# Palliative care in conflict; a novel undergraduate medical curriculum in gaza.

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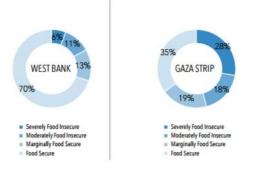


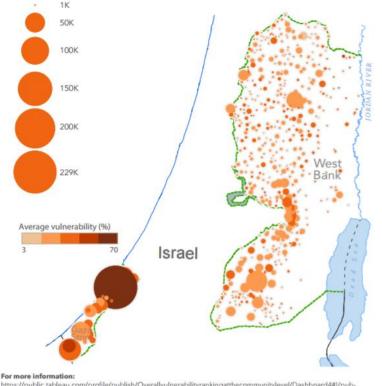


#### Gaza; humanitarian needs



- High area of vulnerability
- Chronic issues (almost 70yrs)
- Poor access to basic needs
- Major impact on health
- Growing NCD and mental health issues





https://public.tableau.com/profile/publish/Overallvulnerabilityrankingatthecommunitylevel/Dashboard4#I/pub-

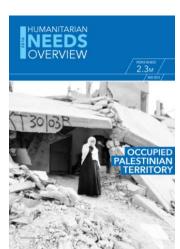


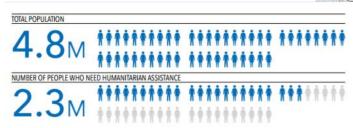


Gaza; humanitarian needs

2.3 m people affected in occupied
Palestinian territories

- protection of civilians
- forced displacement
- erosion of resilience
- access to medicine
- Gaza 1.4m out of 1.8m







http://www.ochaopt.org/



#### Gaza; palliative care



- Scoping visit with to Gaza
- Hosted by University of Edinburgh and Islamic University of Gaza
- PC steering group includes Ministry of Health, academics, UN, WHO and international partners who agreed curriculum integration as a priority.







## **Islamic University of Gaza**











#### Method

- PC core competencies developed, delivered and assessed using a blended learning experiential model within a 4th year clinical curriculum.
- 6 core domains identified using the PC Curriculum Toolkit derived from international frameworks
  - 1. Basics of palliative care
  - 2. Pain and symptom management
  - 3. Psychosocial and spiritual
  - 4. Ethical and legal
  - 5. Communication skills
  - 6. Teamwork and professionalism







#### 7 competencies

- 1. Understand the principles of PC as part of chronic disease management and whole person medicine with an evidence based approach.
- Identify patients who need PC and manage alongside disease modifying treatment
- 3. Assess and manage patients and families holistically
- Demonstrate skills in pain assessment and management Demonstrate skills in symptom prevention, assessment and management in palliative care patients
- 5. Demonstrate skills and attitudes to effectively communicate with patients and their families
- 6. Understand and apply ethical principles and clinical judgment managing patients and their families with PC needs
  - Work effectively within a multi-professional team



- Blended learning
  - Core texts and reading material
  - Classroom teaching
  - Experiential learning style
  - Clinical bedside teaching; oncology, ICU, paediatrics, medical









#### Results:

- Students participated enthusiastically within a well organised curriculum with excellent collaboration from clinical and academic colleagues in Islamic University Gaza.
- Feedback from students included evidence of learning and attitude change
- MCQ assessment (20 questions with 5 stems) average score of 88% post training.
- OSCE stations submitted





### **Impact**

- Attitude change
- 'The course added to the clinical practice makes us feel the suffering of patients and how we can help them'.







## **Impact**

E DANS

- Holistic care
- 'Patients cope better when we tell them the truth'





## **Impact**

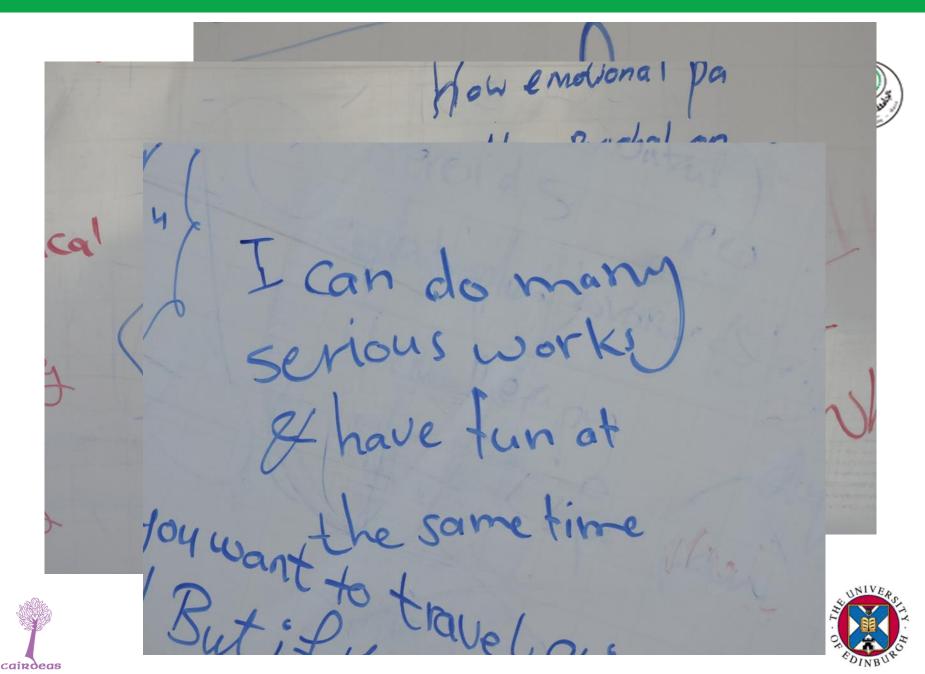


- Attitude change
- 'I have learned to add smile and life to days not just days to life'











#### Conclusion

- An integrated curriculum with agreed core competencies for PC is an essential component in developing competent PC practitioners and changing attitudes.
- Future needs include developing trainer capacity within Gaza and participating in the overall policy and service planning for PC integration within a newly convened steering group.
- This curriculum can acts as a model for other settings in Palestine and has wider relevance.



#### Class of 2016







