

# Palliative Care In The NUS Undergraduate Medical Curriculum

The story of how palliative care came to be in the NUS undergraduate medical curriculum, and stands for one of the four P's – People, Passion, Perseverance and Partnerships.

By Dr Noreen Chan, Dr Kok Jaan Yang and Dr Ong Wah Ying

## Beginnings

About ten years ago, Dr Jerry Lim, then-Chairman of the Education Committee of the Singapore Hospice Council (SHC), mooted the idea of introducing palliative care into the undergraduate medical curriculum. A/Prof Pang Weng Sun helped to draft a proposal which was accepted by the National University of Singapore (NUS), and a working committee comprising Drs Angel Lee, Kok Jaan Yang and Vincent Thai worked with their university counterparts to plan the curriculum.

In 2002, the palliative medicine programme commenced as a one-day attachment in the four-week family medicine module for fourth year medical students. This was held at the Hospice Centre in Jalan Tan Tock Seng and involved most of the community hospice service providers. It was co-funded by NUS and the SHC.

## Growing and Developing

The Doctors' Subcommittee of the SHC, in partnership with NUS Community, Occupational and Family Medicine (COFM) Department, oversaw the programme until last year when NUS assumed responsibility for running it, although SHC continues to provide administrative and coordinating support. In response to feedback, the programme was refined and expanded (see

figure 1). From just one day in 2002, it increased to two days in 2007; the attachment was also moved to the third undergraduate year in line with an overall re-organisation of the curriculum. In 2010, the palliative care programme was lengthened together with the family medicine module and we took the opportunity to include hospital-based services in the rotations.

## Unique Features of the Current Programme

In the space of four days, students get to see the spectrum of palliative care, as it is practised across different care settings – home, inpatient hospice and hospital. They have opportunities to interact with patients and palliative staff and see the multi-disciplinary team approach in action.

The use of "cinemeducation", while not new, is uncommon in the Singapore context. The film *Will*, starring Oscar-winner Emma Thompson, has been used in several countries as a teaching tool for both undergraduate and postgraduate education. A palliative physician facilitator discusses themes explored in the film, as well as any emotions that the students might be feeling.

Adaptability and responsiveness are key characteristics of the programme. For



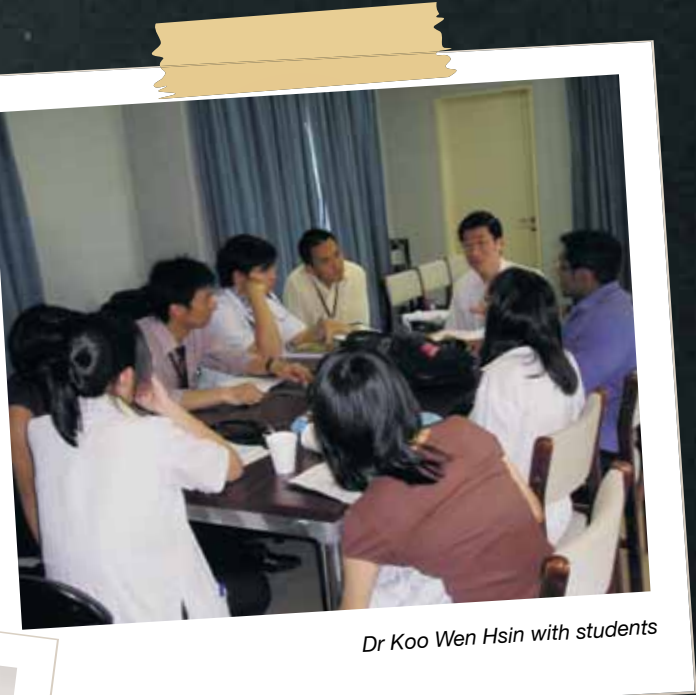
Dr Kok Jaan Yang with students

example, in the first few years, about a quarter of students requested longer exposure, and many requested for more patient interaction, which guided us in evolving the content to its current form. We expect that as palliative care becomes more accepted within the Singapore healthcare system, the programme will likely increase in time, content and intensity.

## Challenges and Rewards

Covering as it does multiple sites, the programme is labour-intensive. Rostering busy clinicians to fill teaching slots has proved challenging. Having to repeat the four-day attachment five times a year will stretch all the services.

We are mindful that some students may be emotionally affected by their experience; but rather than shield them from the realities of human suffering, debriefing and supportive listening are built into the programme to support the students' reflective learning.



Dr Koo Wen Hsin with students

**Figure 1 PROGRAMME EVOLUTION**

**2002-2007**

1 day for fourth year medical students	<b>Morning</b>	<b>Afternoon</b>
	Introductory lecture and case-based workshop	Home visit or inpatient hospice visit followed by tutorial/debrief

**2007-2010**

Programme revised and shifted to third year medical students

	<b>Morning</b>	<b>Afternoon</b>
Day 1	Introductory lecture case-based workshop	“Cinemeducation” (viewing the film <i>Wit</i> followed by discussion)
Day 2	Visit to inpatient hospice followed by hospice home care visit	Discussion/Tutorial, debrief and short MCQ test

**2010**

Introductory and briefing lectures are available online for the students to read before their posting. Students will spend one day in each setting, in rotation (not necessarily in the order shown).

	<b>Rotation</b>	<b>Morning</b>	<b>Afternoon</b>
Day 1	Small group interactive teaching (10-12 students)	Case-based workshop	Viewing of film <i>Wit</i> followed by reflection and discussion
Day 2	Hospice home care (2-3 students per home care nurse)	Home visits with the staff of Agape Methodist Hospice, Assisi Hospice, HCA Hospice Care, Metta Hospice, Singapore Cancer Society or NHG Advance Care Programme. Discussions and debrief with palliative physicians in the afternoon	
Day 3	Inpatient hospice (6-8 students per site)	Attachment to Assisi Hospice or Dover Park Hospice. Orientation and briefing, shadowing hospice staff, patient clerking, discussions and debrief	
Day 4	Hospital-based service (2-4 students per site)	Attachment to Khoo Teck Puat Hospital, National Cancer Centre or Tan Tock Seng Hospital service. Orientation and briefing, observing of ward rounds, clinics, team meetings, patient clerking discussions and debrief	

**What of the Future?**

The care of dying patients is a core professional task of physicians (Billings and Block, JAMA 1997). The ability to do so competently and respectfully is best developed under the guidance of skilled and compassionate clinicians and teachers. The inclusion of palliative care in the medical undergraduate curriculum would not have been possible without the involvement of the palliative care community, the drive of the people who believed in the power of education, and support from NUS. Siting it within the family medicine module reminds us of who comprises unit of care – the patient and his/her family.

In less than 10 years, the palliative care component of the medical undergraduate curriculum has quadrupled, but four days out of five years still seems rather paltry. The challenge

is to integrate palliative care with the rest of the curriculum, so that students are familiar with the principles and approach, such as being patient-centred rather than disease-focused, paying attention to good symptom control, having open and sensitive communication, as well as fostering coordination and teamwork.

Much progress has been made, but much more needs to be done. If we had one wish, it would be for deeper recognition: recognition of palliative care as an integral part of good medical care, recognition of the need to teach it to students and young doctors, recognition for the services which host students, as well as clinicians who demonstrate, role model and mentor, and finally recognition for our patients and families, who are our greatest teachers. **SMA**

*Dr Noreen Chan is a Senior Consultant in the Department of Haematology-Oncology, where she is developing the Palliative Care Service for NCIS (National University Cancer Institute, Singapore) and the National University Hospital. She is a Visiting Consultant to Dover Park Hospice and Honorary Assistant Secretary of the Asia Pacific Hospice Palliative Care Network.*

*Dr Kok Jaan Yang is in private practice with Parkway Cancer Centre as their Consultant, Palliative Care Services. He is also the Visiting Consultant to Dover Park Hospice, and is still actively teaching medical students in palliative care.*

*Dr Ong Wah Ying is Associate Consultant at Dover Park Hospice and Adjunct Assistant Professor at Yong Loo Lin School of Medicine. She is currently coordinating the undergraduate palliative medicine teaching programmer for Yong Loo Lin School of Medicine.*