for health care professionals at varying levels of service delivery, and provide a useful guide for organising the content of clinical placements.[16]

See **Appendix C** for a list of content areas from APCA's *Palliative Care Core Curriculum: Introductory Course in Palliative Care*, which provides a useful framework.

In addition to specifying the content to be addressed during the clinical placement, the host site must discuss and determine with each trainee the appropriate balance between observation and clinical practice to engage in, so they can develop their skills and competencies based on their respective learning objectives.

Step 4. Create a potential schedule for clinical placement trainees including mentor check-ins.

APCA recommends for clinical placements programmes to be at least five days in length. Longer is recommended, if possible, in order to develop the skills, behaviors and attitudes necessary to deliver quality palliative care. The programme's duration will vary based on the desired competencies to be achieved by the trainee, the trainee's background, and the trainee's field of study or practice. Other factors that affect the clinical placement's length include the placement staff's availability to engage in supervision and mentoring, and the

15. African Palliative Care Association (APCA), Standards for Providing Quality Palliative Care Across Africa, Kampala, Uganda: APCA, 2010, p. 72.

16. African Palliative Care Association (APCA), Standards for Providing Quality Palliative Care Across Africa, Kampala, Uganda: APCA, 2010.

training model being used. Regardless of the length of time the clinical placement lasts, the schedule should balance observation and practice, so trainees have a well-rounded experience.

In addition to structured learning and clinical experience, the placement should provide on-going interactions with the supervisor/mentor that enable trainees to gain experience, have their questions answered and concerns addressed, and obtain the benefit of getting feedback on their progress.

APCA recommends that supervision sessions occur on a one-to-one basis and on a specific schedule.[17] Regular check-ins enable supervisors and trainees alike to assess what is going well, what challenges the trainee is facing, and how to ensure that the trainee gains the needed skills from the clinical placement. APCA recommends that trainees and their supervisors meet every day; this meeting does not need to be long, as a quick check-in will suffice to make sure no problems have arisen and that everything is going well.

Example: *In Kenya, palliative care trainees attend five days of classes that cover all aspects of palliative care, including day care, home visits, and outpatient services. On the fifth day, they interact with hospice staff, who organize the students into groups and set up the expectations for the Clinical Placement. The Placement usually begins the week after the training is completed.*

Example: *In Malawi, the Clinical Placement schedule varies by the type of trainee: instructors and lecturers medical and nursing colleges and universities engage in a 1-week Clinical Placement; health care workers engage in a 2-week Clinical Placement; Distant Learning Diploma/Degree in Palliative Care (DLD) students engage in a 4-week Placement. Malawi's National Guidelines recommend a two-week Clinical Placement.*

See **Appendix D** for suggestions of clinical placement activities.

Step 5. Ensure that organisational policies exist to address relevant legal issues.

Key legal issues include confidentiality, health protections for trainees and patients, consent, and policies surrounding emergencies that may arise during the clinical placement.

- **Health protections:** Host facilities should have official, established, and documented policies and procedures on risk-management and health protections, including a comprehensive risk management programme for physical, environmental, financial, operational, and medical-legal risks. Staff must be knowledgeable about the site's health policies and practices about universal precautions for infection control — especially for HIV and tuberculosis (TB). The site must provide access to essential safety equipment (i.e., soap and water; gloves; protective gear such as aprons and masks; and equipment to safely dispose of medical and personal waste such as needles). Host sites must be able to provide post-exposure prophylaxis in case of exposure to HIV or TB.[18] (National guidelines on post-exposure prophylaxis and TB infection control are available in most African countries.)

17. African Palliative Care Association (APCA), Standards for Providing Quality Palliative Care Across Africa, Kampala, Uganda: APCA, 2010, p. 72.

18. African Palliative Care Association (APCA), Standards for Providing Quality Palliative Care Across Africa, Kampala, Uganda: APCA, 2010, p. 30.

- **Confidentiality:** Host facilities should have official, established, and documented confidentiality procedures that protect patients' privacy. This policy should specify that any data and/or information gathered or accessed during the clinical placement belongs to the host site, and that the trainee agrees not to remove, use, and/or share this information without the express written consent of the host site's staff.

See **Appendix E** for a sample Confidentiality Statement.

- **Consent form:** Host facilities should have an official form to indicate that a patient has consented to be treated and/or observed by the clinical placement trainees. Host facilities may want to consider asking patients to complete the consent form upon admission or before a home visit.

See **Appendix F** for a sample Consent form.

- **Emergencies:** Host facilities should have official, established, and documented procedures to address any emergencies that may arise during the clinical placement, such as if the trainee or other individuals are injured on-site or while making a home visit.

Step 6. Draft a training contract for the trainee and the supervisor/mentor to complete at the start of the clinical placement.

The contract should specify the trainee's learning objectives, placement activities, and expectations. These learning objectives, first articulated in the trainee's application, may have been refined during the selection and placement process (see below, "**The Application Process**").

The training contract delineates the final competency-based, learning objectives and creates the framework for assessing the trainee's progress towards achieving these competencies during the clinical placement.

See **Appendix G** for a sample clinical placement Contract.

Step 7. Include an orientation programme for trainees.

The orientation helps welcome the trainee, introduce the trainee to the clinical placement site, and describes the agenda for the clinical placement activities. The orientation should be held on the trainee's first day at the host site, and cover ethical and legal considerations.

The orientation is an excellent time to go over the host site's policies and procedures, get all necessary paperwork signed by trainee and supervisors, and answer any questions the trainees may have.

See **Appendix D** for suggestions of clinical placement orientation.

Step 8. Create an evaluation process and tools for use at the end of the placement period.

Evaluation should occur at the end of every clinical placement. APCA recommends the use of evaluation tools to "enable palliative care providers to analyze their strengths and weaknesses in regard to the competencies that they are expected to demonstrate for their particular role. It can be used for self-assessment or as part of regular performance management. It will help the individual or institution to identify areas that require further development."[19]

19. African Palliative Care Association (APCA), Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa, Kampala, Uganda: APCA, 2012, p. 111.

The trainee and supervisor/mentor both participate in evaluation. The process benefits trainees by providing valuable information about their skills and gaps in knowledge, so they can continue to improve their ability to provide palliative care services. Evaluation helps the host site by providing feedback on the strengths and areas for improvement for the supervisor/mentor, which enables the organization to engage in continuous quality improvement. Evaluation also helps in checking whether placement objectives were achieved and the likely impact on return to trainee's work place and any further support required.

The evaluation process should address the following:

Trainees: The evaluation process measures the trainee's clinical competencies, progress towards meeting the learning objectives, and knowledge gained during the clinical placement. The supervisor/mentor and the trainee both complete the evaluation tools and discuss them. Sites may also require trainees to write a report about what they learned and the extent to which they achieved their original learning objectives. Trainees should be assessed on strengths and challenges with respect to their:

- Competency & knowledge
- Clinical skills
- Teamwork & attitude (e.g., interest in palliative care)
- Professionalism
- Communication skills
- Understanding of Palliative Care

Supervisor/Mentor: The evaluation process measures the mentor's ability to provide effective teaching and supervisory skills to benefit the trainee. The supervisor/mentor and trainee both complete the evaluation tools and discuss them. The supervisor/mentor should be assessed on strengths and challenges with respect to:

- Competence and knowledge to teach and supervise (e.g., mentors have relevant qualifications and experience)
- Clinical skills
- Teamwork & attitude
- Accessibility (e.g., the supervisors maintained a regular schedule of meeting with trainees)
- Professional consultation is available and trainees know how to access it
- The mentor completed the trainee's assessment and evaluation

Clinical Placement Site: The evaluation process also assesses the site's capacity to host an effective clinical placement. The supervisor/mentor and trainee both assess the site's organisational strengths and challenges with respect to:

- Organisational management
- Quality of infrastructure (i.e., housing, orientation, etc.)
- Content of the orientation
- Quality of clinical instruction
- Schedule of the clinical placement
- Commitment to Palliative Care on the part of facility staff
- Ability of Management to identify and meet the clinical placement needs of facility caregivers and trainees.

See **Appendix H** for sample Evaluation forms.

Once the site has created these tools and processes, it is ready to host trainees for a clinical placement.

SELECTING THE CANDIDATES: THE APPLICATION PROCESS

The application process may vary depending on the agency that is coordinating the clinical placement process. Examples of a coordinating agency include:

- National Associations (such as APCA which coordinates clinical placements between countries)
- Educational institutions (such as a medical school)
- Healthcare facilities (such as a hospital or hospice)
- Clinical host sites

Also, individual trainees may initiate the application process on their own by approaching a host site which needs to be considered in the overall process.

Regardless of who the coordinating agency is, what is important is to implement a straightforward and clear application process for trainees who want to engage in a clinical placement and for facilities that want to host these trainees. The coordinating agency's role is to carefully assess potential trainees to review their clinical skills, learning objectives, and commitment to palliative care - then match accepted applicants with the most appropriate host site. The chapter describes a standardized application process for clinical placements.

Ideally, the coordinating agency determines the optimal timing for a clinical placement depending on the trainee's professional area, expertise, and level of service delivery. Clinical placements that occur immediately after training are usually successful because they reinforce the student's academic / theoretical learning with real-world experience. Clinical placements can also occur as part of a caregivers' continuing education for those who are alread

Example: *In Malawi, health care workers engage in clinical placement soon after they complete the five-day Introduction to Palliative Care course; lecturers engage in clinical placement one week after the end of their course; DLD students engage in clinical placement after the first year of a diploma course and after the second and third years of a degree course.*

The coordinating agency collects and maintains a list of appropriate host sites where doctors, nurses clinical officers/medical assistants, social workers, pharmacists and even lawyers can be placed for a clinical placement depending on the trainee's areas of discipline, health care experience, and clinical background and experience. These host sites have conducted an assessment and have all of the necessary tools and policies in place to effectively host a clinical placement, as described above.

CONDUCTING THE APPLICATION PROCESS

As noted, there should be a coordinating agency responsible for selecting clinical placement candidates. The first step is to establish a schedule for the application process and specify the date by which candidates must submit their applications for clinical placements, the time frame for evaluating applications and making placements, and any other useful deadlines. This will help to create a process that ensures a standardised and transparent method for selecting clinical placement candidates.

In addition, the organising entity should create an application packet that includes instructions on the process, any forms to be completed, and instructions for finalizing and submitting the application. At a minimum, the

application packet should solicit the following information from potential clinical placement candidates, in order to help match the candidate with the most appropriate host site:

- **Interest in palliative care and "passion" for the subject.** This is important in helping confirm that the candidate's main interest is in palliative care.
- **Proposed learning objectives.** In conjunction with the National Association and other relevant palliative care institution, the applicant specifies his/her intended learning objectives for the clinical placement. (If the applicant is in school, his/her educational institution will also be involved in drafting learning objectives.) The learning objectives demonstrate that the candidate has thoughtful and specific goals to accomplish during the clinical placement and help the coordinating entity match the trainee with the most appropriate host site (see SMART below).
- **Future plans.** This information describes how the trainee intends to use the knowledge and experience gained in the clinical placement after the placement ends.
- **Experience.** This area of the application collects information on the applicant's current position, health-care related experience, and length of time (if any) since completion of formal educational training in health care. To foster strong matches, the applicant should also be asked to provide information about his/her current workplace, including its geographic description (e.g., urban, rural), the availability of palliative care and other medications, patient load, and primary language spoken on-site and by patients.
- **References.** Each host site should determine the number of references they want the potential trainees to provide. Applicants should provide contact information for their references and describe how the reference knows the applicant (e.g., in their capacity as the applicant's teacher, colleague, supervisor, etc.).
- **Resume.** The applicant should attach his/her CV or a description of health care-related work experience, including the applicant's current role, prior training, and palliative care experience (if any). If it is not included on the CV, the applicant must also provide his/her contact information.

See **Appendix I** for a sample clinical placement Application Form.

DEVELOPING SMART LEARNING OBJECTIVES

The learning objectives are among the most important aspects of the clinical placement application and warrant further discussion, as they also form the basis for the post-Placement evaluation process.

The learning objectives included in the application must be SMART:

Specific, Measurable, Achievable, Relevant, and Time-bound.[20] SMART objectives are:

- **Specific:** Concrete, detailed, and well-defined
- **Measureable:** Use numbers and quantities to aid measurement and comparison
- **Achievable:** Feasible and easy to put into action
- **Realistic:** Respond to constraints such as resources, personnel, cost, and schedules
- **Time-bound:** Specifically linked to an intended start and stop time

20. Centers for Disease Control and Prevention (CDC), Communities for Public Health: Resource Kit, Atlanta, CDC, 2011. Available online at: http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

The U.S. Centers for Disease Control and Prevention (CDC) has created a useful table with questions that can help develop SMART objectives (below):[21]

Specific	Measurable	Achievable	Realistic	Time-Bound
What exactly are we going to do? What strategies will we use? Is the objective clear? Is the objective described with strong action verbs such as conduct, develop, build, plan, or execute? Who will be involved? Is the outcome specified? Will this objective lead to the desired results?	How will we know that change has occurred? Are we able to gather these measurements?	Can it be done in the proposed timeframe? Are the limitations and constraints understood? Can we accomplish this objective with the resources that are available?	Do we have the resources available to achieve this objective? Is it possible to achieve this objective?	When will this objective be accomplished? What is the stated deadline?

The National Association can also work with the trainee's home institution (academic or professional) to refine, clarify, or expand the trainee's learning objectives for the clinical placement, if appropriate.

SAMPLE LEARNING OBJECTIVES

By the end of the clinical placement, the trainee will:

- Be able to demonstrate the practical application of the palliative care philosophy to patients with cancer, HIV/AIDS, and other chronic, life-threatening diseases.
- Be able to apply the World Health Organization guidelines for the control of pain and symptoms.
- Have observed 10 cases of palliative care practice.
- Participated in patient care activities and palliative care training opportunities at the host site on a daily basis.
- Be able to identify 5 specific skills and techniques that can be transferred to the trainee's practice.
- Demonstrate increased skills in conducting patient assessment and management.
- Be able to identify 25 strong palliative care practices conducted by the host site.

21. Centers for Disease Control and Prevention (CDC), Communities for Public Health: Resource Kit, Atlanta, CDC, 2011. Available online at: http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

MAKING THE MATCH BETWEEN TRAINEE AND CLINICAL PLACEMENT SITE

The matching process connects qualified trainees with the most appropriate host site to be effectively mentored and develop their skills.

Once applications have been submitted, the coordinating agency facilitates a match between the applicant trainee and the most appropriate clinical placement site where the trainee can accomplish his/her learning objectives. Because the coordinating agency is familiar with the various host sites, they can align the trainee's goals with the most appropriate clinical placement sites. (As previously noted, individual trainees may initiate the application process on their own by approaching a host site which needs to be considered in the overall process.)

The specific match process will vary by country and community, but the overall clinical placement experience should enable the specific trainee to apply the Placement experience to his or her on-going work, patient base, and discipline.

For this reason, there should be alignment between the trainee's current (or future) workplace and the host site. In general, matches are driven by the applicant's discipline and learning objectives and the specific host site's capacity to provide an appropriate and useful experience. Trainees benefit most from a clinical placement site that will replicate the specifics of the trainee's current work environment (e.g., urban vs. rural), palliative care medication availability, patient load, and primary language.

Sites that are close to the trainee's location are beneficial because they minimize participants' travel time, costs, and other inconveniences, and foster future working relationships between the trainee and the host site.

Example: *In Uganda, the Palliative Care Association of Uganda (PCAU) coordinates the placement of students who have completed their coursework for this Introductory course, in order to gain hands-on experience. PCAU contacts specific sites that align with the student's learning objectives, and requests that they host the individual for a specific period of time. PCAU provides the host site with guidelines about how to support the students during the placement period.*

Example: *In Malawi, the Palliative Care Association of Malawi (PACAM) works closely with the Ministry of Health (MoH) to coordinate Clinical Placements. Together, the entities develop Clinical Placement guidelines; coordinate the Clinical Placement for hospital health care workers; identify likely participants; and select them for a clinical Placement based on their interest, practice, and commitment to palliative care. PACAM coordinates the Clinical Placement of hospital-based health care workers in collaboration with the MoH.*

Once the match has been made, the National Association communicates with the successful applicants, secures the trainee's commitment to participate in the clinical placement, and confirms the placement with the host site.

CONDUCTING A CLINICAL PLACEMENT

During the clinical placement, host sites must ensure that the trainee meets regularly with his or her supervisor, and that they make progress to achieve the identified learning objectives. This chapter describes the essential activities that occur during a clinical placement and ensure its success.

There are six steps to conduct a clinical placement; these include activities that precede the placement, activities that occur during the clinical placement, and activities that occur after the Placement has concluded. These are described below as well as in the previous chapter on "Considerations for Host Sites to Create a High-Quality Placement Experience."

PRIOR TO THE CLINICAL PLACEMENT

Step 1. Match the trainee with an available and trained supervisor/ mentor.

As noted above, the host site must have clearly identified mentors/supervisors who are identified and committed to the clinical placement process. The host site matches each trainee with the most appropriate mentor who can help ensure the successful achievement of the learning objectives.

Step 2. The mentor and trainee collaborate to refine the learning objectives (if needed) and to delineate specific activities that will help meet these learning objectives.

While draft learning objectives are part of the application process, it is likely that host sites and trainees will need to refine the objectives to ensure that they reflect the participant's interest areas and intended future employment.

DURING THE CLINICAL PLACEMENT

Step 3. The facility representatives orient the trainee to the host site's palliative care programme.

At the beginning of the clinical placement, the host site conducts an orientation for trainees that include a review of ethics and patient confidentiality; the trainee's schedule and expectations; and the patient-centered activities for the placement.

Step 4. The facility representative and the trainee sign a contract that specifies the learning objectives, placement activities, and expectations, as well as other required legal and policy documents.

At the beginning of the clinical placement, the trainee reviews and signs all applicable contracts and policies, such as those about confidentiality, personal protections, emergencies, etc. The contract should include the measurable learning objectives (see SMART examples above).

Step 5. The supervisor/mentor engages in on-going mentoring of the trainee.

The supervisor/mentor and trainee should establish regularly scheduled meeting times during which they can assess progress towards the learning objectives and any challenges that may arise.

When possible, supervision sessions should be provided on a one-to-one basis. The sessions should document the trainee's workload, identified strengths and challenges, personal and professional development, and any other relevant information. The trainee's progress on the learning objectives should be reviewed at the beginning, middle, and end of the placement.

As part of the process, trainees should be encouraged to keep a journal where they can record feedback and lessons learned; this will also help assess the trainee's performance at the end of the clinical placement.

AFTER THE CLINICAL PLACEMENT

Step 6. The supervisor and trainee evaluate the clinical placement.

At the end of the placement, the supervisor/mentor and trainee both participate in evaluation activities. As described above, the supervisor assesses the trainee, while the trainee assesses both the supervisor and the host site.

This form of evaluation provides valuable feedback on the competency, knowledge, and skills of all entities engaged in the process and further support needed by the trainee to apply lessons from the clinical placement.

- The trainee gains valuable information on strengths and weaknesses that can improve his or her future work performance. The evaluation can indicate areas where the trainee may wish to focus further in order to fully develop the three clinical proficiency areas central to a palliative care practitioner's performance: *competence, experience, and reflection*.[22]
- The supervisors/mentors receive feedback that will help them improve their mentoring activities for future trainees.
- Finally, the site itself benefits from an assessment of its ability to host an effective clinical placement, including the appropriateness of any provided benefits (housing, meals, etc.). The evaluation can be used to identify issues and needed improvements that the site can make in order to ensure continuous quality improvement (i.e., logistics, staff, cost, site capacity, supervisor skills).

The clinical placement site coordinator should communicate the evaluation assessment outcomes to the trainees, supervisors, and any other relevant individuals (e.g., facility staff) and/or institutions (e.g., home institutions). Finally, the site coordinator should share information on lessons learned and any challenges identified during the clinical placement with the National Association and APCA in order to aid continuous improvement efforts.

22. Competence refers to trainee's development of core competencies that are critical to effective palliative care provision through a balanced range of experience across settings and client groups and through critical reflection on both themselves and the Clinical Placement context as they develop their skills. See Dr. Faith Mwangi-Powell, Executive Director of the African Palliative Care Association, "Overview of APCA's Core Competencies for Palliative Care," presented at the Guidelines for Clinical Placement in Palliative Care Meeting, June 12, 2012, Kampala, Uganda.

INTO THE FUTURE: CREATING OPPORTUNITIES FOR CONTINUED SUPPORT & NETWORKING

Too often, health professionals who attend clinical placements return to work at institutions that are unable to offer on-going support due to a lack of opportunities for effective mentorship and support — either within the facility or within the overall health system. Clinical placement host sites, National Associations and regional associations, and home institutions can help address this problem by fostering relationships and continued communication after the clinical placement ends.

This sort of continued relationship can take many forms. The clinical placement site staff may make themselves available to answer trainee questions via video chat, email, telephone, or in-person meetings. This assistance can be particularly beneficial when the palliative care trainee is dealing with unusual or complex cases and needs guidance from more experienced caregivers. Holding regular meetings, conferences, and/or trainings that are open to clinical placement trainees and other health care professionals will foster relationships, facilitate sharing of best practices, build the community of palliative care stakeholders and be linked to useful resources within and outside their settings to ensure continued access to support.

Through clinical placements, trainees gain:

- Guidance
- Support
- Supervision
- Training
- Leadership skills[23]

Establishing a local, regional, or country-wide palliative care network helps ensure that providers and caregivers are practicing in conjunction with others and can access the information and support they need to improve their skills and best serve their patients. Such networks are particularly useful for those who work in the rural areas and may have few colleagues nearby to offer support and advice.

Creating on-going supportive relationships among those engaged in palliative care is key to ensuring that caregivers have access to the continued mentorship and support they need to work effectively and serve their patients.

The WHO notes that "Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited."[24]

Clinical placements offer communities a key strategy to expand the range of caregivers who are experienced and skilled at palliative care, and to foster communication and networking to increase access to vital services for patients coping with a life-threatening illness.

23. Powell R and J Downing (eds.), Mentoring for Success: A Manual for Palliative Care Professionals, Organisations, and Associations, Kampala, Uganda: APCA, 2007, p. 6.

24. World Health Organization (WHO), Palliative Care. Available at http://www.who.int/cancer/palliative/en

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APPENDICES

APPENDIX A: APCA'S CAPABILITY, RESOURCE AND COMPETENCY REQUIREMENTS (FOR THE THREE SERVICE LEVELS THAT THE STANDARDS ARE BASED)

PRIMARY / BASIC LEVEL: LEVEL 1	
Description	Represents what is the essential or minimum package for palliative care. Provides basic clinical and supportive care services and relies heavily on referral of patients and their families to Levels 2 - 3 service providers for more advanced and specialist care. General and basic health care services, including primary services providing care to People Living with HIV (PLHIV) and their families, as well as those with other life-threatening conditions, are required to meet the criteria for Level 1 for all standards. Examples include: community-based programmes, and primary level government health centres.
Capability Requirements	Uses a holistic approach to manage basic clinical and non-clinical problems of patients, caregivers, and families. Provides basic clinical services for Opportunistic Infections and uses WHO analgesic ladder Level 1 pain assessment and management guidelines. Makes referral to Level 2 – 3 service providers for management beyond own capability. Access to antiretroviral therapy (ART) is by appropriate referral through a documented process. Follow-up on adherence is undertaken in partnership with the medication service provider.
Resource Requirements	Relies mainly on community care providers and a small team of general health care providers. In general, relies heavily on community resources to provide services. Care-givers at this level include nurses who are trained in basic palliative care, who are supervised by a professional, and who train / supervise community caregivers and families. Clinical supervision is provided by qualified and experienced professionals.
Competency Requirements	Minimum competencies expected of caregivers who have completed an introductory training in palliative care, accompanied by support supervision and mentorship from more experienced care providers.
SECONDARY / INTERMEDIATE LEVEL: LEVEL 2	
Description	Represents intermediary service providers that provide a wide range of service components for HIV/AIDS and other life-threatening conditions. Have well-developed collaborations with community and other service providers. Facilities at this level have all the attributes of those at Level 1, plus: • At least 1 team member has had a 1-2 week orientation course in palliative care • On-going availability of any Step 2 analgesics on-site • Availability of ART • Skill in Opportunistic Infection management • Receives referrals from, and makes referrals to, Level 1 and 3 service providers via formal links. • There are limited specialized services Examples include: Integrated Community Based Home Care programmes (ICHC); Community Home-Based Care programmes (CHBC); governmental regional and district-level service providers and other district-level service providers, such as mission hospitals.
Capability Requirements	Inter-disciplinary team or at least regular access to medical, nursing and psycho-social and spiritual input on site or through a functional and documented referral network. Has formal and informal care providers. Formal care providers give training and support the informal care providers. Access to ART and other medications on-site or through referral, and a well-documented procedure to follow up on adherence.

Resource Requirements	An inter-disciplinary or multi-skilled team with some members of the team having been trained through specialist palliative care programmes. Caregivers at this level include palliative care team members such as physicians and nurses who supervise primary health-care clinic staff, part-time social workers, and pharmacists. A professional team, working with trained community care providers in a well-structured, documented process.
Competency Requirements	Competencies expected of caregivers who have completed further training, had the opportunity to practice in their respective field, and benefitted from the mentorship of expert palliative care providers.
TERTIARY / SPECIALIST LEVEL: LEVEL 3	
Description	Provides the full range of palliative care services: comprehensive care for the needs of patients, care -givers and families with complex needs. Facilities at this level have all the attributes of those at Level 1-2, plus: • Access to ART on site or through referral • Availability of Step 3 analgesics for use on-site and in the home (i.e., oral morphine, methadone) • Availability of palliative radiation and certain palliative chemotherapies on-site or a clear procedure of referral for access to such treatments. • Certificate or Degree level training in palliative care represented in the team • All specialist palliative care services are required to meet the criteria for Level 3 for all standards. Examples include: specialist palliative care centres; hospital-based palliative care units/teams; and palliative care HBC programmes (e.g., ICHC *).
Capability Requirements	Provides specialised palliative care for patients, caregivers and families, especially those with complex needs. Physical, social, psychological, and spiritual care services are all accessed from the same point. Services have the capability to meet the most complex needs and provide a leadership role in palliative care service provision. Receives and manages referrals from Level 1 - 2, with clear documentation on the management of such referrals. Can also make referrals back to Level 1 - 2 for on-going jointly provided care. Has formal links with Level 1 - 2 service providers and provides them with consultant support, training and mentorship. On-going availability of well-structured professional supervision for community care providers. There is a well-documented procedure for follow-up on adherence to medications.
Resource Requirements	A multi-disciplinary team with specialist training, skills and experience in palliative care. Caregivers at this level include specialist palliative care team members such as physicians, nurses, social workers, pharmacists, allied health professionals, and spiritual leaders. A professional team working together with trained community care providers through a well-structured and documented process.
Competency Requirements	Competencies expected of caregivers who have completed formal, specialist palliative care training; have had extensive practical experience; can take responsibility for a service or programme, provide training, and offer expert support and mentorship for other caregivers; and can take an active role in palliative-care-related research and advocacy.

* Some service providers such as ICHC can fit in more than one level, depending on their capability and resources.

Source: African Palliative Care Association (APCA), Standards for Providing Quality Palliative Care Across Africa, Kampala, Uganda: APCA, 2010, pp. 18-19; African Palliative Care Association (APCA), Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa, Kampala, Uganda: APCA, 2012, p. 22-23.

APPENDIX B: JOB DESCRIPTION: CLINICAL PLACEMENT SITE SUPERVISOR/MENTOR

JOB DESCRIPTION	
Title:	Clinical Placement Site Supervisor
Reports to:	Direct Supervisor

Job summary

The site supervisor plays a key role in achieving the goals of the Clinical Placement Site by being responsible for training the learners in the skills needed for high quality palliative care provision. As such a site supervisor must be committed to creating the dynamic information-sharing relationship that is necessary to enhance trainee's quality of work. A site supervisor will be selected for their ability to listen, assess and coach in terms of personal and professional development issues.

Summary of essential job functions

1. Demonstrates a sincere desire to continually improve and upgrade the skills of the trainees through the provision of initial and continuing education.
2. Demonstrates the ability to accurately complete and review all documentation as relates to the provision of care of patients or in daily operations and to instruct others in its proper completion.
3. Evaluates and documents skill performance of trainee during trainings.
4. Observes and reviews technique and provide constructive feedback when appropriate.
5. Follows new clinical employees through the clinical placement period in order to provide training, mentoring and clear direction.
6. While supervising, performs home visits with staff for the purpose of role modeling, problem solving, supervising and evaluating performance.

Disclaimer

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.

Employee:

Name: _____ Date: _____

Signature: _____

Direct Supervisor:

Name: _____ Date: _____

Signature: _____

APPENDIX C: CONTENT MODULES FROM APCA'S CORE CURRICULUM IN PALLIATIVE CARE

Module 1: Introduction to palliative care

- An introduction to the definition, concepts and principles of palliative care
- The need for and status of palliative care across Africa and in the respective country
- Models of palliative care delivery; multi-disciplinary teamwork

Module 2: Effective communication in palliative care

- Self-awareness and its impact on palliative care delivery
- Basic communication skills
- Communicating bad news in palliative care

Module 3: Assessment and management of common symptoms

- Principles of symptom assessment, control and management
- Assessment and management of common symptoms
- Palliative care emergencies
- Nutrition and hydration
- Managing symptoms at the end of life

Module 4: Pain assessment and management

- The concept of total pain
- Holistic history-taking
- Assessment of physical pain
- Pain management using the WHO ladder
- The use of opioids in pain management

Module 5: Psycho-social and spiritual issues in palliative care

- Overview of psycho-social care
- Basic counseling
- Grief, loss and bereavement care
- Grief, loss and bereavement care in children
- Working with families and communities
- Sexuality and gender issues
- Assessment and management of spiritual and cultural needs
- Psycho-social and spiritual assessment tools
- Care for carers

Module 6: Legal and ethical issues

- Palliative care as a legal and human rights issue
- Ethical principles in palliative care
- Integration of legal and human rights support into palliative care

Module 7: Developing and sustaining palliative care services

- Introduction to research, monitoring and evaluation in palliative care
- Introduction to palliative care standards
- Advocacy in palliative care
- Developing and sustaining palliative care services

Module 8: Practicum

- Preparation for the practicum
- Practicum
- Feedback sessions

Source: African Palliative Care Association (APCA), Palliative Care Core Curriculum: Introductory Course in Palliative Care, Kampala, Uganda: APCA, 2012.

APPENDIX D: CLINICAL PLACEMENT SUGGESTED ACTIVITIES

These suggested activities are intended to serve as examples. Programmes are encouraged to individualize their clinical placement activities to meet the needs of the trainee.

Orientation

- Goals and objectives of the clinical placement
- Site policies and procedures
- Fundamentals of palliative care
- Role of Ministry of Health
- Ethical and legal considerations
- Self care

Communication and Assessment

- Basic communication skills
- Breaking bad news
- Taking patient histories
- Holistic assessments

Pain and Symptom Management

- Pain management / WHO analgesic ladder
- Use of oral morphine – laws, myths, fears, misconceptions
- Principles of symptom control
- Management of common symptoms
- Paediatric care – pain and symptom management
- Case studies

Other Social and Psychological Issues

- Palliative Care for HIV/AIDS
- Spiritual and cultural issues
- Sexuality and gender issues
- Caring for caregivers
- Networking and referrals for palliative care

Grief, Loss, Bereavement

- Preparing the patient and family for death
- Grief, loss and bereavement support

APPENDIX E: CONFIDENTIALITY STATEMENT

It is understood and agreed to that the Clinical Placement Site and the Trainee may exchange information that is considered confidential. To ensure the protection of such information and in consideration of the agreement to exchange said information, the parties agree as follows:

1. The Confidential Information to be disclosed by clinical placement site under this Agreement may include any medical information relating to a patient's current or past health condition. As well as any information that is marked or disclosed as confidential at the time of release and or within thirty (30) days of the disclosure.
2. The Trainee shall use the Confidential Information only for the purpose of providing medical treatment or fulfilling additional tasks as requested by the Clinical Placement Site.
3. The Trainee shall limit disclosure of Confidential Information within its own organisation to other authorities having a need to know and shall not disclose Confidential Information to any third party without the prior written consent of the Clinical Placement Site. The Trainee shall have satisfied its obligations under this paragraph if it takes affirmative measures to ensure compliance with these confidentiality obligations by its employees, agents, consultants and others who are permitted access to or use of the Confidential Information.
4. This Agreement shall not be construed as creating, conveying, transferring, granting or conferring upon the Trainee any rights, license or authority in or to the information exchanged, except the limited right to use Confidential Information specified in paragraph 2. Furthermore and specifically, no license or conveyance of any intellectual property rights is granted or implied by this Agreement.
5. If there is a breach or threatened breach of any provision of this Agreement, it is agreed and understood that the Clinical Placement Site shall have no adequate remedy in money or other damages and accordingly shall be entitled to injunctive relief; provided however, no specification in this Agreement of any particular remedy shall be construed as a waiver or prohibition of any other remedies in the event of a breach or threatened breach of this Agreement.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Trainee of Confidential Information:

Name (Print or Type): _____

Organisation: _____

Title: _____

Address: _____

City, State & Zip: _____

Signature: _____ Date: _____

Clinical Placement Site of Confidential Information:

Name (Print or Type): _____

Organisation: _____

Title: _____

Address: _____

City, State & Zip: _____

Signature: _____ Date: _____

Source: Adapted from Purdue University

APPENDIX F: SAMPLES OF CONSENT FOR PATIENT TREATMENT FORMS

Dear Patient,

_____ prides itself to be a leading training facility for students in Palliative Care in _____ (city).

_____ enables learners to achieve their practical experience needed in Palliative Care.

It is very important that our future doctors, nurses, social workers, radiographers, dieticians, religious leaders etc have the best possible training in Palliative Care.

We would like you to sign consent to the fact that the learners may interview you, examine you or that they may read your files. The students understand and respect the fact that any information shared with them is confidential.

The care you receive from _____ . Staff will not be compromised in any way should you not consent to this or should you withdraw your consent at any time.

Please complete the attached form if you agree to assist in teaching our learners.

We can give you the assurance that your well-being and care will always be given priority, and that Registered Nurses will guide the learners as to which patients are well enough and wish to be a part of the teaching function of the facility.

Thank you for your assistance!

Source: Adapted from Pretoria Sungardens Hospice

Sample Patient Consent Form

I, _____

(full name)

hereby give consent that trainees in palliative care doing their clinical placement at _____ ,can perform the following actions during my treatment:

- access my file
- examine me
- conduct an interview with me

I understand that these above actions will only take place on permission of the clinical placement mentor/ supervisor in charge.

Patient: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

APPENDIX G: SAMPLE CLINICAL PLACEMENT CONTRACT, SITE AND TRAINEE

Trainee Name: _____

By signing this document the trainee agrees that the activities, objectives and expectations of this course have been fully explained.

Activities *[INCLUDE HOURS IF APPROPRIATE]*

The trainee agrees he/she will complete the training hours as described below:

Stoma:	____hours
Wound Care:	____hours
Funeral Home/Director:	____hours
In-Patient Unit Care:	____hours
Home Care:	____hours
Oncology:	____hours
Day Care:	____hours
Paediatric Care:	____hours
Oncology:	____hours
Local HIV/ARV/TB Clinic:	____hours
Geriatric Care:	____hours

If the trainee misses any of the above hours it is understood that he/she will have to make the arrangements with the necessary institutions to complete these requirements. A letter from the employer will be necessary to account for any absenteeism for any of the practical hours arranged by the Training Department.

Objectives *[INSERT OBJECTIVES BELOW – SOME EXAMPLES INCLUDE]*

By the end of the Clinical Placement, the trainee will:

- Be able to demonstrate the practical application of the palliative care philosophy to patients with cancer, HIV/AIDS, and other chronic, life-threatening diseases.
- Be able to describe the World Health Organization guidelines for the control of pain and symptoms.
- Have observed 10 cases of palliative care practice.
- Participated in patient care activities and palliative care training opportunities at the host site on a daily basis.
- Be able to identify 5 specific skills and techniques that can be transferred to the trainee's practice.
- Demonstrate increased skills in conducting patient assessment and management.
- Be able to identify 25 strong palliative care practices conducted by the host site.

I agree to complete the evaluation form, all homework and tests by _____.

Trainee Name (please print): _____

Trainee Signature: _____ Date: _____

Source: Adapted from Pretoria Sungardens Hospice

APPENDIX H: EVALUATION FORMS

Sample Trainee Evaluation Form*

Upon completing this form, please forward a copy to the trainee's home site.

Name of Participant: _____

Date of Placement: _____

Please indicate if the following objectives have been met:

	YES	NO	IF NO, WHY?
Demonstrated appreciation for the application of palliative care			
Can describe the World Health Organisation's guidelines for the control of pain and symptoms			
Has observed 10 cases of palliative care practice			
Participated in patient care activities and palliative care training opportunities at the host site on a daily basis.			
Demonstrates increased skills in patient assessment and management.			
Is able to identify 25 strong palliative care practices as conducted by the host site.			

*This is a sample form so feel free to replace with your own objectives.

Trainee Evaluation, continued

Please tick the appropriate column:

	EXCELLENT	GOOD	AVERAGE	POOR
Interaction with patients				
Interaction with families				
Teamwork & Attitude				
Professionalism				
Punctuality				
Attendance				
Knowledge of drugs				
Administration of medicines				

Areas where additional instruction may be needed

_____

_____

_____

Additional Comments

_____

_____

_____

Clinical Supervisor

Name: _____ Date: _____

Signature: _____

Source: Adapted from African Palliative Care Association

Supervisor/Mentor Evaluation

Name of Trainer: _____

Date of Placement: _____

Please tick the appropriate column:

	EXCELLENT	GOOD	AVERAGE	POOR
Competency and knowledge to effectively teach and supervise				
Supervisor's clinical skills				
Teamwork and attitude				
Accessibility and approachability				

Areas where additional improvement may be needed

_____

_____

Please provide your feedback on the placement

1. How often did you meet with your supervisor/mentor?
2. Did you get the support and information you needed to succeed in your learning objectives from the supervisor/mentor?

Additional Comments

_____

_____

Reviewer

Name: _____

Signature: _____ Date: _____

Source: Adapted from African Palliative Care Association/Pretoria Sungardens Hospice

Clinical Placement Site Evaluation

Name of Site: _____

Date of Placement: _____

As you go through this placement, please record in the spaces below any ideas or lessons you think will be useful for developing palliative care in your setting.

IDEA / LESSON	WHERE / HOW YOU COULD USE IT

	EXCELLENT	GOOD	AVERAGE	POOR
Organisational Management				
Quality of infrastructure				
Content of the Orientation				
Quality of Instruction				
Schedule of the clinical placement				
Commitment to palliative care on the part of the facility staff				
Management identifies and meets the clinical placement needs of facility caregivers and trainees				

Areas where additional improvement may be needed

_____

_____

Please provide your feedback on the placement

1. What were the key learning points for you during the placement?
2. How did you get to the placement site, and how were the travel arrangements?
3. What hotel were you lodged in, and how was your stay?
4. How were you treated by supervisor, staff and other people from the hosting institution?
5. What are your recommendations for improving the clinical placement experience?

Additional Comments

_____

_____

Reviewer

Name: _____ Date: _____

Signature: _____

Source: Adapted from African Palliative Care Association/Pretoria Sungardens Hospice

APPENDIX I: SAMPLE CLINICAL PLACEMENT APPLICATION

If additional space is needed, please attach separate pages.

Contact Information

Name: _____

Address: _____

Phone:_____

Email: _____

Work Experience

Education:_____

Name of home institution: _____

Current position at home institution: _____

Years of experience: _____

Provide a description of your home institution (service area, # of patients, diagnoses):

_____

_____

_____

_____

List additional health care related experiences (include description and length of time):

_____

_____

_____

_____

Interest in Palliative Care

Describe your interest in palliative care. What is motivating your desire to become trained in palliative care?

_____

_____

_____

_____

Goals/Aims

What are your learning aims for this clinical placement?

_____

_____

_____

_____

Future Plans

Upon completing this clinical placement, how do you intend to use what you've learned?

_____

_____

_____

_____

Attachments

In addition to completing this application, attach a copy of your CV and three relevant references.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a trainee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name: _____ Date: _____

Signature: _____

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