NATIONAL PALLIATIVE CARE TRAINING CURRICULUM FOR HIV & AIDS, CANCER AND OTHER LIFE THREATENING ILLNESSES

TRAINING CURRICULUM

2013
Enquiries regarding this NATIONAL PALLIATIVE CARE TRAINING CURRICULUM FOR HIV & AIDS, CANCER AND OTHER LIFE THREATENING ILLNESSES should be addressed to:

Ministry of Health
P.O. Box 30016 - 00100
Nairobi. Kenya
Telephone: +254 202 717 071
www.pubhealth.go.ke

or

Kenya Hospices and Palliative Care Association (KEHPCA)
P.O. Box 20854-00202 KNH
Nairobi, Kenya
Email: info@kehpca.org
www.kehpca.org

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# List of Contributors

**Editors:**
1. Dr. Hellen N. Kariuki - University of Nairobi
2. Dr. Teresa N. Kinyari - University of Nairobi
3. Dr. Liz Gwyther – Hospice and Palliative Care Association of South Africa

**Contributors:**

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<th>No.</th>
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<tr>
<td>1</td>
<td>Abraham Sumukwo</td>
<td>PASCO North Rift</td>
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<tr>
<td>2</td>
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<td>KEHPCA</td>
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<tr>
<td>3</td>
<td>Dorcus Kiptui</td>
<td>MOH</td>
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<tr>
<td>4</td>
<td>Dorcus Wandera</td>
<td>MOH</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Bactrin Killingo</td>
<td>KEHPCA</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Eric Osoro</td>
<td>MOH, DNCDs</td>
</tr>
<tr>
<td>7</td>
<td>Dr. Gathari Ndirangu</td>
<td>Division of Reproductive Health</td>
</tr>
<tr>
<td>8</td>
<td>Dr. George Osanjo</td>
<td>School of Pharmacy, UoN</td>
</tr>
<tr>
<td>9</td>
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<td>Nairobi Hospice</td>
</tr>
<tr>
<td>10</td>
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<td>School of Nursing Sciences, UoN</td>
</tr>
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<td>11</td>
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<td>12</td>
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Acknowledgement

Kenya Hospices and Palliative Care Association would like to thank all those who tirelessly worked to develop the National Palliative Care Training Curriculum for HIV&AIDS, Cancer and other Life Threatening Illnesses.

This Manual will complement the efforts undertaken towards initiation of palliative care services for patients with HIV&AIDS, cancer and other life threatening illnesses and their caregivers.

Our most sincere appreciation goes to the Ministry of Health (MOH); National AIDS and STI Control Program (NASCOP); the Nairobi Hospice; University of Nairobi; Kenya Medical Training College (KMTC) and other stakeholders for their active participation in developing the curriculum. Special acknowledgment goes to Diana Princess of Wales of Wales Memorial Fund, UK; CHF Kenya; CDC Regional office Nairobi; CRS SAIDIA Project who supported this initiative both financially and technically.
Forward

In response to shortcomings in medical and nursing care at the end of life and growing recognition of the unmet needs of patients and their families who confront serious life-threatening/limiting and terminal illnesses, palliative care has globally been growing in importance in recent years. Non-Communicable diseases like cancer are on the increase in our community, while HIV&AIDS continues to affect many Kenyans. Despite communicable diseases like HIV&AIDS posing the biggest challenge, the incidence of non communicable diseases like cancer, diabetes, hypertension and cardiovascular diseases are on the increase and cancer ranks third as a course of death in the country, after infectious diseases like HIV&AIDS. With the number of people suffering from life threatening illnesses rising to alarming heights, this calls for an urgent need to integrate palliative care services in our health care system. Palliative care focuses on quality of life; control of pain and other distressing symptoms; attention to the psychosocial, emotional and spiritual needs of the patient.

Palliative Care is an area of Health care, which for many years has been sidelined. The purpose of the National Palliative Care Training Curriculum for HIV&AIDS, Cancer and Life Threatening Illnesses is to equip health care professionals with the knowledge and skills needed to provide the best possible care to patients living with Life threatening illnesses and their families. This Manual will go a long way in advancing effective palliative care services and improving the awareness of the various aspects of palliative care in this area.

Appreciation and recognition goes to all who spared time from their busy schedules to help in the realization of the production of this Manual.

James W. Macharia  
Cabinet Secretary,  
Ministry of Health
Executive Summary

Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO 2002)

Emerging and re-emerging diseases that compromise the patient’s quality of life are on the increase in Kenya 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. In 2005, the WHO projected that Africa will experience the largest increase in death rates from cardiovascular diseases, cancer, respiratory diseases and diabetes by 2015. Majority of patients present late and cure is not possible hence the need for palliation

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

Background
Since 2008, with support from CDC, the organizations CHF and CRS have been supporting Kenya Hospices and Palliative care Association (KEHPCA) to develop a national palliative care curriculum as a guide for use in training of health care professionals in palliative care. KEHPCA has been keen to harmonize palliative care service provision as well as ensuring provision of proper guidance in training of both health care professionals and non-health care professionals in Kenya.

Why a National Curriculum is needed:
- To provide a definition for palliative care services and established levels of care and service delivery for palliative care providers
- To standardize materials used by various implementing partners in health care facilities
- To provide a framework for the evaluation of palliative care programs
- To provide a way forward for the indicators that currently lack from most of the data collection tools
The curriculum development process:
The process of the national palliative care curriculum development began with a consultative meeting for major stakeholders including the Ministry of Health, University of Nairobi, NASCOP, Nursing Council of Kenya, Hospices, Kenya Medical training College, Centre of Disease Control, KEHPCA and CHF International Kenya was held. The stakeholders agreed that a national curriculum was very important and came up with a proposed team of experts to actualize the task. The task force brought together experts with different fields in the different areas of palliative care and on different areas which needed to be covered in the curriculum.

The selected task force members held several workshops in consultation with KEHPCA and expert consultants on the different specific tasks. This process has been done in consultation with the Ministry of Health, NASCOP and other stakeholders.

Curriculum design
The five phases involved in curriculum development as listed were tacked; Analysis, design, development, implementation and evaluation. Following the discussions of the design of the curriculum, the members agreed that it will be done in modular format. The list below outlines the modules in the curriculum and three main documents were developed; a national palliative care curriculum, a trainer’s manual and a participant’s manual.
1. Aspects of palliative care
2. Clinical Assessment of palliative care
3. Nutrition
4. Psychosocial aspects
5. Pediatric palliative care
6. System strengthening
7. Practicum

Overall goal
To equip health care service providers with appropriate knowledge, skills and attitudes on palliative care that will enable them to provide quality, holistic services to patients, families and communities faced with cancer, HIV & AIDS and other life threatening illnesses.

This national palliative care curriculum will guide the training and capacity building for professionals in health as the Ministry of Health (MoH) continues with the effort of having palliative care established and fully integrated in the health system in Kenya in order to ensure that services offered are standard with an eventual aim of improving the quality of life of patients and families faced by life threatening illnesses.
### Acronyms & Abbreviations

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<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-retroviral therapy</td>
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<tr>
<td>ARV</td>
<td>Anti-retroviral</td>
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<tr>
<td>APCA</td>
<td>African Palliative Care association</td>
</tr>
<tr>
<td>BTA</td>
<td>Breakthrough administration of pain medication</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass Index</td>
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<td>CDC</td>
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<td>GOK</td>
<td>Government of Kenya</td>
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<tr>
<td>HB</td>
<td>Haemoglobin</td>
</tr>
<tr>
<td>HCW</td>
<td>Health Care Worker</td>
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<tr>
<td>HIV</td>
<td>Human immune deficiency virus</td>
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<td>KEHPCA</td>
<td>Kenya Hospices and Palliative Care Association</td>
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<tr>
<td>Kcal</td>
<td>Kilo Calories</td>
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<td>M, E &amp; R</td>
<td>Monitoring, Evaluation and Reporting</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MUAC</td>
<td>Mean Upper Arm Circumference</td>
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<tr>
<td>NASCOP</td>
<td>National AIDS and STD Control Program</td>
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<td>NGO</td>
<td>Non-government organization</td>
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<td>NSAID</td>
<td>Non Steroidal Inflammatory Disease</td>
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<td>OIs</td>
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<td>SGDs</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>PASCO</td>
<td>Provincial AIDS and STI Coordinator</td>
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<td>PLWHA</td>
<td>People Living With HIV&amp;AIDS</td>
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<td>VCT</td>
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<td>WBC</td>
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Introduction and General Background

Kenya Hospices and Palliative Care Association (KEHPCA) in 2007 carried out a needs assessment survey in the centers providing palliative care, and found that there is definite limited skill resource in terms of number of palliative care service providers and even the level of skill. There is also a lack of awareness on HIV&AIDS Palliative care and inadequate training of both health care providers and non health care providers. This has resulted in the unmet need for palliative care for those who are already affected and infected by HIV&AIDS, Cancer and other Life threatening diseases. The number of service providers was also found to be low with limited resources to support Palliative Care Services.

The report recommended training on Palliative Care especially for HIV&AIDS and cancer.

Cancer and Other Conditions

Cancer is a disease that results from failure of the mechanisms that regulate normal cell growth and cell death leading to uncontrollable proliferation of cells, destruction of neighbouring tissues and spread of the disease to other parts of the body. Owing to its nature, cancer is difficult to treat, and cannot be eradicated. However, it is possible to significantly reduce the effects of cancer on the society if effective measures are put in place to control risk factors associated with cancer, detect cancer cases early and offer good care to those with the disease.

In Kenya, cancer ranks third as a cause of death after infectious diseases and cardiovascular diseases. The country has no data on the real cancer burden, but it is estimated that over 18,000 Kenyans die of cancer annually. The incidence of cancer in Kenya has progressively increased over the years mainly as a result of increased exposure to preventable risk factors. These risk factors include the adoption of unhealthy life styles such as consumption of unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. Other risk factors are exposure to environmental carcinogens, viral infections such as HIV, Hepatitis B & C and Human Papilloma Virus; bacterial infections such as Helicobacter Pylori; and parasitic infestations such as schistosomiasis. The most common types of cancer in Kenya are cancers of the cervix, breast, oesophagus and prostate.
Other cancers include those of the head and neck, colon and rectum, stomach and liver, lymphomas and sarcomas.

**Overall Goal**

To equip health care service providers with appropriate knowledge, skills and attitudes on palliative care that will enable them to provide quality, holistic services to patients, families and communities faced with cancer, HIV & AIDS and other Life threatening illnesses.

**The Objectives of the Course**

1. To explain the concepts of palliative care.
2. To discuss clinical palliative care concepts.
3. To demonstrate appropriate clinical palliative care skills.
4. To describe psychosocial concepts in palliative care.
5. To demonstrate appropriate understanding of psychosocial aspects in the provision of palliative care services.
6. To discuss programmatic issues in palliative care.

**Facilitators**

The facilitator will need to:

1. Obtain a copy of the National Palliative Care curriculum for health care service providers, trainer’s manual, the power point presentations, and familiarize herself/himself with the layout and content of the modules.
2. Plan for the time allocated for the modules of the course.
3. Prepare the teaching materials for the course including pre/post tests.
4. During the teaching/learning sessions, begin each module by presenting the objectives of each module.

**Target Audience**

These materials can be used in training sessions for all health care professionals, social workers and other palliative care practitioners. This manual can also be used by health care trainers, managers and policy makers interested in palliative care.
Teaching Learning Methods

Each module follows the same format, and clearly indicates the methods deemed most appropriate for teaching the content of the module. However, the trainers must feel free to use other methods depending on different circumstances.

The emphasis is on use of methods appropriate for adult learners. Such methods emphasize involvement and active participation and include overview lectures, small group discussions, small group activities, role plays, brainstorming, demonstrations, practical sessions, classroom exercises and field visits.

References and recommended readings are indicated for each module and facilitators will need to draw the attention of the participants to them.

Course Duration

Ten days residential training

Participant Selection Criteria

A class of 25 participants shall be appropriate.
Healthcare service providers interested in providing palliative care

Certification

Certificate shall be provided to participants upon successful completion of the course by recognized certified training institutions or organizations

Course Organization

This course is organized into 7 modules

Modules in Palliative Care Curriculum

1. Aspects of palliative care
2. Clinical Assessment of palliative care
3. Nutrition
4. Psychosocial aspects
5. Pediatric palliative care
6. System strengthening
7. Practicum

Training and Facilitation

This course will be taught using methods appropriate for adult learners. The methods will include, overview lectures, brainstorming, small group discussions, small group activities, class exercises, case studies, case scenarios, demonstrations, field practical and role-plays.

A minimum of five trainers who have trained as TOTs in palliative care will facilitate the course.

Performance Assessment

Pretest and post tests are recommended for the course. Trainers will use continuous assessment tests, by the way of question and answer sessions. Class exercises, and assignments will also be given and participants will be expected to make decisions based on the information given to them. Full course attendance will be mandatory.

Course Implementation

Facilitators for the course will be drawn from among qualified healthcare providers who have had experience and training as trainers of facilitators (TOFs) in palliative care. Palliative care providers and other professionals may also be invited to facilitate in the course as may be determined from time to time by the organizers of the course.

Course Review and Change

Each course will be evaluated by the participants and records kept. However, appropriate changes will be made to improve the course, on the basis of the evaluations. After 5 years of course implementations, the course will be reviewed by the stakeholders and appropriate changes made.
References and Recommended Readings

References and recommended readings are reflected in detail at the end of each module.
Aspects of Palliative Care

Module 1

Time: 3 Hours

OBJECTIVES:
By the end of this module participants will be able to:

1. Discuss the concept of palliative care
2. Explain the interdisciplinary team approach in palliative care
3. Discuss the ethical-legal issues in palliative care

Content Outline

- Definition of palliative care
- Concept of palliative care
- History and evolution of palliative care
- The role of palliative care in HIV&AIDS management
- Interdisciplinary team approach in palliative care
- Ethical legal issues in palliative care

Teaching Methods

- Brainstorm
- Overview Lecture
- Small Group Activities
- Discussion

Teaching Materials

- Laptop and LCD
- Newsprint and stands
- Felt pens
- Handouts
- Palliative care curriculum and Trainers Manual
## Evaluation

- Begin module by a written pre-test
- Continuous evaluation by questions and answers
- Evaluation during practicum
- Post-test
UNIT 1.1: CONCEPT OF PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define palliative care
2. Outline the public health approach to palliative care
3. Describe hospice care
4. Describe palliative care vs hospice care
5. Outline the role of palliative care in HIV&AIDS management
6. Discuss the history of palliative care in Kenya

Content Outline
- Palliative care
- Public health approach to palliative care
- Hospice care
- Palliative care vs hospice care
- The role of palliative care in HIV&AIDS management
- History of palliative care in Kenya
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<tbody>
<tr>
<td>1.1.1</td>
<td>Definition</td>
<td>Brainstorm, overview lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Public health approach to palliative care</td>
<td>Overview lecture</td>
<td>15 Min</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Hospice care</td>
<td>Overview lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>1.1.4</td>
<td>Palliative care vs hospice care</td>
<td>Overview Lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>1.1.5</td>
<td>Palliative care in HIV &amp; AIDS</td>
<td>Overview lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>1.1.6</td>
<td>History of palliative care in Kenya</td>
<td>Overview lecture</td>
<td>5 Min</td>
</tr>
</tbody>
</table>
UNIT 1.2: INTERDISCIPLINARY TEAM APPROACH AND ETHICAL-LEGAL ISSUES IN PALLIATIVE CARE

Time: 2 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Explain interdisciplinary team approach in palliative care
2. Discuss the ethical-legal issues in palliative care

Content Outline
- Interdisciplinary team approach
- Ethical-legal issues
### Time: 2 Hours

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<tbody>
<tr>
<td>1.2.1</td>
<td>Interdisciplinary team approach</td>
<td>Overview Lecture</td>
<td>1 Hour</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Ethical-legal issues</td>
<td>Overview Lecture</td>
<td>1 Hour</td>
</tr>
</tbody>
</table>
Clinical Aspects In Palliative Care

Module 2

Time: 10 Hours

OBJECTIVES:

By the end of this module participants will be able to:

1. Outline the principles of clinical assessment of patients with life threatening illnesses
2. Outline the principles of pain assessment
3. Discuss the various aspects of pain management
4. Discuss the management of common symptoms in patients with life threatening illnesses
5. Explain the role and complications of various therapies in patients with life threatening illnesses
6. a) State the common complications in patients receiving palliative therapy
   b) Explain drug interactions in patients receiving palliative therapy
7. Discuss assessment and management of common mental illness
8. Describe the principles of wound, skin and mouth care
9. Discuss the management of palliative care emergencies
10. Discuss various aspects of end of life care

Content Outline

- Principles of clinical assessment of patients with life threatening illnesses
- Principles of pain assessment
- Aspects of pain management
- Management of common symptoms of patients with life threatening illnesses
- The role and complications of various therapies in palliative care
- Common complications, drug interactions and adverse effects of therapy in patients with life threatening illnesses
- Assessment and management of common mental illnesses
### Content Outline

- Principles of wound, skin and mouth care
- Management of palliative care emergencies
- End of life care

### Teaching Methods

- Brainstorming
- Overview Lectures
- Small Group Activities
- Discussions
- Demonstration
- Case studies
- Role play

### Teaching Materials

- Laptop and LCD
- Newsprint and stands
- Felt pens
- Handouts
- Palliative care curriculum and Trainers Manual
UNIT 2.1: PRINCIPLES OF CLINICAL ASSESSMENT IN PALLIATIVE CARE

Time: 2 Hour

OBJECTIVES:

By the end of this unit the participants will be able to:

1. To outline principles of clinical assessment of patients with HIV, cancer and other life threatening illnesses
2. To outline principles of nutritional, psychosocial and spiritual assessment of a patient in palliative care

Content Outline

- Introduction to the principles of clinical assessment of patients with life threatening illnesses
- Introduction to the Principles of Nutritional, psychosocial and spiritual assessment of a patient
- Interdisciplinary team approach
- Ethical-legal issues
### Lesson Plan Guide

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<tr>
<td>2.1.1</td>
<td>Introduction to the principles of clinical assessment of patients with Life threatening illnesses</td>
<td>Brainstorming</td>
<td>1 Hour</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Overview lecture</td>
<td>Overview Lecture</td>
<td>1 Hour</td>
</tr>
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</table>

**Time: 2 Hours**
UNIT 2.2: PAIN AND PAIN ASSESSMENT

Time: 2 Hours

OBJECTIVES:

By the end of this unit the participants will be able to:

1. Describe pain
2. Describe physiology of pain
3. Describe the Pathophysiology and Types of pain and pain syndromes in life threatening illnesses
4. Describe the types of pain and pain syndromes in HIV, cancer and other life threatening illness
5. Describe pain assessment in HIV, cancer and life threatening illnesses

Content Outline

- Define pain and pain physiology
- Pathophysiology and Types of pain and pain syndromes in life threatening illnesses
- Assessment of pain in adults with HIV, cancer and other life threatening illnesses
- Concept of total pain
- Interdisciplinary team approach
- Ethical-legal issues
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<tbody>
<tr>
<td>2.2.1</td>
<td>Definition and Physiology of pain</td>
<td>Brainstorming, Discussion Overview lecture</td>
<td>20 min</td>
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<tr>
<td>2.2.2</td>
<td>Pathophysiology and types of pain</td>
<td></td>
<td>40 min</td>
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<tr>
<td>2.2.3</td>
<td>Assessment of pain in palliative care</td>
<td>Overview lecture</td>
<td>50 mins</td>
</tr>
<tr>
<td>2.2.4</td>
<td>The concept of total pain</td>
<td>Overview lecture</td>
<td>10 min</td>
</tr>
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</table>

**Time: 2 Hours**
UNIT 2.3: MANAGEMENT OF PAIN

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:

1. Define pain management principles
2. Describe the WHO pain management ladder
3. Describe treatment of pain with opioid and non-opioid analgesics
4. Describe use of non pharmacological methods of pain management
5. Describe the use of adjuvants or co-analgesics
6. Define Tolerance, physical dependence and addiction

Content Outline

- Pain management principles
- The WHO pain management ladder
- Management of pain with opioid and non-opioid analgesics
- Use of non pharmacological methods of pain management
- Use of adjuvants or co-analgesics
- Tolerance, physical dependence and addiction
- Special consideration in HIV&AIDS
- Interdisciplinary team approach
- Ethical-legal issues
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<tbody>
<tr>
<td>2.3.1</td>
<td>Pain management principles</td>
<td>Overview Lecture</td>
<td>5 Min</td>
</tr>
<tr>
<td>2.3.2</td>
<td>The WHO pain management ladder</td>
<td>Overview Lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>2.3.3</td>
<td>Management of pain with opioid analgesics</td>
<td>Overview lecture</td>
<td>15 Min</td>
</tr>
<tr>
<td>2.3.4</td>
<td>Use of adjuvants or co-analgesics</td>
<td>Overview Lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>2.3.5</td>
<td>Tolerance, physical dependence and addiction</td>
<td>Overview lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>2.3.6</td>
<td>Special consideration in HIV&amp;AIDS</td>
<td>Overview lecture</td>
<td>10 Min</td>
</tr>
</tbody>
</table>
UNIT 2.4: MANAGEMENT OF COMMON SYMPTOMS IN PALLIATIVE CARE

Time: 2 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Describe the common symptoms in patients with HIV, cancer life threatening illnesses
2. Assessment common symptoms in patients with HIV, cancer life threatening illnesses
3. Manage the common symptoms in patients with life threatening illnesses

Content Outline
- Palliative care principles
- Assessment and management of common symptoms in patients with HIV, cancer life threatening illnesses
- Special consideration in HIV and AIDS
- Interdisciplinary team approach
- Ethical-legal issues
## Time: 2 Hours

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<tr>
<td>2.4.1</td>
<td>Palliative care principles</td>
<td>Discussion</td>
<td>10 min</td>
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<tr>
<td>2.4.2</td>
<td>Assessment and management of the common symptoms in patients with life limiting illnesses</td>
<td>Overview Lecture Plenary Discussion</td>
<td>100 Min</td>
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<tr>
<td>2.4.3</td>
<td>Special consideration in HIV and AIDS</td>
<td>Overview Lecture Plenary Discussion</td>
<td>10 Min</td>
</tr>
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</table>
UNIT 2.5: PRINCIPLES OF SKIN, WOUND AND ORAL CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. To discuss the general approach to oral care
2. To describe management of common oral problems in patients with HIV&AIDS, cancer and other life limiting illnesses.
3. To describe general principles of skin care
4. To describe general principles of management of decubitus ulcers

Content Outline
- General approach to oral care
- Management of common oral problems in patients with life limiting illnesses
- General principles of skin care
- General principles of management of decubitus ulcer
- Interdisciplinary team approach
- Ethical-legal issues
<table>
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<th>TIME</th>
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<tbody>
<tr>
<td>2.5.1</td>
<td>General approach to oral care</td>
<td>Brainstorm Overview Lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>2.5.2</td>
<td>Management of common oral problems in patients with life limiting illnesses.</td>
<td>Overview Lecture Plenary Discussion</td>
<td>10 min</td>
</tr>
<tr>
<td>2.5.3</td>
<td>General principles of skin care</td>
<td>Overview lecture</td>
<td>20 min</td>
</tr>
<tr>
<td>2.5.4</td>
<td>General principles of management of decubitus ulcers</td>
<td>Brainstorm Overview lecture Demonstration</td>
<td>20 min</td>
</tr>
</tbody>
</table>
UNIT 2.6: PALLIATIVE CARE EMERGENCIES AND MANAGEMENT

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:

1. Describe the general principles of palliative care emergencies
2. Identify the types of palliative care emergencies
3. Assess palliative care emergencies
4. Describe the management of acute confusional states
5. Outline the management of bowel obstruction
6. Describe the management of spinal cord compression
7. Describe the management of seizures
8. Outline the management of massive haemorrhage
9. Outline the management of acute respiratory failure
10. Outline the management of hypercalcemia
11. Describe the management of shock
12. Outline the management of severe headache due to cryptococcal meningitis
13. Outline the management of severe drug reactions

Content Outline
- Principles of palliative care
- Types of palliative care emergencies and principles of assessment
- Assessment and management of palliative care emergencies
- Special considerations in HIV and AIDS
- Interdisciplinary team approach
- Ethical-legal issues
### Time: 1 Hour

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<tbody>
<tr>
<td>2.6.1</td>
<td>Principles of palliative care</td>
<td>Overview Lecture, Plenary Discussion</td>
<td>5min</td>
</tr>
<tr>
<td>2.6.2</td>
<td>Types of palliative care emergencies and principles of assessment</td>
<td>Overview Lecture, Plenary Discussion</td>
<td>5min</td>
</tr>
<tr>
<td>2.6.3</td>
<td>Assessment and management of palliative care emergencies</td>
<td>Overview lecture, Plenary Discussion</td>
<td>40min</td>
</tr>
<tr>
<td>2.6.4</td>
<td>Special considerations in HIV and AIDS</td>
<td>Plenary Discussion</td>
<td>10min</td>
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</table>
UNIT 2.7: END OF LIFE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define end of life care
2. To describe the management of patients at end of life
3. To discuss the recognition of death
4. To describe immediate care after death

Content Outline
- Definition of end of life care
- Management of the dying
- Management of symptoms of patients at end of life
- Recognizing death
- Immediate care after death
- Special consideration in HIV&AIDS
- Interdisciplinary team approach
- Ethical-legal issues
### Time: 1 Hour

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<tr>
<td>2.7.1</td>
<td>Palliative care principles and Definition of end of life care</td>
<td>Sharing experiences, Overview Lecture</td>
<td>5 min</td>
</tr>
<tr>
<td>2.7.2</td>
<td>Management of the dying</td>
<td>Sharing experiences, Overview Lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>2.7.3</td>
<td>Management of symptoms at end of life</td>
<td>Sharing experiences, Overview Lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>2.7.4</td>
<td>Recognizing death</td>
<td>Sharing experiences, Overview Lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>2.7.5</td>
<td>Immediate care after death</td>
<td>Brainstorming, Overview lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>2.7.6</td>
<td>Special consideration in HIV&amp;AIDS</td>
<td>Sharing experiences, Overview Lecture</td>
<td>5 min</td>
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</table>
Nutrition In Palliative Care

Module 3

Time: 3 Hours

OBJECTIVES:
By the end of this module participants will be able to:

1. Define human nutrition
2. Explain the role of nutrition in palliative care
3. Describe the key aspects of nutrition care
4. Discuss the goal of nutritional therapy in palliative care
5. Outline clinical assessment of nutritional status of patients with life threatening illnesses
6. Describe the relationship between nutrition and HIV & AIDS, cancer and other life threatening illnesses
7. Describe the nutrient requirements of people living with HIV & AIDS, cancer and other life threatening illnesses
8. Discuss the nutritional counselling for specific dietary problems
9. Describe food and drug interaction in palliative care

Content Outline

- Introduction to human nutrition
- Explain the role of nutrition in palliative care
- Outline clinical assessment of nutritional status of patients with life threatening illnesses
- Describe the relationship between nutrition and life threatening illnesses
- Describe the nutrient requirements of people living with life threatening illnesses
- Discuss the nutritional counselling for specific dietary problems
- Describe food and drug interaction in palliative care
### Teaching Methods
- Brainstorm
- Overview Lecture
- Small Group Activities
- Discussion

### Teaching Materials
- Laptop and LCD
- Newsprint and stands
- Felt pens
- Handouts
- Palliative care curriculum and Trainers Manual
UNIT 3.1: RELATIONSHIP BETWEEN NUTRITION AND PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define nutrition
2. Describe the key aspects of nutrition care
3. Role of nutrition in palliative care
4. Discuss the goal of nutritional therapy in palliative care
5. Outline the relationship between nutrition, HIV & AIDS and cancer
6. Discuss the types of HIV & AIDS and cancer related malnutrition
7. Discuss the effects of HIV & AIDS and cancer and Life threatening illnesses on nutrition

Content Outline

- Overview and definition of human nutrition
- Five key aspects of nutrition
- Goals of nutrition therapy
- The role of the nutritionist/dietician
- Relationship of nutrition cancer, HIV&AIDS
- Type of cancer, HIV&AIDS related malnutrition
- Effects of cancer and HIV&AIDS on nutrition
- Interdisciplinary team approach
- Ethical-legal issues
### Lesson Plan Guide

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<tbody>
<tr>
<td>3.1.1</td>
<td>Definition of Human Nutrition and Overview and key aspects of nutrition</td>
<td>Brainstorm Overview Lecture</td>
<td>5 min</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Goals of Nutrition Therapy</td>
<td>Brainstorming Overview lecture</td>
<td>15 min</td>
</tr>
<tr>
<td>3.1.3</td>
<td>The role of the Nutritionist/Dietician</td>
<td>Sharing experiences Overview Lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>3.1.4</td>
<td>Relationship of nutrition cancer, HIV&amp;AIDS</td>
<td>Brainstorm Overview lecture Discussion</td>
<td>10 min</td>
</tr>
<tr>
<td>3.1.5</td>
<td>HIV&amp;AIDS</td>
<td>Brainstorm Overview lecture Discussion</td>
<td>10 min</td>
</tr>
<tr>
<td>3.1.6</td>
<td>Type of cancer, HIV&amp;AIDS Related malnutrition</td>
<td>Brainstorm Overview lecture Discussion</td>
<td>10 min</td>
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</table>
UNIT 3.2: CLINICAL ASSESSMENT AND NUTRITIONAL MANAGEMENT OF PATIENTS

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Outline the goals of nutritional assessment
2. Describe nutritional assessment for special groups
3. Explain the role of nutrients in the management of HIV & AIDS, cancer and other life threatening illnesses
4. To discuss the management of specific dietary problems related to cancer, HIV&AIDS
5. To discuss the management of specific dietary problems in special groups (children and others) related to cancer, HIV&AIDS

Content Outline
- Define and Outline the goals of nutritional assessment
- Basic Nutritional assessment
- The role of nutrients in the management of HIV & AIDS and cancer and other life threatening illnesses
- Management of specific symptoms
- Interdisciplinary team approach
- Ethical-legal issues
### Time: 1 Hour

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<tr>
<td>3.2.1</td>
<td>Define and Outline the goals of nutritional assessment</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>10 min</td>
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<tr>
<td>3.2.2</td>
<td>Basic Nutritional assessment</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>10min</td>
</tr>
<tr>
<td>3.2.3</td>
<td>The role of nutrients in the management of HIV &amp; AIDS and cancer and other life threatening illnesses</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>10min</td>
</tr>
<tr>
<td>3.2.4</td>
<td>Management of specific symptoms</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>30 min</td>
</tr>
<tr>
<td>3.1.5</td>
<td>HIV&amp;AIDS</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>10 min</td>
</tr>
<tr>
<td>3.1.6</td>
<td>Type of cancer, HIV&amp;AIDS Related malnutrition</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>10 min</td>
</tr>
</tbody>
</table>
UNIT 3.3: HIV & AIDS AND CANCER DRUG FOOD INTERACTION IN PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:

1. To describe the food and drugs interactions in cancer patients
2. To describe the food and drugs interactions in HIV & AIDS patients

Content Outline

- Food and drugs interaction in PLWHA
- Potential drug –food interaction of common drugs in Kenya
- Interdisciplinary team approach
- Ethical-legal issues
### Time: 1 Hours

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<tbody>
<tr>
<td>3.3.1</td>
<td>Food and drugs interaction in PLWHA</td>
<td>Brainstorm Overview, Lecture Discussion</td>
<td>30 min</td>
</tr>
<tr>
<td>3.3.2</td>
<td>Potential drug –food interaction of common drugs in Kenya Drugs associated with diet / nutrition –related side effects</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>10min</td>
</tr>
<tr>
<td>3.3.3</td>
<td>Management of specific symptoms</td>
<td>Brainstorm, Overview, Lecture Discussion</td>
<td>10min</td>
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</table>
Psychosocial Aspects Of Palliative Care

Module 4

Time: 15 Hours

OBJECTIVES:
By the end of this module participants will be able to:
1. Define psychosocial care
2. Explain factors that lead to psychosocial problems
3. Describe effects of Psychosocial problems faced by patients with life threatening illnesses
4. Discuss signs and symptoms of Psychosocial
5. Describe various interventions applied to psychosocial problems

Content Outline
- Overview of aspect of Psychosocial care
- Factors contributing to psychosocial problems
- Psychosocial problems in HIV&AIDS affecting children and adults
- Effects of psychosocial problems in children and adults.
- Effects of Psychosocial problems faced by HIV AIDS or cancer patients
- Signs and symptoms of Psychosocial
- Management of psychosocial problems
### Teaching Methods

- Brainstorm
- Overview Lecture
- Small Group Activities
- Discussion

### Teaching Materials

- Laptop and LCD
- Newsprint and stands
- Felt pens
- Handouts
- Palliative care curriculum and Trainers Manual
UNIT 4.1: PSYCHOSOCIAL CONCEPTS IN PALLIATIVE CARE

Time: 2 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define psychosocial care
2. Explain factors that lead to psychosocial problems
3. Describe effects of Psychosocial problems faced by patients with life threatening illnesses
4. Discuss signs and symptoms of Psychosocial problems
5. Describe various interventions applied to psychosocial problems

Content Outline
- Overview of aspect of psychosocial problems
- Factors contributing to psychosocial problems
- Psychosocial problems in HIV&AIDS and cancer patients
- Interventions applied to psychosocial problems
- Interdisciplinary team approach
- Ethical-legal issues
## Time: 2 Hours

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<tbody>
<tr>
<td>4.1.1</td>
<td>Overview of aspect of psychosocial problems</td>
<td>Discussions</td>
<td>10 min</td>
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<td></td>
<td>Lecture</td>
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</tr>
<tr>
<td>4.1.2</td>
<td>Factors contributing to psychosocial problems</td>
<td>Discussions</td>
<td>20 min</td>
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<tr>
<td></td>
<td></td>
<td>Lecture</td>
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<tr>
<td>4.1.3</td>
<td>Psychosocial problems in HIV&amp;AIDS and cancer patients.</td>
<td>Discussions</td>
<td>1 Hour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>4.1.4</td>
<td>Interventions applied to psychosocial problems</td>
<td>Discussions</td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>
UNIT 4.2: COMMUNICATION IN THE CONTEXT OF PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Explain the concepts of communication in relation to palliative care
2. Describe the process of breaking bad news
3. Discuss how to communicate with children

Content Outline
- Concepts and components of communication in palliative care
- Barriers to communication
- Principles of communication in palliative care
- Types of communication
- Communication skills
- Communication with children
- Process of breaking bad news
- Consequences of ineffective communication in palliative care
- Special consideration in HIV and AIDS
- Interdisciplinary team approach
- Ethical-legal issues
### Time: 2 Hours

#### Lesson Plan Guide

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<tr>
<th>UNIT</th>
<th>TITLE</th>
<th>ACTIVITIES</th>
<th>TIME</th>
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</thead>
<tbody>
<tr>
<td>4.2.1</td>
<td>Concepts and components of communication in palliative care</td>
<td>Brainstorm Overview</td>
<td>10mins</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Barriers to communication</td>
<td>Discussion lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Principles of communication in palliative care</td>
<td>Discussion lecture</td>
<td>20min</td>
</tr>
<tr>
<td>4.2.4</td>
<td>Types of communication</td>
<td>Discussion lecture</td>
<td>20min</td>
</tr>
<tr>
<td>4.2.5</td>
<td>Communication skills</td>
<td>Classroom discussion</td>
<td>10 min</td>
</tr>
<tr>
<td>4.2.6</td>
<td>Communication with children</td>
<td>Discussion, lecture and role play</td>
<td>10 min</td>
</tr>
<tr>
<td>4.2.7</td>
<td>Process of breaking bad news</td>
<td>Brainstorming Discussion and lecture</td>
<td>20 min</td>
</tr>
<tr>
<td>4.2.8</td>
<td>Consequences of ineffective communication in palliative care</td>
<td>Brainstorming</td>
<td>10 min</td>
</tr>
<tr>
<td>4.2.9</td>
<td>Special consideration in HIV and AIDS</td>
<td>Discussion, role play, lecture</td>
<td>10 min</td>
</tr>
</tbody>
</table>
UNIT 4.3: OVERVIEW OF COUNSELING SKILLS

Time: 4 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Explain the concept Counseling
2. Discuss Counseling skills
3. Describe the Counseling process
4. Highlight client counseling issues in regards to HIV&AIDS and cancer
5. Discuss care and support for caregivers.
6. Demonstrate appropriate skills in Counseling patients with HIV&AIDS, Cancer and their families

Content Outline
- Concept of counseling
- Counseling skills
- Counseling process
- Client counseling issues in regards to HIV&AIDS and cancer
- Care and support for caregivers.
- Interdisciplinary team approach
- Ethical-legal issues
### Lesson Plan Guide

<table>
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<th>UNIT</th>
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<th>ACTIVITIES</th>
<th>TIME</th>
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<tbody>
<tr>
<td>4.3.1.</td>
<td>Concept of counselling</td>
<td>Discussion, Lecture</td>
<td>10 min</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Counselling skills</td>
<td>Lecture, Role play</td>
<td>30 min</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Counselling process</td>
<td>Lecture, Discussion</td>
<td>30 min</td>
</tr>
<tr>
<td>4.3.4</td>
<td>Client counselling Issues in HIV&amp;AIDS and cancer</td>
<td>Brainstorming, Lecture</td>
<td>30 min</td>
</tr>
<tr>
<td>4.3.5</td>
<td>Care and support for care givers</td>
<td>Brainstorming, Lecture</td>
<td>20 Min</td>
</tr>
<tr>
<td>4.3.6</td>
<td>Knowledge on the skills, techniques and approaches when counselling HIV&amp;AIDS and Cancer and their families</td>
<td>Role play, Discussion</td>
<td>2 hr</td>
</tr>
</tbody>
</table>
UNIT 4.4: SPIRITUAL AND CULTURAL ASPECTS IN PALLIATIVE CARE

Time: 2 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Describe spirituality
2. Discuss common aspects of Spiritual Care
3. Discuss Task of Spiritual Care
4. Discuss the fears of Death
5. Explain effects of culture in Palliative care

Content Outline

- Spirituality
- Common aspects of Spiritual Care
- Task of Spiritual Care
- Fears of Death
- The role of cultural in palliative Care
- Interdisciplinary team approach
- Ethical-legal issues
### Time: 2 Hours

**Lesson Plan Guide**

<table>
<thead>
<tr>
<th>UNIT</th>
<th>TITLE</th>
<th>ACTIVITIES</th>
<th>TIME</th>
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<tbody>
<tr>
<td>4.4.1</td>
<td>Overview of Spiritual and cultural care</td>
<td>Brainstorm</td>
<td>10min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overview lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Small group discussion</td>
<td></td>
</tr>
<tr>
<td>4.4.2</td>
<td>Common aspects of spiritual care</td>
<td>Discussions</td>
<td>15 min</td>
</tr>
<tr>
<td>4.4.3</td>
<td>Task of spiritual care</td>
<td>Lecture</td>
<td>20 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>4.4.4</td>
<td>Fear of death</td>
<td>Discussion</td>
<td>1 hr</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exercise</td>
<td></td>
</tr>
<tr>
<td>4.4.5</td>
<td>The role of Culture in Palliative Care</td>
<td>Case studies</td>
<td>15 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion</td>
<td></td>
</tr>
</tbody>
</table>
UNIT 4.5: LOSS, GRIEF AND BEREAVEMENT

Time: 2 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:

1. Describe the meaning of loss in relation to palliative care
2. Explain grief in relation to palliative care
3. List types of grief
4. Discuss bereavement in relation to palliative care
5. Outline the grief process
6. Outline grief process in children
7. Discuss phases of addressing grief and bereavement

Content Outline

- Meaning of loss in relation to palliative care
- Grief process in children
- Ways of addressing grief and bereavement
- Supporting the bereaved
- Interdisciplinary team approach
- Ethical-legal issues
## Time: 2 Hours

### Lesson Plan Guide

<table>
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<tr>
<th>UNIT</th>
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<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5.1</td>
<td>Meaning of loss and grief in relation to palliative Care</td>
<td>Classroom discussion, lecture</td>
<td>20 min</td>
</tr>
<tr>
<td>4.5.2</td>
<td>Grief process in children</td>
<td>Lecture, case study</td>
<td>20 min</td>
</tr>
<tr>
<td>4.5.3</td>
<td>Ways of addressing grief and bereavement</td>
<td>Lecture, group discussion, case studies</td>
<td>40 min</td>
</tr>
<tr>
<td>4.5.4</td>
<td>Supporting the bereaved</td>
<td>Lecture, case study</td>
<td>40 min</td>
</tr>
</tbody>
</table>
UNIT 4.6: SUPPORT FOR CARE GIVERS

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. List who the care givers are in Palliative care
2. Discuss the issues that might affect the care givers in Palliative care
3. Discuss the needs of the care givers in Palliative care
4. Describe the support interventions for care givers in Palliative care

Content Outline
• Scope of work of care givers
• Issues that might affect the care givers
• Needs of the care givers and family
• Support interventions for care giver and family
### Time: 1 Hours

#### Lesson Plan Guide

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<tbody>
<tr>
<td>4.6.1</td>
<td>Overview of the scope of caregivers</td>
<td>Brainstorming</td>
<td>5 min</td>
</tr>
<tr>
<td>4.6.2</td>
<td>Issues affecting caregivers</td>
<td>Group discussion, case studies</td>
<td>20 min</td>
</tr>
<tr>
<td>4.6.3</td>
<td>Needs of the caregivers and family</td>
<td>Class discussion, case studies and lecture</td>
<td>20min</td>
</tr>
<tr>
<td>4.6.4</td>
<td>Supportive interventions for caregiver and family</td>
<td>Lecture</td>
<td>15hour</td>
</tr>
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</table>
UNIT 4.7: HUMAN SEXUALITY IN THE CONTEXT OF PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Discuss sex, sexuality and sexual health.
2. Explore self awareness on sexuality
3. Discuss client concerns in relation to sexual functioning

Content Outline
- Overview on Sex and sexuality
- Essentials of Sexual Counselling
- Skills for Health Professionals to be able to Address Patients’
- Coping mechanisms
<table>
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<th>UNIT</th>
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<th>ACTIVITIES</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.7.1</td>
<td>Overview on Sex and sexuality</td>
<td>Brainstorm, class discussion, lecture</td>
<td>10min</td>
</tr>
<tr>
<td>4.7.2</td>
<td>Essentials of Sexual Counseling</td>
<td>Lecture, discussions, case study</td>
<td>20min</td>
</tr>
<tr>
<td>4.7.3</td>
<td>Skills for Health Professionals to be able to Address Patients’ Sexual Needs</td>
<td>Lecture, questions and answers</td>
<td>20min</td>
</tr>
<tr>
<td>4.7.4</td>
<td>Coping mechanisms</td>
<td>Discussion</td>
<td>10min</td>
</tr>
</tbody>
</table>
UNIT 4.8: COMPLEMENTARY THERAPIES IN PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define complementary medicine
2. Discuss different types of complementary medicine
3. Discuss the role of complementary medicine in Palliative care

Content Outline
- Definition of complementary medicine
- Therapies with a role in palliative care
- Other Examples of Complementary Therapies
### Lesson Plan Guide

**Time: 1 Hour**

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<tr>
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<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.8.1</td>
<td>Definition</td>
<td>Lecture, case studies, classroom discussions</td>
<td>10min</td>
</tr>
<tr>
<td>4.8.2</td>
<td>Therapies with a role in palliative care</td>
<td>Group discussions, case studies, Lecturer</td>
<td>30 min</td>
</tr>
<tr>
<td>4.8.3</td>
<td>Other Examples of Complementary Therapies</td>
<td>Lecture, case studies, classroom discussions</td>
<td>20min</td>
</tr>
</tbody>
</table>
Paediatric Palliative Care

Module 5

Time: 4 Hours

OBJECTIVES:
By the end of this module participants will be able to:

1. Outline the developmental stages in children
2. Describe the assessment and management of pain in children
3. Discuss HIV/AIDS management in children in palliative care
4. Discuss cancers management in children in palliative care
5. Describe Palliative Care in the critically ill child
6. Discuss prescribing and dispensing for palliative care in children
7. Outline nutritional management in the critically sick child in palliative care
8. Describe communication process with children and families in Palliative Care

Content Outline

- Introduction
- Developmental Stages in Children
- Assessment and Management of pain in children in palliative care
- HIV/AIDS management in children in palliative care
- Cancer management in children in palliative care
- Common symptoms in the critically ill child
- Palliative Care in the Critically Ill child
- Prescribing and dispensing for palliative care in children
- Special consideration in HIV & AIDS
- Nutritional management in the critically sick child in palliative care
- Communication process with children and families
### Teaching Methods

- Brainstorm
- Overview Lecture
- Small Group Activities
- Discussion

### Teaching Materials

- Laptop and LCD
- Newsprint and stands
- Felt pens
- Handouts
- Palliative care curriculum and Trainers Manual
UNIT 5.1: CLINICAL ASPECTS PAEDIATRIC PALLIATIVE CARE

Time: 2 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Outline the developmental stages in children
2. Describe the assessment and management of pain in children
3. Discuss HIV/AIDS management in children in palliative care
4. Discuss cancers management in children in palliative care
5. Describe Palliative Care in the critically ill child
6. Discuss prescribing and dispensing for palliative care in children

Content Outline

- Introduction
- Developmental Stages in Children
- Assessment and Management of pain in children in palliative care
- HIV/AIDS management in children in palliative care
- Cancer management in children in palliative care
- Common symptoms in the critically ill child
- Palliative Care in the Critically Ill child
- Prescribing and dispensing for palliative care in children
- Special consideration in HIV & AIDS
# Lesson Plan Guide

## Time: 2 Hours

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<tbody>
<tr>
<td>5.1.1</td>
<td>Introduction</td>
<td>Brainstorm, overview lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>5.1.2</td>
<td>Developmental Stages in Children</td>
<td>Brainstorm, overview lecture</td>
<td>20 Min</td>
</tr>
<tr>
<td>5.1.3</td>
<td>Assessment and Management of pain in children in palliative care</td>
<td>Brainstorm, overview lecture</td>
<td>30 Min</td>
</tr>
<tr>
<td>5.1.4</td>
<td>HIV&amp;AIDS management in children in palliative care</td>
<td>Brainstorm, overview lecture</td>
<td>30 Min</td>
</tr>
<tr>
<td>5.1.5</td>
<td>Cancer management in children in palliative</td>
<td>Brainstorm, overview lecture</td>
<td>30 Min</td>
</tr>
<tr>
<td>5.1.6</td>
<td>Common symptoms in the critically ill child</td>
<td>Brainstorm, overview lecture</td>
<td>20 Min</td>
</tr>
<tr>
<td>5.1.7</td>
<td>Palliative care in the critically ill child</td>
<td>Brainstorm, overview lecture</td>
<td>20 Min</td>
</tr>
<tr>
<td>5.1.8</td>
<td>Prescribing and dispensing for palliative care in children</td>
<td>Brainstorm, overview lecture</td>
<td>10 Min</td>
</tr>
<tr>
<td>5.1.9</td>
<td>Special consideration in HIV &amp; AIDS</td>
<td>Lecture</td>
<td>10 Min</td>
</tr>
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</table>
UNIT 5.2: NUTRITIONAL MANAGEMENT IN THE CRITICALLY SICK CHILD IN PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Discuss nutritional Management of the Critically sick child in palliative care

Content Outline
- Introduction
- Nutritional Management in the Critically sick child in palliative care
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<tr>
<th>UNIT</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5.2.1</td>
<td>Introduction</td>
<td>Brainstorm, overview lecture</td>
<td>20 Min</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Nutritional Management in the Critically sick child in palliative care</td>
<td>Brainstorm, overview lecture</td>
<td>40 Min</td>
</tr>
</tbody>
</table>
UNIT 5.3 PSYCHOSOCIAL ISSUES IN PAEDIATRIC PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:

1. Discuss nutritional Management in the Critically sick child in palliative care

Content Outline

- Communication with Children and Families in Palliative Care
- Differences between children and adults’ palliative care
## Lesson Plan Guide

### Time: 1 Hour

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</thead>
<tbody>
<tr>
<td>5.3.1</td>
<td>Communication with Children and Families in Palliative Care</td>
<td>Brainstorm, overview lecture</td>
<td>30 Min</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Differences between children and adults’ palliative care</td>
<td>Brainstorm, overview lecture</td>
<td>30 Min</td>
</tr>
</tbody>
</table>
System Strengthening In Palliative Care

Module 6

Time: 6 Hours

OBJECTIVES:

By the end of this module participants will be able to:

1. Identify resources needed in palliative care
2. Describe the services provided in a palliative care program
3. Discuss the systems necessary for running a palliative care program
4. Outline the structures needed in palliative care settings
5. Discuss resource management issues in a palliative care program
6. Explain supportive supervision in palliative care program
7. Discuss monitoring and evaluation of palliative care program

Content Outline

- Resources needed in palliative care
- Basic services in palliative care program
- Systems in a palliative care program
- Structure requirements in a palliative care program
- Resources management in palliative care
- Supportive supervision in palliative care
- Monitoring and evaluation of palliative care program
### Teaching Methods
- Brainstorm
- Overview Lecture
- Small Group Activities
- Discussion

### Teaching Materials
- Laptop and LCD
- Newsprint and stands
- Felt pens
- Handouts
- Palliative care curriculum and Trainers Manual
UNIT 6.1: RESOURCES AND BASIC SERVICES IN PALLIATIVE CARE

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:

1. Define a resource
2. List the different types of resources that are required in the palliative care
3. List the range and types of services in the palliative care
4. Discuss methods of delivery of services to the community level
5. Explain the different components of palliative care

Content Outline

- Types of teams in palliative care
- Other resources needed in palliative care
- Range and types palliative care services
- Methods of delivery of services to the community level
- Components of palliative care
### Time: 1 Hour

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</thead>
<tbody>
<tr>
<td>6.1.1</td>
<td>Types of teams in palliative care</td>
<td>Brainstorm, lectures, small group discussions</td>
<td>15 Min</td>
</tr>
<tr>
<td>6.1.2</td>
<td>Other resources needed in palliative care</td>
<td>Brainstorm, lectures, small group discussions</td>
<td>15 Min</td>
</tr>
<tr>
<td>6.1.3</td>
<td>Range and types palliative care services</td>
<td>Brainstorm and lectures</td>
<td>10 min</td>
</tr>
<tr>
<td>6.1.4</td>
<td>Methods of delivery of services to the community level</td>
<td>Brainstorm, lectures, small group discussions</td>
<td>10 min</td>
</tr>
<tr>
<td>6.1.5</td>
<td>Components of palliative care</td>
<td>Brainstorm and lectures</td>
<td>10 min</td>
</tr>
</tbody>
</table>
UNIT 6.2: SYSTEMS IN PALLIATIVE CARE PROGRAM

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Identify issues that affect the drug policy and medication availability
2. Identify the different systems in a palliative care program
3. Outline policy areas that govern the provision of palliative care
4. Describe the role of the government in provision of palliative care
5. Describe the role of the community in PC
6. Outline the structure of National Policies in palliative care program

Content Outline
- Systems in a palliative care program
- Issues that affect the drug policy and medication availability
- The role of the government in provision of palliative care
- The structure of national policies in palliative care
- Palliative care associations
### Time: 1 Hour

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<th>UNIT</th>
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</thead>
<tbody>
<tr>
<td>6.2.1</td>
<td>Systems in a palliative care program</td>
<td>Brainstorm, lecture, SGD</td>
<td>10 Min</td>
</tr>
<tr>
<td>6.2.2</td>
<td>Issues that affect drug policy and medication availability</td>
<td>Brainstorm, lecture, SGD</td>
<td>10 Min</td>
</tr>
<tr>
<td>6.2.3</td>
<td>The role of the government in provision of palliative care</td>
<td>Brainstorm, lecture, SGD</td>
<td>10 Min</td>
</tr>
<tr>
<td>6.2.4</td>
<td>The structure of national policies in palliative care</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
<tr>
<td>6.2.5</td>
<td>Palliative care associations</td>
<td>Brainstorm, lecture, SGD</td>
<td>10 Min</td>
</tr>
</tbody>
</table>
UNIT 6.3: STRUCTURES IN PALLIATIVE CARE PROGRAM

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define organizational structure
2. Define Multidisciplinary team approach palliative care
3. Discuss the different types of PC teams
4. Discuss basic policies and procedures in palliative care
5. Explain the layout of their respective organograms
6. Discuss various structures in a palliative care set up

Content Outline
- Organizational structure
- Basic policies and procedures in palliative care
- The layout of their respective organograms
- Structures in a palliative care set up
**Time: 1 Hour**

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<tbody>
<tr>
<td>6.3.1</td>
<td>Organizational structure</td>
<td>Brainstorm, lecture, SGD</td>
<td>10 Min</td>
</tr>
<tr>
<td>6.3.2</td>
<td>Basic policies and procedures in palliative care</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
<tr>
<td>6.3.3</td>
<td>The layout of their respective organograms</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
<tr>
<td>6.3.4</td>
<td>Structures in a palliative care set up</td>
<td>Brainstorm, lecture, SGD</td>
<td>10 Min</td>
</tr>
</tbody>
</table>
UNIT 6.4: RESOURCE MANAGEMENT IN PALLIATIVE CARE PROGRAM

Time: 1 Hour

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define resource management in palliative care
2. Discuss how to establish a palliative care unit based on available resources
3. Discuss the importance of record keeping

Content Outline
- Resource management in palliative care
- Establishment of a palliative care unit based on available resources
- Growth and development
## Time: 1 Hour

### Lesson Plan Guide

<table>
<thead>
<tr>
<th>UNIT</th>
<th>TITLE</th>
<th>ACTIVITIES</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.4.1</td>
<td>Resource management in palliative care</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
<tr>
<td>6.4.2</td>
<td>Establishment of a palliative care unit based on available resources</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
<tr>
<td>6.4.3</td>
<td>Growth and development</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
</tbody>
</table>
UNIT 6.5: SUPPORTIVE SUPERVISION, MONITORING AND EVALUATION OF PALLIATIVE CARE PROGRAMS

Time: 2 Hours

OBJECTIVES:
By the end of this unit the participants will be able to:
1. Define supportive supervision
2. State the importance/benefits of support supervision
3. Distinguish between monitoring and evaluation
4. Discuss the importance of monitoring and evaluation in PC program
5. Discuss types and qualities of monitoring and evaluation tools
6. Discuss monitoring and evaluation processes and activities
7. Discuss M&E Challenges in PC program
8. Discuss the role of research in palliative care

Content Outline
- Supportive supervision
- Monitoring and evaluation processes and activities
- Types and qualities of monitoring and evaluation tools
- M&E challenges in PC programs
- Research in Palliative care
# Lesson Plan Guide

<table>
<thead>
<tr>
<th>UNIT</th>
<th>TITLE</th>
<th>ACTIVITIES</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5.1</td>
<td>Supportive supervision</td>
<td>Brainstorm, lecture, SGD</td>
<td>30 Min</td>
</tr>
<tr>
<td>6.5.2</td>
<td>Monitoring and evaluation</td>
<td>Brainstorm, lecture, SGD</td>
<td>30 min</td>
</tr>
<tr>
<td>6.5.3</td>
<td>Types and qualities of monitoring and evaluation tools</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
<tr>
<td>6.5.4</td>
<td>M&amp;E challenges in palliative care programs</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
<tr>
<td>6.5.5</td>
<td>Research in Palliative care</td>
<td>Brainstorm, lecture, SGD</td>
<td>20 Min</td>
</tr>
</tbody>
</table>
Practicum Visit

Module 7

Time: 12 Hours

OBJECTIVES:

By the end of this module participants will be able to:

1. Participate in palliative care activities including care of terminally ill AIDS and cancer patients.
2. Identify strengths and weaknesses related to palliative care service delivery practices at the practicum site.
3. Draw a list of appropriate recommendations to strengthen palliative care practices at the practicum site and for their facilities.

Content Outline

Session 1: Orientation to palliative care practicum
Session 2: Site Visit
Session 3: Plenary Discussion
Session 4: Attachment to a palliative care centre/hospice
Time: 12 Hours

Lesson Plan Guide

<table>
<thead>
<tr>
<th>UNIT</th>
<th>TITLE</th>
<th>ACTIVITIES</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Orientation to palliative care clinical practicum</td>
<td>Facilitator presentation Grouping of participants into groups Instructions on travel logistics &amp; Travel</td>
<td>1Hr</td>
</tr>
<tr>
<td>2</td>
<td>Clinical practicum visit: palliative care service delivery point 1</td>
<td>Review of records Observation of patient assessment Observation of opioid use Client communication and counselling</td>
<td>3Hrs</td>
</tr>
<tr>
<td>3</td>
<td>Site Visit: Service delivery point 2</td>
<td>Review of terminally ill patients records Observation of opioids storage conditions and procedures</td>
<td>3 Hrs</td>
</tr>
<tr>
<td>4</td>
<td>Site Visit: Service delivery point 3</td>
<td>Home based palliative care unit (community)</td>
<td>3 Hrs</td>
</tr>
<tr>
<td>5</td>
<td>Plenary Session</td>
<td>Questions and Answers (Q &amp;A) Next Steps Brainstorming, Report</td>
<td>2 Hrs</td>
</tr>
</tbody>
</table>
References

4. Adult palliative care guidance, 2nd edition 2006, eds. Max Watson, Dr. Caroline Lucas, Dr. Andrew Hoy
11. Frank D. Ferris, MD Cancer Control and Palliative Care (J.S.), World Health Organization;
15. International Palliative Care Initiative (J.S., K.M.F.), Open Society Institute, New York, New York; Pain & Palliative Care Service (K.M.F.), Memorial Sloan-Kettering Cancer Center, New York, New York; and San Diego Hospice & Palliative Care (F.D.F.), San Diego, California, USA
16. Jan Stjernswärd, MD, PhD, FRCP (Edin), Kathleen M. Foley, MD, and
24. Stjernswärd J. National palliative care program. Tbilisi, Georgia:


28. Stjernsward J, Pampallona S. Palliative medicineda global perspective. In: Doyle D,


Suggested Resources


## Annex 1: Training Schedule

<table>
<thead>
<tr>
<th>TIME</th>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>DAY 4</th>
<th>DAY 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30-9.30AM</td>
<td>Introduction Expectations David</td>
<td>Ethical issues in PC</td>
<td>Symptom assessment</td>
<td>Mental illness</td>
<td>Nutritional counselling</td>
</tr>
<tr>
<td>9.30-10.30AM</td>
<td>Opening remarks PRE-TEST</td>
<td>Physiology and pathophysiology of pain</td>
<td>Symptoms management</td>
<td>Skin and oral care</td>
<td>Drug and Food interactions</td>
</tr>
<tr>
<td>10.30-11 AM</td>
<td><strong>TEA BREAK</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-12 NOON</td>
<td>Concepts of palliative care</td>
<td>Pain assessment</td>
<td>Complications of chemo/radiotherapy in PC</td>
<td>End of Life care</td>
<td>Concepts of psychosocial aspects of PC</td>
</tr>
<tr>
<td>12-1.00PM</td>
<td>Interdisciplinary team approach</td>
<td>Pain management (principles)</td>
<td>PC emergencies and management</td>
<td>Introduction to human nutrition</td>
<td></td>
</tr>
<tr>
<td>1.00-2.00 PM</td>
<td><strong>LUNCH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00-3.00 PM</td>
<td>Resources and basic PC services</td>
<td>Structures in PC</td>
<td>Supportive M &amp; E</td>
<td>Relation between nutrition and disease</td>
<td>Communication David</td>
</tr>
<tr>
<td>3.00-4.00PM</td>
<td>Systems strengthening in PC</td>
<td>Resource management</td>
<td>Research in PC</td>
<td>Clinical assessment and nutritional requirements</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>DAY 6</td>
<td>DAY 7</td>
<td>DAY 8</td>
<td>DAY 9</td>
<td>DAY 10</td>
</tr>
<tr>
<td>8.30-9.30AM</td>
<td>Communication in PC</td>
<td>Spirituality in PC</td>
<td>Paediatrics (CLINICAL)</td>
<td>Paediatrics (SOCIAL)</td>
<td>PRACTICUM (Plenary)</td>
</tr>
<tr>
<td>9.30-10.30AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PRACTICUM (plenary)</td>
</tr>
<tr>
<td></td>
<td><strong>BREAK</strong></td>
<td></td>
<td></td>
<td></td>
<td>POST TEST</td>
</tr>
<tr>
<td>11-12 NOON</td>
<td>Counselling</td>
<td>Support for carers</td>
<td>Loss, grief and bereavement</td>
<td>Human sexuality</td>
<td>Closing ceremony</td>
</tr>
<tr>
<td>12-1.00PM</td>
<td>Practicum</td>
<td></td>
<td></td>
<td>Complimentary therapies in palliative care</td>
<td></td>
</tr>
<tr>
<td>1.00-2.00 PM</td>
<td><strong>LUNCH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00-3.00 PM</td>
<td>Counselling</td>
<td>Practicum</td>
<td>Practicum</td>
<td>Practicum</td>
<td>DEPARTURE</td>
</tr>
<tr>
<td>3.00-4.00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.00-5.00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Enquiries regarding this NATIONAL PALLIATIVE CARE TRAINING CURRICULUM FOR HIV & AIDS, CANCER AND LIFE THREATENING ILLNESSES should be addressed to:

Ministry of Health
P.O. Box 30016 - 00100
Nairobi. Kenya
Telephone: +254 202 717 071
www.pubhealth.go.ke

or

Kenya Hospices and Palliative Care Association (KEHPCA)
P.O. Box 20854-00202 KNH
Nairobi, Kenya
Email: info@kehpca.org
www.kehpca.org

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Correct Citation:
Ministry of Health;
National Palliative Care Training Curriculum for HIV&AIDS, Cancer and Other Life Threatening Illnesses.
Annex 3: Body Chart (pictogram)

Annex 4: The WHO analgesic ladder

Step 1: Mild pain
Non-opioid (e.g. paracetamol, aspirin)

Step 2: Moderate pain
Weak opioid (e.g. codeine) +/- non-opioid

Step 3: Severe pain
Strong opioid (e.g. morphine) +/- non-opioid

Increasing or persisting pain

+/- Adjuvant drugs e.g. antidepressants
### Annex 5: Care of the skin

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimise shower or both time, and do not bathe or shower more than once a day.</td>
<td>Prevent drying of skin.</td>
</tr>
<tr>
<td>Apply moisturizer such as vaseline emulsifying ointment after bathing.</td>
<td>Prevent drying of skin.</td>
</tr>
<tr>
<td>Humidify the air by boiling water.</td>
<td>Prevent vasodilation, which exacerbates itching.</td>
</tr>
<tr>
<td>Avoid hot water and sitting next to heater.</td>
<td>Prevent vasodilation, which exacerbates itching.</td>
</tr>
<tr>
<td>Use soap sparingly if at all. For soap, use gentle cleaners (plain white toilet soap or aqueous cream); avoid deodorant soap.</td>
<td>Prevent removal of skin's natural moisture; deodorant soap dehydrates and may irritate the skin.</td>
</tr>
<tr>
<td>Add soluble bath oil or aqueous crème 1 tbs to bath water.</td>
<td>Prevent removal of skin's natural moisture; deodorant soap dehydrates and may irritate the skin.</td>
</tr>
<tr>
<td>Use soft, non abrasive sponge, wash-cloth and towels.</td>
<td>Prevent mechanical irritation.</td>
</tr>
<tr>
<td>Minimise friction during cleansing and drying (pat skin dry).</td>
<td>Prevent mechanical irritation.</td>
</tr>
<tr>
<td>Mosturize frequently with water-soluble lotion or emollient. Apply two to threetimes a day, including after bath while the skin is still dump and at bedtime. (Products include Vaseline and emulsifying oitment.)</td>
<td>Adds or helps to retain moisture.</td>
</tr>
<tr>
<td>If the above lotions are ineffective, use lactic acid, urea (10% urea cream), or sodium lactate moisturisers, or 20% salicylic acid.</td>
<td>Adds or helps to retain moisture.</td>
</tr>
<tr>
<td>Keep typical cream and ointments cool or refrigerate</td>
<td>The cooling sensation has an antipruritic effect.</td>
</tr>
<tr>
<td>Encourage fluids intake, but avoid or discourage drinking alcohol.</td>
<td>Maintains hydration of skin.</td>
</tr>
<tr>
<td>Avoid restrictive or non-absorbent clothing.</td>
<td>Guards against mechanical irritation.</td>
</tr>
<tr>
<td>Keep fingernails short and smooth.</td>
<td>Guards against breaking the skin while scratching.</td>
</tr>
<tr>
<td>Wash hands frequently.</td>
<td>Prevents contamination of open areas.</td>
</tr>
<tr>
<td>Use fragrance-free products rather than unscented products.</td>
<td>Unscented products may contain fragrance masking which elicit allergic responses in some patients.</td>
</tr>
<tr>
<td>Avoid lanolin-based crams.</td>
<td>Produces high rate of allergic response.</td>
</tr>
</tbody>
</table>
Annex 6: Nutrition and HIV & AIDS vicious cycle

Annex 7: “Power packing” foods

Add these extras to foods you already eat to make every bite count for more.

- Margarine, butter, oil
- Nuts
- Gravies, sauces
- Sugar, honey, jams, jellies
- Dried fruit
- Mayonnaise, salad dressing, sour cream
- Cream cheese
- Granola
- Avocado
- Cream, half and half or whole milk

“Power Packing" Foods
Power Pack the foods you already eat to make them even higher in protein and calories!

Here’s how:

- Baked beans + cheese on top = Power Pack
- Scrambled eggs + milk + cheese + margarine = Power Pack
- Bread + peanut butter + jelly = Power Pack

Ways to Add Snacks

- Eat on a schedule every two hours, even if only a couple of bites
- Ask for help from your family and friends to help with grocery shopping and food preparation
- Prepare ahead
- Pack a snack or supplement if you know you are going to be in one place for long (such as waiting rooms, planes, cars, etc.)

Protein requirements
Protein requirements increase with age from early childhood to adolescence. An optimum protein intake should be about 1g per kg body weight. However this can reduce or increase depending on the severity and the stage of the disease.

Main source of proteins in Kenya are;
Animal sources: Milk and milk products, eggs, beef, pork, mutton, fish and poultry.
Plant sources: pulses and legume which includes beans, peas, lentil, soya beans, and groundnuts.

**Strategies to meet protein requirements**
Protein builds and repairs tissues. Include these foods with each snack and meal.

- Milk, yogurt, cream, half and half
- Nonfat dry milk powder
- Yogurt
- Meat, fish, chicken
- Beans and peas (kidney, pinto, etc.)
- Cheese or cottage cheese
- Eggs or egg substitute
- Nuts or peanut butter
- Soy foods (tofu, soy milk, soybeans, soynuts)
## Annex 8: APCA AFRICAN POS

<table>
<thead>
<tr>
<th>ASK THE PATIENT</th>
<th>POSSIBLE RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Please rate your pain (from 0 = no pain to 5 = worst/overwhelming pain) during the last 7 days</td>
<td>0 (no pain) - 5 (worst/overwhelming pain)</td>
</tr>
<tr>
<td>Q2. Have any other symptoms (e.g. nausea, coughing or constipation) been affecting how you feel in the last 7 days?</td>
<td></td>
</tr>
<tr>
<td>Q3. Have you been feeling worried about your illness in the past 7 days?</td>
<td></td>
</tr>
<tr>
<td>Q4. Over the past 7 days, have you been able to share how you are feeling with your family or friends?</td>
<td></td>
</tr>
<tr>
<td>Q5. Over the past 7 days have you felt that life was worthwhile?</td>
<td></td>
</tr>
<tr>
<td>Q6. Over the past 7 days, have you felt at peace?</td>
<td></td>
</tr>
<tr>
<td>Q7. Have you had enough help and advice for your family to plan for the future?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASK THE FAMILY CARER</th>
<th>FAMILY CARER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>0 (none) - 5 (as much as wanted)</td>
<td>N/A</td>
</tr>
<tr>
<td>0 (not at all) - 5 (very confident)</td>
<td>N/A</td>
</tr>
<tr>
<td>0 (not at all) - 5 (severe worry)</td>
<td>N/A</td>
</tr>
</tbody>
</table>