

Recommendations for the implementation at faculty level

The following recommendations for implementation are based on a national survey conducted in 2012 within all Swiss Medical Schools to identify the quantity and characteristics of current palliative care undergraduate training. The survey was compared to an earlier study conducted in 2007.¹

Major findings:

- Palliative Care undergraduate training shows a great heterogeneity in terms of time, mandatoryness, and location in year 1 to 6.
- Methods are mostly lectures; only in one school mandatory clinical rotation.
- Mandatory training hours range from 2-16 in 6 years. In one school, mandatory training has been reduced over the last 5 years from 7 hours to 2.
- Training is delivered by palliative care specialists, in one school by interprofessional teaching staff.
- Lack of palliative care specialists/ academic teachers, recognition by other faculty and low number of services are the main reasons for the current heterogeneous and insufficient situation.

The following recommendations, based on national consensus and international guidelines, are meant to help the medical faculties to implement high-quality palliative care teaching at the faculty level.

Recommendation 1: Mandatory palliative care training

Students at Swiss medical faculties should receive mandatory training in Palliative Care throughout undergraduate training, with contents allocated partly in the first 2-3 years and for the most part in years 4-6. Overall mandatory training should reach 30–40 hours, at least half of which should be given by palliative care specialists, while the other half can be taught in cooperation with established courses on related subjects (e.g. communication skills seminars).^{2,3} Attitude, skills and knowledge require equal consideration.

Recommendation 2: Possible ways of implementation of palliative care training

- 2.1 Horizontal and vertical integration: Palliative care content should be spread throughout undergraduate training with psychosocial (including self-awareness), spiritual, organizational, communicational and ethical content in the first 2-3 years, and clinical content (symptoms, decision making, care of the dying etc.) in year 4-6. Palliative Care content should be visible for the student (“palliative care thread”) throughout the curriculum.
- 2.2. Teaching methods: in addition to lectures, clinical rotations, small group discussions, role plays and bedside training are required. Joint teaching sessions with other student groups (e.g. from nursing, theology, clinical psychology etc.) are strongly encouraged.
- 2.3. Teaching faculty: mandatory palliative care teaching should be delivered by palliative care specialists from various professional backgrounds (physicians, nurses, psychologists, chaplains, social workers etc.).⁴ Research and teaching positions for palliative care need to be established.
- 2.4 Evaluation/examination: a good format for palliative care examination at the faculty level is the concept of portfolio learning.⁵ Other appropriate examination formats include structured case reports / reflections, project work, and OSCE.

¹ Pereira J, Pautex S, Cantin B, Gudat H, Zaugg K, Eychmuller S, Zulian G (2008) Palliative care education in Swiss undergraduate medical curricula: a case of too little, too early. *Palliat Med* 22(6):730-5

² Curriculum in Palliative Care for Undergraduate Medical Education - Recommendations of the EAPC (2007). Online under: <http://www.eapcnet.eu/LinkClick.aspx?fileticket=VmnUSgQm5PQ%3d>

³ Dietz I, Elsner F, Schiessl C, Borasio GD (2011) Die Münchner Erklärung – Eckpunkte zur Etablierung der Lehre im neuen Querschnittsbereich 13: Palliativmedizin an deutschen Fakultäten. *GMS Z Med Ausbild* 28(4): Doc51

⁴ Wasner M, Roser T, Fittkau-Tönnemann B, Borasio GD (2008) Palliativmedizin im Studium: Spiritualität und psychosoziale Begleitung als wichtige Lehrinhalte. *Dtsch Arztebl* 105: A674–A676

⁵ Finlay IG, Maughan TS, Webster DJ (1998) A randomized controlled study of portfolio learning in undergraduate cancer education. *Med Educ*;32(2):172-6.