



# Physician Assisted Dying (PAD) Education Program: Teacher's Guide

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## Introduction

The PAD Education Program has been designed as an education program for all health care providers at all levels. This Teacher's Guide will provide suggestions for effective teaching, some teaching materials such as case materials so that teachers can use the curriculum materials most effectively.

## General Comments

1. Since this is an interprofessional program, it is strongly suggested that the program be delivered through co-facilitation that will help demonstrate the interprofessional or team approach that is often necessary to deal with issues of PAD with patients and health care professionals.
2. The program should not support a pro- or anti- stance to PAD but rather deal with the issues in as neutral a fashion as possible. Please remember that PAD is still illegal in Canada.
3. PAD discussions can generate considerable emotions and spiritual angst. Be prepared to deal with these effectively.
4. Evaluate each session on the attached evaluation form.

## Teaching Methods

### 1. THE INTERACTIVE LECTURE

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The lecture is probably the most common way of teaching in the health care professions. Although the efficacy of this teaching method is questionable, there are some advantages as well as disadvantages, to this learning method. It is likely that considerable teaching will continue to be done in this fashion. Making the lecture more interactive and making sure that the style of delivery is effective will enhance learning.

The material in the PAD Education Program can be presented in an interactive lecture format. However, there is too much material for it all to be crammed into one lecture. Resist the temptation to try and cover all the information in one lecture.

The suggestion is to:

- a) Divide the material into two 40-minute lectures that can build on knowledge transfer and questions from session to session.
- b) Leave time for interactivity such as case discussion and allow adequate discussion as some of the issues in PAD can be quite challenging and emotionally-charged.

- c) Tell participants in the lectures how to access the full curriculum document.
- d) Provide for some contact by email between sessions.
- e) Add any pertinent resources to the learning package e.g. hospital policy documents.

Delivering an effective lecture is a learned skill and is beyond the scope of this teacher's manual. However, we will review how to make a lecture more interactive:

*a) Use cases to illustrate.*

Mostly you will be seeing clinical audiences but all audiences often will benefit from the introduction of case examples. Cases should be illustrative of the main objectives of the lecture and should not be too complex unless that complexity is the message you want to convey. The cases should be real but respect patient and family confidentiality by hiding identifiers on charts or imaging, using initials or names that are fictitious, and be careful about revealing too many sensitive and potentially damaging issues. At the end of the lecture, audiences often are keen to hear the outcome of the case. Spend a few minutes going back to the case. This can be part of your summary. For your convenience, we have provided you with a number of cases.

Cases may also be presented using trigger tapes or other video resources.

*b) Break up the amount of direct lecturing time.*

Provide a change of pace. Pause to ask for questions. Allow questions during your presentation or make sure you leave enough time for end of lecture discussion. Ask for feedback from the audience. Question or poll the audience on certain issues. Introduce another illustrative brief case or reflect on an experience you had recently and ask for similar experiences or stories from the audience. Show a video vignette.

*c) Ask questions of the audience and in smaller groups ask for questions during the presentation.*

Take time to ask for questions. Make sure you repeat the gist of a question. If you do not know the answer, say so. Do not make up answers. You can ask someone in the audience to answer if they know the answer, but you can ask the questioner to come to you after the lecture so you can contact that person with an answer in the near future. Keep your answers as brief as possible. Answering a question should not turn into a mini-lecture.

*d) Use a variety of audience participative interaction and discussion techniques.*

You can ask multiple-choice questions of the audience and have them respond with the answers by a show of hands or by using technology such as touchpads. You can use dyadic discussion or table discussion. For example, say "If this was your patient, what issues do you think confront the patient and family in making this decision? Please turn to your neighbour and have a five-minute conversation and list the issues you think are important". Then spend a few minutes discussing the issues with the audience, bringing them back to important issues in your lecture.

## **2. SMALL AND MEDIUM GROUP, CASE-BASED TEACHING**

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Small group (6-12 participants) case-based teaching (SGT) plays a major role now in educating learners at all levels and in continuing professional development. Whether it is used in a problem-based learning format or in more traditional small group teaching in seminars and tutorials or workshops at conferences, it is popular because it can be a very effective adult learning technique. Medium groups of up to 15-20 can also be managed similar to smaller groups but the interactivity and balancing participation become more challenging.

Physicians and other health care professionals learn from their cases every day that they practice in the clinical setting. When small group teaching works well, using cases to focus learning has clear benefits for learners including:

- Allows the deeper exploration of issues in patient and family care,
- Encourages better listening skills,
- Builds problem-solving skills,
- Develops teamwork skills,
- Focuses on enhanced self-directed learning, and
- Offers more opportunities for self-evaluation.

SGT/MGT is not an open-ended, unplanned process.

### *Key Skills in SGT/MGT*

#### **1. Setting the Stage**

##### a) Plan ahead.

Although teaching groups may occur spontaneously and be effective, for example, at a team meeting or on ward sit-down rounds, the best small group teaching requires careful planning. You will need to:

- Review the topic and session learning objectives,
- Read the case and prepare discussion questions,
- Identify the composition of the group as related to functions and experience,
- Review and/or organize the suggested time frame of each content segment.

##### b) Convene the group.

If the group is new, introduce yourself as the facilitator and then have the members introduce themselves. State the purpose and objectives of the group session.

##### c) Develop a mutually acceptable agenda.

Announce the timing of the session and discuss the framework of the session.

##### d) Create a non-threatening environment.

Discuss the ground rules for the small group session and the expectations that all members must participate. Also, define the role of the facilitator.

#### **2. Accomplish the task**

##### a) Provide limited and relevant information. Avoid getting involved too early. Let the group problem solve. Intervene only if the group is not moving forward.

##### b) Actively involve all group members. Let no one dominate the discussion or completely avoid participation.

##### c) Question effectively to promote critical thinking. Look for controversy and explore differences.

##### d) Use these value-added techniques to add to the interactivity and discussion:

- Role plays, patient interviews,
- Trigger tapes, videos,
- Participant facilitators,
- Point/counterpoint debates,
- Written materials,

- Newspaper articles, patient letters, and
  - Editorials.
- e) Listen and reinforce the points made by group members. Draw conclusions, identify learning gaps, and correct misinformation.
  - f) Focus the group. Follow the agenda and objectives but avoid intervening if an interesting and important discussion develops. Refocus the group if they are too off track. Create a “parking lot”—a flipchart list of issues that are not totally on topic but that can be dealt with at the end of the session or assigned as tasks.
  - g) Observe and identify group behaviour. Remind group members of the ground rules and deal with conflict effectively.

## Role of the teacher/facilitator

- a) Establish informality
- b) Openly admit what you don’t know. Saying “I don’t know.” is OK.
- c) Encourage speculation, but identify it as such.
- d) Refrain from criticizing any ideas put forward by group members.
- e) Guidance of the discussion.
- f) Keep on track.

## QUESTIONING TECHNIQUES

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Skillful questioning is the key to effective facilitation. Through questioning, the facilitator can achieve many objectives. Some of these objectives and examples of questions are listed below:

<b>OBJECTIVE</b>	<b>EXAMPLE QUESTION</b>
To open a discussion	“What are the definitions of euthanasia and assisted suicide?”
To make a point	“Why do you think that the patient’s spouse was upset?”
To surface new ideas	“How else could we have communicated this issue?”
To check understanding	“What is the legal standard in this case?”
To keep on track	“Can we go back to John’s problem with making a decision?”
To bring out feelings/ attitudes	“How would you feel if you were confronted by this request?”
To bring out reactions to a point	“How do the rest of you feel about that point?”
To suggest an approach/ idea	“What do you think would have happened if...?”
To broaden a discussion	“What other factors might be important here?”
To explore different approaches	“What approach would the ethics committee take?”
To advance a discussion	“What is the next step in the assessment process?”
To summarize	“What are the key points that we can take away?”
To move toward agreement	“Does this represent the thinking of all of us?”

## Case Writing and Development

In using cases in teaching in general, there are a number of basic steps to follow in writing a case:

1. Identify the specific learning objective(s) to be achieved. The list should number three to four objectives per case.
2. Select a case in which the learning objectives can be illustrated. Use real cases as the foundation for the written case study. This adds realism and will help participants easily identify with the subject. Sometimes, blending different cases into one will be effective.
3. The case should demonstrate the knowledge, attitudes, and skills needed in clinical practice.
4. Protect patient and family confidentiality at all times but especially when the case contains sensitive information. Change details such as name or initials, age, profession, number of children, etc., so that the patient or family cannot be identified.
5. Avoid choosing a case that is highly complex. Otherwise, you may overwhelm or confuse learners who are trying to distinguish pertinent from extraneous information.
6. Be concise. Give just enough information to provide the context. When there are too many variables, participants may get sidetracked and engage in debate about approaches or issues that are unrelated to the intended goal.
7. Develop a list of the key questions that need to be asked at each step in the case.
8. Ask peers to review the case description to be certain that the key teaching points are clear.

## Managing Role Plays

Role plays are an important teaching tool that mimics actual clinical encounters to bring forth issues of communication with patients and families and deal with difficult issues. The fact that learners are asked to act a part is often met with some resistance and anxiety but that quickly dissipates when they are involved in the roles and in the discussion. For this program in PAD, a role play has been developed (Case 5). You will notice that the roles are not totally scripted but have guidelines for the acting and points to bring out. The role play in this case is a “fish-bowl” type where several actors are required and the rest of the group evaluates the role play issues as the audience.

The following is a guide to conducting the role play.

### 1. Set the stage

- a) Ask about previous experiences with role plays.
- b) Stress the confidentiality, safety and spontaneity of the process.
- c) Explain your role as facilitator.
- d) Delineate the goals of the role play.
- e) Read out loud the role description.

### 2. Assign the roles and describe the ground-rules.

- a) Ask for volunteers for each role or assign as fairly as possible. Stress the fun nature of playing the role.
- b) Ask those taking a role to read over their roles and not share the specifics with each other or the audience. Tell them they must bring out the points in the role.
- c) Clarify the timing. Usually role plays will run 7-10 minutes.
- d) State the ground-rules:
  - i. Any actor can call time-out at any time if they are uncomfortable, need some direction, or are stuck at what to do next. Similarly the facilitator can call time-out if there are issues that need to be clarified.

- ii. Participants can make up what they do not know or what is not specified in the role but that information should be relatively “neutral” and should not distract from their role.
- iii. Others in the group are observers and have a specific role in identifying the issues raised in the role play.

### **3. Conduct the role play.**

- a) Let the interactions flow naturally and do not interrupt unless absolutely necessary e.g. someone is out of role or a participant seems to be in some distress.
- b) Watch the time carefully. Because limited information is supplied, role plays have a natural duration of 7 to 10 minutes only.

### **4. Discuss the role play**

- a) Thank the actors.
- b) Ask each actor to read out their role and to comment on how they felt in the role.
- c) Ask the actors and observers to identify issues identified.
- d) Lead a discussion and summarize the major themes and teaching issues.

# PAD Education Program Evaluation

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Please help us evaluate this education program by answering the questions below. This evaluation is totally anonymous.

## Basic Demographics

Please let us know your discipline:

Nursing     Medicine     Social Work     Rehabilitation Sciences     Psychology

Student Please specify: \_\_\_\_\_

Number of Years in Practice:

0-5     5-10     10-15     15-20     >20

## Program Evaluation

Please mark your evaluation on the scales below. Comments are always very helpful.

### 1. Program Content

Poor

Excellent

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Comments:

### 2. Teaching Methods

Poor

Excellent

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Comments:

**3. Teacher Evaluation**

Poor

Excellent

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Comments:

**4. Audiovisual (if any)**

Poor

Excellent

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Comments:

**5. Overall Evaluation**

Poor

Excellent

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Comments:

**6. Suggestions for Change**