KMTC/OP-09/HD/PC/CUR

KENYA MEDICAL TRAINING COLLEGE

KENYA REGISTERED PALLIATIVE CARE NURSING

CURRICULUM

July 2013

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Foreword

Kenya`s Vision 2030 for health is ‘‘t*o provide equitable and affordable health care at the highest standards to her citizens.*”

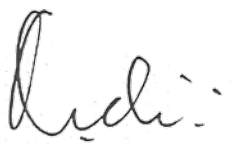
The Kenya Medical Training College revised strategic plan (2008- 2012) is cognisant of the goal and committed to realization of Vision 2030. This will be achieved by training health professionals so that they can provide quality holistic care to improve and promote the health status of Kenyans and beyond.

It is estimated that over 80,000 new Cancer cases are diagnosed in Kenya yearly and there are approximately 1.4 million Kenyans living with HIV/AIDS, (KAIS 2007). Kenya is also experiencing a rapid rise of other non-communicable diseases thus the need for palliative care.

In order to respond to the increasing palliative care needs, KMTC in conjunction with KEHPCA has undertaken the initiative to develop a curriculum to train health care providers.

The aim of the curriculum is to equip the learner with knowledge, skills and attitude to provide quality palliative care in their areas of service.

The training will be in modular form through distance learning.



Dr. C. Olang’o Onudi
Director, KMTC

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Acronyms & Abbreviations

APCA	African Palliative Care Association
BTA	Breakthrough Administration of Pain Medication
CDC	Centre for Disease Control and Prevention
CPD	Continuous Professional Development
HRM	Human Resource Management
ICT	Information Communication and Technology
KAIS	Kenya Aids Indicator Survey
KEHPCA	Kenya Hospices and Palliative Care Association
KMTC	Kenya Medical Training College
M, E	Monitoring and Evaluation
MOH	Ministry of Health
NASCOP	National AIDS and STD Control Program
NGO	Non-Governmental Organization
NSAID	Non Steroidal Anti-inflammatory Drugs
SGDs	Small Group Discussions
STIs	Sexually Transmitted Infections
TOT	Training of Trainer
PC	Palliative Care
PLWHA	People Living With HIV & AIDS
WHO	World Health Organization
NCK	Nursing Council of Kenya
HOD	Head of Department

Introduction

Kenya Medical Training College (KMTC) has been in existence since 1927, when training of medical health professionals was formalized.

KMTC is the major training institution mandated by the Government of Kenya to train various cadres of mid-level health professionals, which constitute about 90 percent of all health professionals countrywide. The college has steadily grown over the years to become a unique multidisciplinary complex of 30 constituent colleges spread over various counties in the country, with the Nairobi Medical Training College (MTC) as the main campus. In 2004, the academic department introduced offices for Curriculum, Examination, and Research and Quality Assurance at the KMTC Headquarters to enable the organization to have a more focused approach toward the production of competent multi-disciplinary health professionals. Despite the above achievements, the College has experienced various challenges related to increased demand despite constrained resources, emerging and re-emerging diseases, and evolving treatment methods and technology in this new millennium.

The mandate of the college includes program planning and implementation of quality training while adapting to advancement in technology. To achieve this, the college has a standing curriculum committee that examines all curricula before presentation to the Academic Board for approval.

Justification

Emerging and re-emerging diseases that compromise the patient's quality of life are on the increase due to lifestyle and environmental changes. This has lead to overcrowding of patients in both Government and Private health institutions requiring palliative care. Despite this, access to culturally appropriate holistic palliative care is at best limited and at worst non-existent for majority of the patients with life threatening illnesses.

The existing curricula focus on the medical models which are geared towards cure without much emphasis on palliative care. The curriculum seeks to address the gaps in palliative care.

College Vision and Mission

Vision

To be a model institution in the training and development of competent multidisciplinary health professionals

Mission

To provide quality training and development of competent multidisciplinary health professionals

Core Values

Staff recognition: We value our staff and invest in their welfare and development

Student recognition: We value our students and Endeavour to impart knowledge and skills to them

Professionalism, Integrity and Ethics: We uphold professionalism, integrity and ethics in all our activities

Quality: We maintain high quality training to our clients and continuously improve our processes in response to the ISO certification.

Responsiveness: We are committed to preparedness and timely response to clients needs.

Teamwork: We embrace the spirit of teamwork in all our activities

Responsible corporate citizenship: We are committed to responsible corporate citizenship

Innovativeness: Assume responsibility as a patriotic citizen to assist in achievement of health for all by the year 2030 and beyond and maintain it thereafter.

Department Vision

To be a model faculty of excellence in the training and development of competent palliative care providers.

Department Mission

We are committed to the training of competent palliative care providers at Higher Diploma level to provide quality care, within the multidisciplinary team.

College Philosophy

The college shares the philosophy of the Ministries of Health as advocated by the WHO which states '*Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity,*' and that man is a bio-psychosocial being whose homeostasis must be maintained to ensure optimal functions and that health is a fundamental right for each individual. There is appreciable change in the society that results in mere awareness of the individual of his rights and obligations. It is in this connection that the college is committed to the preparation of a comprehensive professional palliative care provider who is competent in provision of holistic care to the individual, family and the community regardless of their status.

The college believes that creation of an enabling learning environment will enable the participants to acquire knowledge, develop skills and attitudes necessary to meet these palliative care obligations. Education is a continuous process that is adaptable to meet the changing needs of the society. Hence the college believes in preparing a palliative care provider that will through research and innovative teaching and learning, participate in providing palliative care services.

The college believes in adopting a community health approach in the training of the palliative care providers who will provide comprehensive PC services in all health care levels in Kenya and beyond.

Entry Requirements

Minimum requirements are:

a) BSc in Nursing or Diploma in Nursing from a recognised institution by KMTC academic board.

b) Must be currently registered/ licensed for registration with the Nursing Council of Kenya.

c) Must possess a valid practice license.

Course Duration and Structure

1. The course shall take a minimum of 18 and a maximum of 36 calendar months.
2. Mode of delivery will be through distance learning.
3. Candidates must complete and pass in all prescribed modules before proceeding to the next semester.

Mode of Study

The Course will be through Distance Learning.

Certification

The graduates will be awarded a Higher Diploma in Registered Palliative Care Nursing.

Teaching Methods

- Brainstorming
- Overview Lectures
- Small Group Activities
- Discussions
- Demonstration
- Case Studies
- Role Play

Resources

- KMTC Lecturers and External Facilitators
- Mentors in Palliative Care
- Laptops and LCDs
- Internet Services
- Skills lab (Manikins)
- Standard Palliative Care text books
- Journals
- Teaching aids
- Instructional manuals
- Demonstration kits
- IEC materials

Roles and Responsibilities of a Palliative Care Provider

1. Diagnose and Provide quality PC to patients, clients and families faced with life threatening illness.
2. Assess and manage pain and other distressing symptoms.
3. Use team approach to address the psychosocial and spiritual needs of the patient and family including bereavement care and support.
4. Co-ordinate and manage PC services in a health/community setting
5. Advocate and educate multidisciplinary health and non health team members in PC issues.
6. Undertake research in PC
7. Advocate for PC improvement in health/community setting
8. Develop, initiate and supervise PC models of care
9. Undertake Clinical audits
10. Educate the patient and family on Infection prevention

Course Objectives

To enable learners **acquire** knowledge, skills and attitude to manage;

1. Patients and families faced with life threatening illnesses.
2. Determine client's experiences and expectations of palliative care.
3. Demonstrate understanding of teamwork in PC
4. Attain skills and knowledge in the management of Pain and other distressing symptoms
5. Determine the role of patients/clients in PC.
6. Develop counselling skills in managing loss, grief and bereavement.
7. Develop skills in analytical inquiry and research awareness in a practice context.

Outcomes

The palliative care health worker will:

1. Apply nursing process and other models in the management of palliative care patients , families and careers.
2. Establish and analyze palliative care services.
3. Apply knowledge and skills in the management of patients in pain and other distressing symptoms
4. Interact with individuals and families facing life threatening illnesses, death and bereavement
5. Utilize ethical principles in decision making while providing palliative care.
6. Demonstrate skills in analytical inquiry in the management of palliative care patients.
7. Conduct research in the area of practice

Course Design and Organisation

Module 1: Foundations in Palliative Care		**110 hrs**
Unit 1	Introduction to student centered learning	15 hrs
Unit 2:	Introduction to palliative care	25 hrs
Unit 3:	Fundamentals of palliative care	25 hrs
Unit 4:	Treatment Modalities in Pc	30 hrs
Unit 5:	Medical-legal & Ethical aspects in pc	15 hrs
Module 2: Clinical Management		**140 hrs**
Unit 1:	Clinical assessment in palliative care	25 hrs
Unit 2:	Distressing symptoms in palliative care	35 hrs
Unit 3:	Concept of total pain	35 hrs
Unit 4:	Palliative care emergencies	20 hrs
Unit 5:	Complementary therapies and nutrition	15 hrs
Unit 6:	End of life care	10 hrs
Module 3: Pediatrics		**110 hrs**
Unit 1:	Concepts of paediatric palliative care	25 hrs
Unit 2:	Common symptoms in pediatric palliative care	35 hrs
Unit 3:	Concept of total pain in children	20 hrs
Unit 4:	Psychosocial issues in paediatric palliative care	20 hrs
Unit 5:	Nutrition in paediatric palliative care	10 hrs
Module 4: Communication, Psychosocial and Spiritual Aspects of Palliative Care		**180 hrs**
Unit 1:	Communication process	20 hrs
Unit 2:	Counselling skill	15 hrs
Unit 3:	Psychosocial aspect in PC	30 hrs
Unit 4:	Spirituality in palliative care	20 hrs
Unit 5:	Loss, Grief and Bereavement in Palliative	25 hrs
Unit 6:	Death and Dying	25 hrs
Unit 7:	Care of carer	10 hrs
Unit 8:	Human Sexuality in the Context of Palliative Care	20 hrs
Unit 9:	Teaching in palliative care	15 hrs

Module 5: Health Systems Management & Research		**140 hrs**
Unit 1:	Fundamental of Leadership and Management	10 hrs
Unit 2:	Critical Leadership Skills	10 hrs
Unit 3:	Organizational Change:	10 hrs
Unit 4:	Team Leadership	10 hrs
Unit 5:	Law governing health care practice	10 hrs
Unit 6:	Resource Management	20 hrs
Unit 7:	Organization of Health Care Services	20 hrs
Unit 8:	Health management Information Systems	10 hrs
Unit 9:	Quality Assurance in Health Service Delivery	10 hrs
Unit 10:	Research in palliative care	30 hrs
Practicum Hours		
Module 1:	Foundations in palliative care	120 hrs
Module 2:	Clinical management	340 hrs
Module 3:	Paediatrics	260 hrs
Module 4:	Communication, psychosocial and spiritual aspects of PC	360 hrs
Module 5:	Health systems management and research	390 hrs
Total		**1,440 hrs**

Summary:		
Theory	**680 hrs**	**(23 wks)**
Practical	**1,440 hrs**	**(48 wks)**
Leave	**180 hrs**	**(6 wks)**
Exams	**40 hrs**	
Total Hours	**2,340 hrs**	**(78 wks)**

Notes

MODULE 1

1.0 Foundations of Palliative Care

Time: 110 Hrs

1.1 Module Competence

This module is designed to enable the learner acquire knowledge, skills and attitude on aspects of palliative care.

Module 1: Foundations in Palliative Care		**110 hrs**
Unit 1	Introduction to student centered learning	15 hrs
Unit 2:	Introduction to palliative care	25 hrs
Unit 3:	Fundamentals of palliative care	25 hrs
Unit 4:	Treatment modalities in PC	30 hrs
Unit 5:	Medical-legal & Ethical aspects in PC	15 hrs

1.2 Module Outcomes

1. Develop personal continuing lifelong learning.
2. Apply ICT skills in delivery of PC services.
3. Apply principles of PC in diverse settings/ cultural differences.
4. Apply various PC models in service delivery.
5. Apply ethical-legal aspects in provision PC services.
6. Apply fundamental principles of palliative care in service provision.

1.3 Module Content

Introduction to student centered learning: Student centered verses traditional learning, benefits of student centred learning, Principles of adult learners, effective small group learning, Critical thinking: Skills, reflection skills, Problem solving skills, Principles and importance of critical thinking, reflective writing, academic writing skills. ICT: overview MS packages, e- learning, moodle platform, **Introduction to PC:** history of the Hospice palliative care Movement **Fundamentals of palliative care:** PC concept-definition of PC, WHO PC Models, principles, PC delivery approaches- PH approach, multidisciplinary Team Approach, holistic approach, professionalism. **Medical-legal and Ethical aspects in pc:** Nurses Act, ICN code of conduct, Children Act, Beneficence, Non- Maleficence, Autonomy, Truth telling, Confidentiality, Justice, Patient rights, will writing, Euthanisia, ethical dilemmas-pertanism and advanced directives, **Treatment Modalities in palliative care;** Pharmacology in palliative care, Role of radiotherapy, chemotherapy and surgery, Anti-retroviral therapy, infection prevention, role of the nurse

Teaching Resources
• KMTC lecturers • Mentors in palliative care • Laptops and LCDs • Internet services • Standard palliative care text books • Journals • Teaching aids • Instructional manuals • IEC materials

Mode of Examination

- Assignment
- Continuous Assesment Tests
- Written examinations

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MODULE 2

2.0 Clinical Management in Palliative Care

Time: 140 Hrs

2.1 Module Competence

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

Module 2: Clinical Management		**140 hrs**
Unit 1:	Application of nursing process in PC	25 hrs
Unit 2:	Distressing symptoms in PC	35 hrs
Unit 3:	Concept of total pain	35 hrs
Unit 4:	Palliative care emergencies	20 hrs
Unit 5:	Nutrition and complementary therapies	15 hrs
Unit 6:	End-of-life care	10 hrs

2.2 Module Outcomes

By the end of the module, the learner should be able to;

1. Reflect the nursing process aspect in management of a patient with life threatening illness.
2. Identify and manage patients with distressing symptoms.
3. Assess and manage pain.
4. Identify and manage patients with palliative care emergencies.
5. Integrate complementary therapies in patient care
6. Provide end of life care
7. Integrate nutritional aspects in patient care

2.3 Module Content

Application of nursing process; five steps-assessment, diagnosing, planning, implementation and evaluation, investigations. **Distressing symptoms in palliative care;** assessment and management of symptoms like constipation, diarrhea, anorexia, fatigue, hiccup, dispnoea etc, management of fungating wound. **Concept of total pain;** Definition, Principles, Pathophysiology, types, Assessment, Management. **Palliative care emergencies;** Assessment, management (To include Spinal Cord compression, massive haemorrhage, hypercalcaemia, seizures, shock, acute respiratory failure, bowel obstruction) **Complementary therapies;** definition, types, indications, benefits. **End of life care;** definition, assessment, management, immediate care after death, **Nutrition;** Introduction to human nutrition, the role of nutrition in PC, feeding methods, nutritional counselling, food and drug interaction in palliative care

Teaching Resources
• KMTC lecturers and external facilitators • Mentors in palliative care • Laptops and LCDs • Internet services • Skills lab • Standard palliative care text books • Journals • Teaching aids • Instructional manuals • Demonstration kits • IEC materials

Mode of Examination

- Continuous Assesment Tests
- Case studies [reflective analyses]
- Written examinations
- Assignments
- Practical assessment

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MODULE 3

3.0 Pediatric Palliative Care

Time: 110 Hrs

3.1 Module Competence

This module is designed to enable the learner to acquire the knowledge, skills and attitude to manage pediatric patients with life threatening illnesses.

Module 3: Pediatric PC		**110 hrs**
Unit 1:	Concepts of pediatric palliative care	25 hrs
Unit 2:	Common symptoms in pediatric palliative care	35 hrs
Unit 3:	Concept of total pain in children	20 hrs
Unit 4:	Psychosocial issues in pediatric palliative care	20 hrs
Unit 5:	Nutrition in pediatric palliative care	10hrs
Unit 6:	End-of-life care	10 hrs

3.2 Module Outcomes

By the end of the module, the learner should be able to;

1. Apply principles of paediatric palliative care.
2. Identify and manage pediatric patients with distressing symptoms.
3. Assess and manage pain in pediatrics
4. Offer psychosocial support.
5. Offer nutritional support

3.3 Module Content

Concepts of paediatric palliative care; definition, needs of children, approaches to care, rights of children, developmental stages. **Common symptoms in pediatric palliative care;** history taking, physical examination, Assessment, management as per body systems. **Concept of total pain in children;** Definition, principles, pathophysiology, types, assessment, management. **Psychosocial and spiritual issues in pediatric palliative care;** communication and counselling in children, bereavement support, spiritual care in children. **Nutrition in paediatric palliative care;** Definition, nutritional requirements and deficiencies, Assessment, management of nutritional deficiencies.

Teaching Resources
• KMTC lecturers and external facilitators • Mentors in palliative care • Laptops and LCDs • Internet services • Standard palliative care text books • Journals • Teaching aids • Instructional manuals • Demonstration kits • IEC materials

Mode of Examination

- Continuous Assesment Tests
- Case studies [reflective analyses]
- Written examinations
- Assignments
- Practical assessment

References:

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MODULE 4

4.0 Communication, Psychosocial and Spiritual Aspects in Palliative Care

Time: 180 Hrs

4.1 Module Competence

This module is designed to enable the learner to utilize communication and counseling skills in delivery of PC services and provide emotional and social support to patients/families/ communities during loss, grief and Bereavement.

Module 4: Communication, Psychosocial and Spiritual Aspects in Palliative Care		**180hrs**
Unit 1	Communication process	20hrs
Unit 2	Counselling skill	15hrs
Unit 3:	Psychosocial aspect in PC	30 hrs
Unit 4:	Spirituality in palliative care	20 hrs
Unit 5:	Loss, Grief and Bereavement in Palliative	25 hrs
Unit 6:	Death and Dying	25 hrs
Unit 7:	Care of carer	10 hrs
Unit 8:	Human Sexuality in the Context of Palliative Care	20 hrs
Unit 9	Teaching in Palliative Care	15hrs

4.2 Module Outcomes

1. Utilize communication skills in delivery of PC services
2. Apply counselling skills in provision of PC services
3. Integrate the psychosocial aspects of palliative care.
4. Integrate spirituality in palliative care

5. Offer Support to patients/families / community during Loss, Grief and Bereavement.
6. Offer support to patients during death and dying
7. Provide supportive care to care givers
8. Address sexuality concerns in the context palliative care.
9. Apply teaching methods in provision of Palliative care

4.3 Module Content

Communication process: concept of self awareness (Johari window) and setting targets and management, principles of effective communication, types of communication, communication skills, barriers to effective communication, breaking bad news, **counselling:** concepts, skills, process, qualities of a good counsellor. **Psychosocial aspect:** role of culture in pc, psychosocial issues, management of psychosocial aspects, **spirituality:** common aspects of spiritual care, spiritual challenges, fear of death, spiritual interventions, **Loss, Grief and Bereavement in Palliative:** meaning of loss, grief and bereavement, grief process, management of grief and bereavement, **Death and Dying:** concept of death, death process, intervention during death, **Care givers support:** types of care givers, scope of work. Needs of care givers, intervention of care giver needs, **Sexuality:** overview, essentials of sexual counselling, self awareness on sexuality, coping mechanisms, **Teaching in palliative care:** Concepts and theories of teaching and learning, Training needs, Teaching and learning strategies and methodologies, assessment concepts.

Teaching Resources	
• KMTC lecturers	• Standard palliative care text books
• Mentors in palliative care	• Journals
• Laptops and LCDs	• Teaching aids
• Internet services	• Instructional manuals
• Skills lab	• IEC materials

Mode of Examination

- Continuous Assesment Tests
- Case studies [reflective analyses]
- Written examinations
- Assignments
- Practical assessment
- Simulated patients'

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MODULE 5

5.0 Health Systems Management and Research

Time: 140 Hrs

5.1 Module Competence

This module is designed to enable learners to apply appropriate knowledge, skills and attitude of health systems management and research in the provision of PC services

Module 5: Health Systems Management & Research		**140 hrs**
Unit 1:	Fundamental of Leadership and Management	8 hrs
Unit 2:	Critical Leadership Skills	8 hrs
Unit 3:	Organizational Change	8 hrs
Unit 4:	Team Leadership	6 hrs
Unit 5:	Health Sector Governance	6 hrs
Unit 6:	Heath Sector Reform and Policy	8 hrs
Unit 7:	Human Resource Management	14 hrs
Unit 8:	Health Care Financing and Resource Mobilization	6 hrs
Unit 9:	Supplies Management	6 hrs
Unit 10:	Quality Assurance In Health Service Delivery	6 hrs
Unit 11:	Organization of Health Care Services	14 hrs
Unit 12:	Project Management	6 hrs
Unit 13:	Monitoring and Valuation	8 hrs
Unit 14:	Disaster Management	6 hrs
Unit 15:	Research	30 hrs

5.2 Module Outcomes

1. Provide leadership and management
2. Apply critical leadership skills in decision making
3. Manage organizational change effectively
4. Participate as an active team player/ leader
5. Develop effective governance structures
6. Manage available resources effectively
7. Initiate a quality assurance department
8. Initiate and integrate PC unit within the existing health structure
9. Generate and utilize relevant information for effective decision making
10. Participate in PC project management and write project proposals
11. Carry out effective Monitoring and Evaluation
12. Establish disaster management structure.
13. Apply research concepts in palliative care practice.

5.3 Module Content

Fundamentals of leadership and management: Leadership and Management concepts, styles/ Approaches and theories, Leadership principles and management functions, Leading and Managing practices; Scanning, focusing, aligning, mobilizing, inspiring, organizing, implementing, monitoring, and evaluation. Mission and vision concepts, effects and why visions die. Development of organizational and personal mission and vision, The challenge model as a tool of actualizing the mission and vision

Critical Leadership Skills: Critical skills, Negotiations Skills; Steps in negotiation; attitudes to negotiation; outcomes, diplomacy, etiquette, Networking Skills; Building and sustaining networks Presentation Skills; types, effective presentation skills; preparation of presentation; importance of personal branding; impact of effective presentation, Communication skills; Basics of effective communication, effective communication skills, advocacy, Time management; concepts, importance, methods, The priority matrix; Impact, effectiveness, application.
Organizational Change: The change process; definition, change, process. Change agents; internal, external, effects Organizational change; reasons, management of change, challenges. Creating an environment for change; Helping others to respond to change, Addressing resistance to change.

Team Leadership: Definition of a team, Team dynamics- Stages in team development, team building, Role of leaders in team development, facing challenges in a team

Health Sector Governance: Importance of governance, e-governance, benchmarks of good governance, concepts Elements of governance; ethics, stewardship, transparency, accountability, law, responsiveness, equity, inclusiveness. Development of governing structures; representativeness, participation, effectiveness, efficiency

Health Sector Reform and Policy: Health priorities and strategic objectives of the MOH, MOMS and MOPHS strategic Plans, Human resources for health strategic plan, the national health strategic plan Vision 2030; Concepts, pillars, the health interventions and priorities, Health policy formulation; process, agenda setting, evidence-based policy making, priorities, objectives, actors, stakeholder involvement, legislation, Health policy analysis; importance, tools, health policy implementation process; actors, stakeholder involvement, evaluation, policy change, the emerging and re-emerging health problems, Overview of Global health conventions and their effect on local health policies.

Human Resource Management: concepts, principles, Definition of human resource, history, comparisons, HRM vs. Personnel Management – similarities and differences, Principles(seven principles),Practices in human resource management; Recruitment,-advertisement, shortlist, interview, selection, appointment Performance management, counselling and coaching- mentoring; motivation theories, work climate-conduciveness, conflict resolution – identification and solution; grievances-resolution mechanisms; Code of Regulation- including working hours, discipline, remuneration, rights and privileges,

Staff performance evaluation; Staff appraisal, support supervision, Human Resource Development; Cycle, staff training (CPD), job description – duties and responsibilities, job analysis.Health and safety strategies; occupational hazards and risk recognition, monitoring, control and prevention

Healthcare Financing and Resource Mobilization: Health Economics; supply and demand, elasticity, scarcity, economies of scale, resource allocation Health care financing; Sources, approaches, Stakeholders in health care financing, Financial planning; content, process, development, budgeting, cost effective analysis, Resource mobilization and fund raising; sources, stakeholder analysis technique, Financing tools; National Health accounts, financial management, public financial management, Financial accounting systems and mechanisms; budgeting approaches and processes, Accounting documents; imprest, vouchers, per Diem, Facility Improvement Fund (FIF), Salary, Allowances, Vote Books

Supplies Management: Supplies management; cycle/chain, distribution, storage, Inventory management procedures

Procurement; Government Procurement policies and procedures, procurement plan, Approaches to procurement of supplies, criteria for selection of suppliers, Levels of signing authorities, Drug management cycle

Quality Assurance in Health Service Delivery: Introduction to Quality Assurance and Total Quality management concepts, Measuring Quality: quality control, Quality Assurance and customer focus in health facilities, Identify and discuss Quality Assurance implementation tools in health facilities, Institutionalizing Quality Assurance: QMS, Move to monitoring and evaluation

Organization of Health Care Services: Organizing health care services; Concepts, principles, effective organizing , Organizational structure of the health care system; structures, functions, Health services delivery; levels of service, health services at each level, actors, cadre, Health system referral; types of referral systems

Health Research and Information Systems: Health Information; Sources, types, systems, Data collection methods and analysis, Information utilization; applications, policy development, decision making, Tools and instruments in health research, Role of health managers in research and HIS (Health information system), Importance of research in health service management

Project Management: Project Management; Principles, concepts, the importance of planning Project Planning: Types of plans- strategic plans, Annual operational plans, annual, departmental and individual plans Project planning process; Planning cycle, situation analysis, feedback, prioritization, developing implementation plans, budgeting, techniques for public involvement (Stakeholder analysis), Challenge model; application in identifying the areas of intervention, use

Monitoring and Evaluation: Needs Assessment, Monitoring and Evaluation; Concepts, importance, impact, approaches, M & E Framework and Plans; performance indicators, targets, achievement, M&E tools, Reports; Report development, criteria, analysis, dissemination, feedback

Disaster Management: Disaster preparedness, response and recovery, Disaster mitigation, Disaster planning

Research; Definitions of terms, Concepts and purpose of research, Types of research, Research designs. Research process; Proposal writing, Data analysis and presentation, Report writing, Dissemination and publication of research

Teaching Resources
• KMTC lecturers • Mentors in palliative care • Laptops and LCD • Internet services • Standard palliative care text books • Journals • Teaching aids • Instructional manuals • Demonstration kits • IEC materials

10.5 Mode of Examination.

- Continuous Assesment Tests
- Written examinations
- Assignments
- Hospice management

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Notes

6.0 Clinical Practicum

The Clinical practicum is designed to enable the learner to acquire knowledge, skills and attitudes necessary to provide holistic quality palliative care to patients and families faced with life threatening illnesses.
At the end of each module, the learner will be expected to meet the entire module objectives as listed below:

6.1 Clinical Objectives for Foundations of Palliative Care

1. Apply critical thinking skills in PC service delivery
2. Apply ICT skills in PC services delivery
3. Participate in PC delivery using various approaches
4. Demonstrate ability to administer the appropriate medicines including opioids as prescribed
5. Maintain up to date opioids registers
6. Receive patients referred in for PC services.
7. Identify and refer patients in need of other PC services as appropriate (Chemotherapy, radiotherapy or surgery)
8. Practice infection prevention

6.2 Clinical Objectives for Clinical Management in Palliative Care

1. Take comprehensive history of a patient who require PC
2. Perform physical examination
3. Diagnose distressing symptoms
4. Plan care of a patient requiring PC services.
5. Manage pain and other distressing symptoms
6. Identify and manage palliative care emergencies
7. Integrate complementary therapies in PC services delivery

8. Provide end of life care
9. Provide nutritional care and support.
10. Undertake an assessment in total management of a PC patient

6.3 Clinical Objectives for Pediatric Palliative Care

1. Identify and Plan the care of a child requiring PC services.
2. Monitor growth and development of children with palliative care needs
3. Take comprehensive history of a child who require PC services
4. Perform physical examination
5. Diagnose distressing symptoms
6. Manage pain and other distressing symptoms
7. Communicate effectively to a child and care givers
8. Provide counseling to a child requiring PC services.
9. Identify and manage palliative care emergencies in children
10. Provide care and support during loss, grief and bereavement
11. Provide nutritional care and support.
12. Provide spiritual care and support

6.4 Clinical Objectives for Communication, Psychosocial and Spiritual Aspects

1. Utilize communication skills in the provision of PC services
2. Apply the six steps of breaking bad news to a patient /family
3. Utilize counseling skills in the care of a patient/ family facing life threatening illnesses
4. Manage a patient with psychosocial problems
5. Provide spiritual care and support to a patient with life threatening illnesses.
6. Provide bereavement care and support to a patient/families with palliative care needs
7. Provide support to other care givers
8. Integrate sexual counseling skills in the provision of palliative care services

6.5 Clinical Objectives for Health Systems Management and Research

1. Utilize leadership and management skills in PC Units
2. Apply decision making skills in PC
3. Apply human resources concepts in staffing
4. Draw annual plans and budget
5. Develop M & E tools
6. Establish disaster management structure
7. Write a research proposal in palliative care
8. Conduct research
9. Utilize research findings in PC services provision

7.0 Assessment.

Theoretical and practical Assessments will be based on the KMTC and the Nursing Council of Kenya examinations policies and a range of assessments will be used to assess knowledge, understanding, and critical reflection among the learners.

A significant proportion of assessment and resultant credit will be awarded based on course work set during the semester and promotional examinations.

Continuous assessments will be conducted throughout the course as class work, case studies and projects. Students must meet all module requirements before undertaking end of module or college final examinations. For the college final examinations course work will account for 40% while final examinations will account for 60%.

8.0 Semesterization

The course runs in two semesters. The first semester starts from September to February and the second from March to July.

8.1 Semester Breaks

The learners will be entitled to 6 weeks leave during the academic year.

9.0 Clinical Placements

The learners will undertake the practicum in Hospices and Palliative care units based in hospitals approved by the Ministry of Health in Kenya and regulatory bodies.

10.0 Theoretical and Practical Assessments

There will be theoretical exams at the end of each semester. Practical assessments will be; Patient assessment, Holistic care of a palliative patient and the management of a palliative care unit. The learners will also undertake a college final exam at the end of the program.

10.1 Assessment Instruments

The assessment tools will be as prescribed by KMTC and regulatory bodies

10.2 Research /Care Study Guidelines

The learner will undertake a palliative care study and a research project.

Annexes

Annex I: Student Guides

Clinical Placement Guide /Objectives

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

The learner will be expected to;

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

Annex 2: Practical log book

KRPCN STUDENTS CLINICAL PRACTICE LOG BOOK

Introduction

The Kenya Registered Palliative Care Nursing practice log is intended for use by both the clinical supervisor and the student nurse.

The tool has been designed to act as a guide to students undertaking the higher diploma course in Palliative Care nursing (Kenya Registered Palliative Care Nurse) on the objectives and skills required in order to become competent practitioners. The objectives and the number of weeks for each placement have been specified.

The student nurse will be required to undertake clinical experience in various areas in the training sites to include: Palliative Care Unit, hospices, medical and surgical wards for both pediatrics and adults, gynecology department and home based units

It is recommended that in each of the placements the student will utilize the nursing process, principles of management and infection prevention and control in managing the patients/clients. The clinical supervisor in collaboration with the lecturers and the student shall ensure that all the stipulated competencies are accomplished and recorded as appropriate.

The clinical practice log will be subjected to review from time to time and as need arises.

Summary of Clinical Placements

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

Type of placement	Duration in Weeks
Palliative Care Unit	
Out patient	10
Gynaecology department	6
Adult Medical department	6
Adult Surgical department	6
Pediatrics Medical department	2
Pediatrics Surgical department	2
Comprehensive care center	2
Day care	2
Hospice	
Home Based Care	6
Out patient	6
TOTAL	**48 WEEKS**

PALLIATIVE CARE UNIT- OUT PATIENT DEPARTMENT

GENERAL COMPETENCES

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Perform palliative care assessment on patients and identify palliative care needs.	20			
2. Ordering of supplies Participate in stock taking	5 1			
3. Counseling of patients/families	10			
4. Assess pain	10			
5. Prescribe opioids	10			
6. Administer opioids	10			
7. Identify and control distressing symptoms	15			
8. Apply aseptic technique in wound care	10			
9. (a)Insert and care, gastric tubes and colostomy bags	2			
10. Insert an IV catheter using aseptic technique	10			
11. Break bad news to patients and families	10			
12. Identify and provide families and patients with: • social support Spiritual support Psychological support	10			
13. Sharing health messages	10			
Identify patients for referral	5			

PALLITIVE CARE UNIT- MEDICAL WARDS

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Prepare patient for admission to the ward by applying nursing process.	10			
2. Take holistic history (physical, psychological , spiritual and social)	20			
3. Prepare ,record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs.	10			
5. Ordering of supplies Participate in stock taking	5 5			
5. Counsel patients /families	5			
6. Assess pain	10			
7. Prescribe opioids	10			
8. Administer opioids	5			
9. Break bad news to patients/ families	10			
10. Provide social support to patients/ families	10			
11. Identify and manage palliative care Emergencies • Convulsions • Spinal cord compression • Hemorrhage • Superior venacava syndrome • Hypercalcaemia	3			
12. Share health messages with the patients about: Eminent signs of emergencies Death and dying Handling of opiods, Rest Nutrition.	 2 5 5 2 5			

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
13. Identify patients who require referral services and take action	10			
14. Identify and provide bereavement care and support	10			
15. Prepare and care for patients undergoing invasive procedures; Underwater seal drainage Ascitic drainage Paracentesis Lumber puncture Others….	 1 1 1 1			
16. Provide personalized care of palliative care patients Hygiene Elimination Comfort	 5 5 5			
17. Provide end of life care .support care of the dying Physical Social Psychological Spiritual Last office Family support	5 5 5 5			

SURGICAL /GYNAECOLOGAL WARD

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Prepare patient for admission to the ward by applying nursing process.	10			
2. Take holistic history (physical, psychological , spiritual and social)	20			
3. Prepare ,record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs.	10			
5. Ordering of supplies	5			
6. Participate in stock taking	5			
7. Counsel patients /families	5			
8. Prepare patient for theatre	5			
9. Assess pain	10			
10.Prescribe opioids	10			
11. Administer opioids	5			
12. Break bad news to patients/ families	10			
13. Provide social support to patients/ families	10			
14. Identify and manage palliative care Emergencies • Convulsions • Spinal cord compression • Hemorhage • Superior venacava syndrome • Hypercalcaemia	3			
15. Share health messages with the patients about: Eminent signs of emergencies Death and dying Handling of opiods, Rest Nutrition.	 2 5 5 2 5			

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
16. Identify patients who require referral services and take action	10			
17. Identify and provide bereavement care and support	10			
18. Prepare and care for patients undergoing invasive procedures; Underwater seal drainage Ascitic drainage Paracentesis Lumber puncture Others….	 1 1 1 1			
19. Provide personalized care of palliative care patients Hygiene Elimination Comfort	 5 5 5			
20. Provide end of life care support care of the dying Physical Social Psychological Spiritual . Last office .Family support	 5 5 5 5			

PAEDIATRICS

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Prepare patient for admission to the ward by applying nursing process.	10			
2. Take holistic history (physical, psychological , spiritual and social)	20			
3. Prepare ,record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs	10			
5.Ordering of supplies Participate in stock taking	5 5			
5. Prepare patient for theatre	5			
6. Counsel patients /families	5			
7. Assess pain	10			
8. Prescribe opioids	10			
9. Administer opioids	5			
10. Break bad news to patients/ families	10			
11. Provide social support to patients/ families	10			
14. Identify and manage palliative care Emergencies • Convulsions • Spinal cord compression • Hemorhage • Superior venacava syndrome • Hypercalcaemia	3			
15. Share health messages with the patients about: Eminent signs of emergencies Death and dying Handling of opiods, Rest Nutrition.	 2 5 5 2 5			

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
16. Identify patients who require referral services and take action	10			
17. Prepare and care for patients undergoing invasive procedures; Underwater seal drainage Ascitic drainage Paracentesis Lumber puncture Others….	 1 1 1 1			
18. Provide personalized care of palliative care patients Hygiene Elimination Comfort	 5 5 5			
19. Provide end of life care support care of the dying Physical Social Psychological Spiritual Last office Family support	 5 5 5 5			

HOSPICE UNIT PLACEMENT

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Admit patient in to hospice	10			
2. Take holistic history (physical, psychological , spiritual and social)	20			
3. Prepare ,record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	20			
4. Assess patients to identify their palliative care needs	10			
5. Ordering of supplies Participate in stock taking	5 5			
5. Prepare patient for theatre	5			
6. Counsel patients /families	5			
7. Assess pain	10			
8. Prescribe opioids	10			
9. Administer opioids	5			
10. Participate in day care	2			
11. Participate in home visit	2			
12. Break bad news to patients/ families	10			
11. Provide social support to patients/ families	10			
14. Identify and manage palliative care Emergencies • Convulsions • Spinal cord compression • Hemorhage • Superior venacava syndrome • Hypercalcaemia	3			

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
15. Share health messages with the patients about: Eminent signs of emergencies Death and dying Handling of opiods, Rest Nutrition.	 2 5 5 2 5			
16. Identify patients who require referral services and take action	10			
17. Prepare and care for patients undergoing invasive procedures; Underwater seal drainage Ascitic drainage Paracentesis Lumber puncture Others….	 1 1 1 1			
18. Provide personalized care of palliative care patients Hygiene Elimination Comfort	 5 5 5			
19. Provide end of life care support care of the dying Physical Social Psychological Spiritual Last office Family support	 5 5 5 5			

COMPREHENSIVE CARE CENTER

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
By the end of the clinical placements the student will be able to:				
1. Admit patient in to CCC	10			
2. Take holistic history (physical, psychological , spiritual and social)	10			
3. Prepare ,record and interpret vital signs (Temperature, BP, pulse rate and respiratory rate)	10			
4. Assess patients to identify their palliative care needs	10			
5. Ordering of supplies Participate in stock taking	5 5			
5. Prepare patient for theatre	5			
6. Counsel patients /families	5			
7. Assess pain	10			
8. Prescribe opioids	10			
9. Administer opioids	5			
10. Participate in day care	2			
11. Participate in home visit	2			
12. Break bad news to patients/ families	10			
13. Provide social support to patients/ families	10			
14. Identify and manage palliative care Emergencies • Convulsions • Spinal cord compression • Hemorhage • Superior venacava syndrome • Hypercalcaemia	3			

OBJECTIVES AND COMPETENCIES	Minimum Requirements	Performed	Supervisor's Signature	Student's Signature
15. Share health messages with the patients about: Eminent signs of emergencies Death and dying Handling of opiods, Rest Nutrition.	 2 5 5 2 5			
16. Identify patients who require referral services and take action	10			
17. Identify and provide bereavement care and support	10			
18. Prepare and care for patients undergoing invasive procedures; Underwater seal drainage Ascitic drainage Paracentesis Lumber puncture Others….	 1 1 1 1			
19. Provide personalized care of palliative care patients Hygiene Elimination Comfort	 5 5 5			
20. Provide end of life care support care of the dying Physical Social Psychological Spiritual Last office Family support	 5 5 5 5			

SIGNING OFF PAGE

Name of student: …… Index No: ……..

Signature: …… Date: ……

Confirmation by Supervisor

I hereby certify that the above named student has a successfully undergone the practical placement of the Kenya Palliative Care Nursing Programme as stipulated in this Practice Logbook.

Name of Supervisor:……

Qualifications: ……

Signature:……Date:……

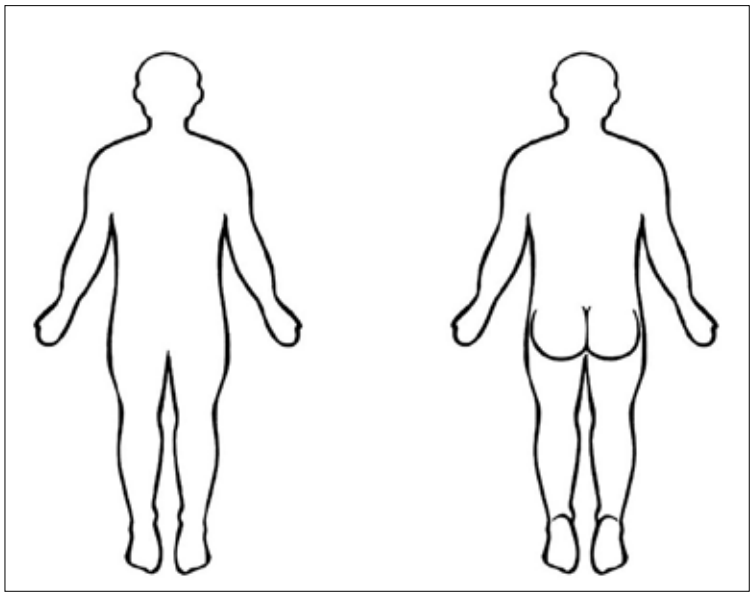
Insert Official Rubber Stamp Below:

Annex 3: Examination tools

1. Patient assessment form

General condition	Weight (kg)

Body chart: mark on and describe sites of pain, rashes, wounds, swelling e.t.c.



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

2. Problem list

Date	Problem-physical/ psychological/ spiritual	Action plan	Date resolved

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

3. Pain assessment tools

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

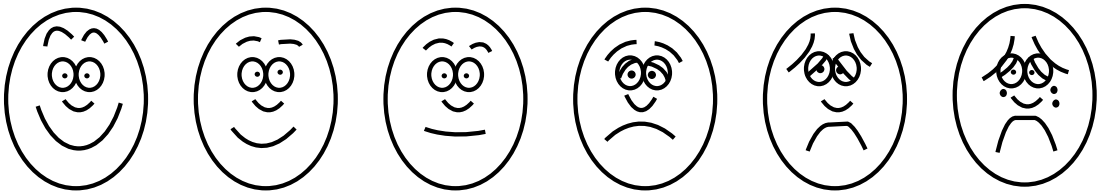
a) Five-finger score

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

1	2	3	4	5	6
No Hurt	Hurts a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts worst

b) Faces score

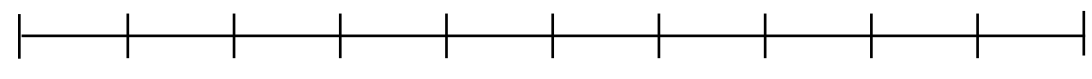
Ask the patient to point to the face which shows how bad their pain is



0	2	4	6	8	10
No hurt	Hurts a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts worst

c) Numerical pain scale

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



0	1	2	3	4	5	6	7	8	9	10
No pain					Moderate pain					Worst possible pain

d) Key History taking questions for pain assessment.

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

e) PQRST guide in pain assessment

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

f) FLACC Scale

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

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

Annex 4: Assessment Checklist:

1.	**Organization** Presentation	**Marks**	**Comments**
	Establishing relationship with the client		
	Environment preparation		
2.	Performance /Skill		
	Patient assessment		
	Develop appropriate objectives		
	Develop plan of action		
	Execute the plan		
	• Head to toe examination • Pain assessment • Symptom analysis • Breaking bad news • Appropriate diagnosis • Management • Holistic care		
3.	Communication		
	Ability to describe the event: • Clarity • Consistency • Succinct		
	Ability to identify and focus on salient issues		
	Application of communication skills: • Probing • Questioning • Listening • Paraphrasing		
	Team work		
4.	Ability to apply theory to practice		
5.	Time management		
	Total		

Annex 5: KRPCN Master rotation

Palliative Care Master Rotation

September 2013 Class

Year 2013/2014 Semester One (YR 1)

Month	Sep				Oct					Nov				Dec				Jan	
Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
				Face to Face Admission /Orientation	Face to Face	PCU-OPD	PCU-OPD	PCU OPD	PCU-MED	PCU-MED	PCU-SURG	PCU-SURG	PCU- GYN	PCU-GYN	Face to Face	Assignment	Leave	leave	PCU Peds
				Module One, Two											Module 3 and Research				

Semester Two (Yr 1)

Month				Feb				Mar				Apr				May		
Week	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
	PCU Peds	PCU Peds	PCU Peds	Revision	Revision	End of semester	Hospice-OPD	Hospice-OPD	Hospice-OPD	Hospice-OPD	PCU- OPD	PCU- OPD	PCU- Med	PCU- Med	PCU- Surg	PCU- Surg	PCU-Gyn	PCU-Gyn

Semester 1(Yr 2)

Month			June				July					Aug				Sep	
Week	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
	Research	Research	Face to Face	assign	PCU Surg AS 2	PCU Surg AS 2	PCU Surg AS 2	PCU Surg AS 2	Revision	End of semester exam	CCC	CCC	Day care	leave	leave	Hospice HBC	Hospice HBC
				Module 5 and research													

Month			Oct					Nov				Dec					Jan 2015
Week	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71
	Project presentation	Project presentation	PCU- OPD	PCU-OPD	PCU –Surg AS 3	PCU –Surg AS 3	PCU –Surg AS 3	PCU –Surg AS 3	Hosp- HBC	Hosp-HBC	Hosp- HBC	Hosp- HBC	Hosp- OPD	Hosp-OPD	Leave	Leave	Revision

Month				Feb				Mar		
Week	72	73	74	75	76	77	78	79	80	81
	Revision	College Final Exam	Hospice HBC	PCU- OPD	PCU- OPD	PCU- OPD	Revision	Council Exam	Leave	Leave

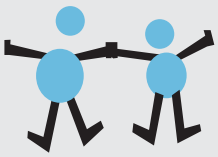
Notes

Notes

Diana

Princess of Wales Memorial Fund

THE WORK CONTINUES



The True Colours Trust