UNIVERSITY OF CAPE TOWN

POSTGRADUATE DIPLOMA
PALLIATIVE MEDICINE
(PAEDIATRIC OPTION)

2018

UNIVERSITY OF CAPE TOWN
POSTGRADUATE DIPLOMA IN PALLIATIVE MEDICINE
(PAEDIATRIC OPTION)

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POSTGRADUATE DIPLOMA IN PALLIATIVE MEDICINE (PAEDIATRICS)
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CONTENTS

1. **INTRODUCTION**

   Welcome to the Postgraduate Diploma in Palliative Medicine (Paediatric Option).

   The programme leading to the Diploma in Palliative Medicine (Paediatric option) has been designed for experienced child health care professionals including doctors, nurses, social workers and other disciplines who wish to gain expertise in the management of children with life-threatening and life limiting illness. The programme has been designed as a distance-learning programme using the principles of adult learning and includes practice-based learning techniques to enhance learning in the participant's workplace. The course carries 120 credits according to SA Qualifications Authority accreditation. This requires 1200 notional learning hours. We require you to apply your learning in your work place and to use all encounters as learning opportunities. You will be asked to refer to answering the assignments in the context of your workplace, to include evidence of reflective learning in your personal learning portfolio and to engage in discussion forums on a weekly basis to provide evidence of learning in your workplace.

2. **THE PURPOSE OF THE PROGRAMME**

   The primary purpose of the PG Diploma in Palliative Medicine (Paediatric option) is to provide child health care professionals and other disciplines with an understanding of the principles and practice of modern paediatric palliative medicine. This would broaden the access to paediatric palliative care to communities in South Africa where it is most needed.

3. **DURATION OF THE PROGRAMME**

   The Diploma is a 1 year course comprising 2 modules – the core module, Paediatric Palliative Care Principles PED 4046F is presented in the first half of the year and the application of these principles PED 4045S is presented in the second half of the year.
   The Dip Pall Med from UCT or equivalent qualification from another university is an entrance requirement for the UCT MPhil Pall Med.

4. **TEACHING METHODS**

   At the start of each module there is a 5 day period of interactive workshops presented at the Institute for Child Health on the grounds of the Red Cross War Memorial Children's Hospital. Attendance at these face-to-face sessions is compulsory.

   During the year, teaching material will be posted onto the Vula website for Paediatric Palliative Medicine. Current palliative care publications will

be posted as essential reading material and additional references are also identified.

The course has a list of recommended texts but these are no longer stipulated as required texts because of the cost of textbooks. Children's Palliative Care in Africa by Amery et al can be downloaded free of charge from the International Children's Palliative Care Network (ICPCN) website.

The eight assignments that contribute to formative assessment are posted on Vula, UCT"s web-based learning site. The assignment covers the work of the past month and students have 2 weeks to write the assignment and submit for marking. Please make every effort to submit your assignment by the due date. ***Marks will be deducted for assignments that are submitted late unless you have arranged an extension with Dr Michelle Meiring with a valid reason for the request for extension.***

Internet access is a requirement for participation on the course. There are weekly discussion topics /forums posted to Vula and students are required to contribute to the discussion as one of the learning activities of the course for which they will be graded.

5. **ASSESSMENT/EXAMINATION**

Diploma in Palliative Medicine: Students are required to complete successfully 8 written assignments on coursework, a portfolio project (see appendix 2), a written examination and a communication skills assessment. Students are also required to take part in forum discussions and will be marked according to the contribution to discussions. A pass mark of 50% is required in each component of the assessment. The external examiner has the authority to allocate final marks.

ALLOCATION OF MARKS:

- PED 4046 F mark:
    - 40% assignments 1- 4
    - 10% forums)
    - 25% communications exam
    - 25% exam questions relating to core module
- PED 4045 S mark:
    - 40% assignments 5- 8
    - 10% forums
    - 25% learning portfolio
    - 25% exam questions related to elective modules
- **Year mark**: 50% of semester 1 and 50% of semester 2 BUT you need to pass each component as well (ie: assignments, written exam, communication exam, portfolio)

6. **APPLICATION PROCESS:**

In addition to the departmental form which can be obtained from Debbie Moodie, the online application should be completed as well – see link below:
http://www.uct.ac.za/downloads/uct.ac.za/apply/forms/pg_application_form.pdf

Please refer to the 2018 Directions for Postgraduate Applicants for information and code tables needed to complete this form. Please ensure that all the relevant documents are completed to ensure a smooth registration process. Registration is scheduled at the 1st day of the contact workshop.

7. **BURSARIES**
There are unfortunately no bursaries available for this course in 2018.

8. **INTERNATIONAL STUDENTS**
   8.1 **SADC Students:**
   For the purpose of fees – Citizens and Permanent Residents of the SADC countries are treated the same as South African Residents. (Note that study visa regulations, etc. do still apply). The SADC member countries are Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. Accounts are managed and sent out by the fees office. These fees MUST be paid before the student attends the course.

   8.2 **NON-SADC (i.e. Rest of the World) Students:**
   Non-SADC students are required to pay an International Fee over and above the local course fees for tuition. As from 2006 non-SADC International Students are billed in South African Rands (ZAR). These fees MUST be paid before the student attends the course.

   International student who are grant recipients, please note that the value of the bursary is in South African Rands (ZAR).

9. **PLAGIARISM**
   What is Plagiarism?
   Whenever you do written work you must differentiate between your own ideas and those, which you did not think of yourself, but which you have read elsewhere – in particular you must distinguish what you have written from what you are quoting.

You commit plagiarism when in any written work you use another person's words, ideas or opinions without acknowledging them as being from that other person. You do this when you copy the work word-by-word (verbatim); or submit someone else's work in a slightly altered form (such as changing a word with one meaning to another word with the same meaning); and you do not acknowledge the borrowing in a way that shows from whom or where you took the words, ideas or reasoning.

You must provide references whenever you quote (use the exact words), paraphrase (use the ideas of another person, in your own words) or summarise (use the main points of another's opinions theories or data).

It does not matter how much of the other person's work you use (whether it is one sentence or a whole section), or whether you do it unintentionally or on purpose; if you present the work as your own without acknowledging that person, you are committing theft. Because of this, plagiarism is regarded as a very serious offence and carries heavy penalties.

Even if another student gives you permission to use one of his or her past assignments to hand in as your own, you are not allowed to do it. It is another form of plagiarism.

While academic staff must teach you about systems of referencing, and how to avoid plagiarising, you too need to take responsibility for your own academic career.

Referencing Conventions

The responsibility is on your lecturer to ensure that you are (or become) familiar with, and observe, one of the internationally recognised guides to scholarly conventions on presentation, documentation of sources and referencing. It is your responsibility to question any part of this that you do not understand, to apply the rules, and to be aware of the consequences of plagiarism.

There are many ways of referencing, and the University has not set one way as preferable to another. The Writing Centre, however, recommends one of the following three forms: the Harvard system, Vancouver system, Modern Language Association (MLA) or Footnoting. PG students submitting assignments for the Dip Pall Med and MPhil Pall Med and the dissertation towards the MPhil Pall Med should follow the **Vancouver** referencing system.
You may refer to the following websites for further information:
www.library.soton.ac.uk/infoskills/vancouver.shtml
www.lib.uct.ac.za/medical/info/guides/ref.pdf

Examples of Vancouver referencing style are included as Appendix 1

Consequences of plagiarising
By committing plagiarism you will get zero for the plagiarised work, and may fail the course. In addition, the matter must be referred to the Vice-Chancellor or nominee for possible disciplinary jurisdiction and procedures (DJP1.1) taken against you. This may be that you are asked to leave the course and will not be eligible to enrol at UCT for any other course.

The subject of plagiarism, and how to avoid it, will be discussed at the beginning of the programme and at points along the way.

10. <u>BENCHMARKS</u>
Benchmarks of satisfactory performance will be noted during modules by formal assessment of assignments, a written portfolio, Vula discussions, examinations, written and communication skills assessment;and by informal assessment at workshops A pass of 50% is required in each component of assessment. The external examiner has the authority to allocate final marks.

11. <u>QUALITY ASSURANCE</u>

Formal assessment
Internal validation: course work will be marked by a primary marker and secondary marking will be done by teaching staff provision will be made for scrutiny of some course work by external examiner
External examiners: qualified palliative medicine paeduatricians will act as external examiners.
Informal Assessment
Evaluation by students: students will be asked to evaluate the course by completion of a questionnaire and to provide a personal assessment of change in their working practice during and following completion of the programme.
Evaluation by tutors: during the contact workshop periods there will be opportunity for facilitator observation of the learners and interaction with the learners. For example, the practical communication skills assessment will provide opportunity for learners and tutors to identify learners who would benefit from additional communication skills training.

12. **CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**
This programme is CPD accredited and certificates will be sent to candidates at the end of the year.

13. **EXAMINATIONS**
Examinations are held in November. The exams comprise 1 written paper with 4 compulsory questions and a communication skills assessment of two 15 minute simulated consultations.

14. **UCT STUDENT FEES OFFICE** 2018 FEES AND PAYMENT DATES
Please note that fees and payment requirements differ for local and international students. A further distinction is made between international students from the SADC region, international students from elsewhere in Africa, and international students from outside Africa. Student Fees Handbook will be available towards the end of 2017.
For South African citizens and South African permanent residents **an initial payment of fees (for tuition) is due by Friday 9 February 2018.** If payment is not received on or before the due date, a one-off late payment fee of 10% of the unpaid amount will be charged. You will be allowed to register if the initial payment has not been received by the due date. The amounts due are:
Tuition cost initial payment R22, 750 (or the full fee where this is lower than the initial payment), This is not the full cost. Final payment is due 30 June 2018.

International students from the SADC region – Full tuition fees have to be paid before international clearance from the international office. Please use your student number as a reference. If payment is not received on or before the due date prior to registration, a one-off late payment fee of 10% of the unpaid amount will be charged. Allow a minimum of 14 working days for the payment to reflect in UCT's bank account. The amounts due are: Local tuition fees (currently R 45, 500) plus a non-refundable administrative service fee R3,750. Please contact the international office for international clearance: int-iapo@uct.ac.ac

International Students must make a minimum initial payment towards the tuition fees, international term fees and residence fees (where applicable), prior to registration or before Friday 9 February 2018, whichever date is earlier. If payment is not received on or before the due date, a one-off late payment fee of 10% of the unpaid amount will be charged. Allow a minimum of 14 working days for the payment to reflect in UCT's bank account.

This is not the full cost. Final payment is due 30 June 2018.

http://www.uct.ac.za/apply/fees/deadlines/

15 GRADUATION

Complete the online graduation reply form by mid- October and indicate via 'Student Self Service' whether or not you will be attending your graduation ceremony. You must do this, even though you are still to write end-of-year exams and may not be certain if you will qualify to graduate, may still be awaiting your results, or cannot attend your graduation ceremony

• If you are unable to attend your graduation ceremony, you will graduate *in absentia*. It is essential that you complete and return the Graduation reply form and indicate via the 'Student Self Service' that you will not be present at your ceremony in order to receive your certificate.

• If you indicate on the reply form and the 'Student Self Service' that you wish to attend and then, for whatever reason, cannot attend the ceremony, you will still graduate, but *in absentia*. Up until 1 December you may change your attendance status on 'Student Self Service'.

After this date, please contact Student Records directly to inform them of this change.

• Liaise with the Student Records Office to arrange collection of your certificate or to provide an address so that it may be posted. If you have not received your degree/diploma certificate in the post by mid-January, please follow up with the Student Records Office directly.

Enquiries: Ms Nobambo Mpengesi
Tel: 021 650-4292 • Fax: 021 650-5986
Email: nobambo.mpengesi@uct.ac.za

Appendix 1

VANCOUVER REFERENCING STYLE

Referencing examples:
1. Book- author
Johnson DW. Reaching out: interpersonal effectiveness and self-actualization. 7th ed. Boston: Allyn and Bacon; 2000

2. Book –title (no author)
Dorland's illustrated medical dictionary. 29th ed. Philadelphia: Saunders; 2000

3. Chapter in edited book
Stevenson J, Oates J. Child health and development. In: Davey B, editor. Birth to old age:health in transition. 3rd ed. Buckingham: Open University Press; 2001. p.83-103.

4. Journal article
Bessesen DH. The role of carbohydrates in insulin resistance. J Nutr 2001:131(10):28825-865

5. World Wide Web Page
United Nations general Assembly Special session on HIV/AIDS, June 25-27 2001 [online] 2001 [cited 2002 January 14] Avaliable from: URL: http://www.un.org/ga/aids/coverage/

6. Full-text article from electronic database (eg Ebsco)
Sale P, Carey DM. The sociometric status of students with disabilities in a full inclusion school. Except Child [serial online] 1995 [cited 1998 Jun 12]; 73(5):255-60. Available from: Information Access/Expanded Academic ASAP/A1743539

Health Sciences Library http://www.lib.uct.ac.za/medical
Accessed Nov 12 2004

Appendix 2

PERSONAL LEARNING PORTFOLIO

The concept of a "personal learning portfolio" embraces two major dimensions:
 1. The reflective learning of the author.
 2. Learning of knowledge, attitudes and skills of palliative care.

 The personal learning portfolio will contain
 1. A series of commentaries on patients/families undergoing palliative care or bereavement covering key competencies or a description of the development of a palliative care service or policy development in palliative care.
 2. Reflective commentary on learning points from these commentaries and description

The postgraduate student will describe her/his learning over the course of the Palliative Medicine Programme with illustrations from any source, which can reveal the depth of the personal educational process. Sequential clinical contacts with families are an obvious living source as are sequential meetings/discussions of organisational development and policy makers. Recently read reference material, quotations, diagrams, photograph, artwork, music etc., have been used by different students. The final product reveals an evolution of thought and expression as well as knowledge and skill. This should be of permanent value to the postgraduate student as a reference source.

Overall Aims of the Personal Portfolio
- To stimulate you to think consciously and objectively about your learning
- To illustrate your ability to integrate theoretical & applied aspects of palliative care in a patient-centred format and in the context of family care
- To provide a chronological, concise commentary on a case study of a particular patient and/or family or series of patients receiving palliative care or bereavement care using a variety of methods of presentation. **OR**
- To provide a chronological commentary on the development of palliative care service or development of polices with regard to palliative care
- To document the scope and depth of your learning
- To demonstrate personal development of palliative care knowledge and skills.
- To document reflective learning in palliative care

Specific Objectives
- To demonstrate your understanding of the content of your course reading, seminars and discussions
- To demonstrate personal reflective learning
- To apply theoretical components of the course to your own clinical or public health practice.
- To demonstrate your understanding of the difference between patient-centredness and doctor-centredness.
- To demonstrate your ability to integrate information from a variety of sources for your patient's benefit.

- To provide an opportunity for commenting on the clinical decision-making processes which occur during palliative care.
- To demonstrate your ability to express yourself clearly and competently in writing.

Structure and Format of the Portfolio
- There are no rules as this is a learner-centred opportunity for self-expression and creativity.
- An A4 page format is very appropriate, but other presentations have been used.
- Please do not use lever arch or hard back files to put your projects in. We need to be able to post these for marking so presentation needs to be simple for packaging.

Please note that patient confidentiality must be meticulously observed. This includes:
- Seeking the consent of the patient (or family, if the patient has recently died, informing them that you wish to use their case for your portfolio)
- Withholding patient details, or using simply initials
- Blocking out colleagues and other professionals' names if you include documents e.g. clinic letters
- Some students use photographs, if of an individual, please record consent for their use.

Guidelines for Compiling a Portfolio
There are 2 aspects to the portfolio:
1. Brief commentaries illustrating key aspects of palliative care –these may be covered in your case, identify this in your write-up
   - Pain assessment and management
   - Assessment and management of 3 distressing symptoms
   - Integration of disease-specific treatment and palliative care
   - Individual issues such as coming to terms with illness, sexuality, relationship issues, attending to unfinished business
   - Family issues such as changing roles, pre-bereavement grief, bereavement care
   - Social issues
   - Spiritual and cultural issues
   - Ethical issues
   - Application of palliative care principles, evidence of palliative care approach in management
2. Using either one patient or a series* of patients under your care describe the clinical, psychosocial spiritual and ethical issues of the patient and family, decision-making in the care of the people described and the learning that evolves from your care of your patients. Keep sequential notes of the cases for your own references and either reflective notes of a reflective journal. If you are not in clinical practice, describe a case study of a newly developed or developing palliative care service or policies for palliative care in your work setting.

*Sometimes a cluster of cases with a common theme will provide more learning than just a single patient. The cluster should then be written up instead of one case study.

So a useful approach would be to:
- Identify your patients or palliative care service. Do this as early as you can, to give you longer to follow them and think about how to approach your writing.
- Keep sequential notes on their progress, your contacts with them, your thoughts, things that went well, or badly. There will be clinical milestones and triggers to your own personal learning and development. Sometimes people record difficult conversations in note form and their thoughts after seeing the patient. Some also describe as to how they wind down about things afterwards. What you include is entirely up to you. Some people adopt the 'box' approach where they store anything relevant to the case and can access this information at any time during the writing up process.

Write the case up.
At the point of writing up, it is helpful for you to then review the case and write a critique which could be considered under the main areas of.
1. Aspects of the case that were clinical milestones. There needs to be a strong clinical foundation to your portfolio.
2. Things, which you would have handled differently, as well as those you, felt you handled well.
3. Sources of information which led you to come to these conclusions and why.
4. How this has affected your own clinical or public health practice, possibly even affecting your own views of yourself as a practitioner.

Word count: as a guide 2500 words for the long case but you may need to include additional information that takes you over 2500 words. Do not waste time padding or condensing your write-up.

16   GUIDELINES FOR PORTFOLIO MARKING

The portfolio comprises 20% of the total marks towards the Diploma in Palliative Medicine.

Marking Schedule for Clinical portfolio

Division of marks		Final mark
Contextual/Individual/Family issues	15%	
Clinical issues	15%	
Psychosocial/Spiritual issues	15%	
Application of palliative care principles including evidence of teamwork	10%	
Clarity of presentation	10%	
Critical analysis including decision-making logic and attribution of evidence	10%	
Evidence of reflective learning	20%	
References	5%	

Marking Schedule for Public Health portfolio

Division of marks		Final mark
Contextual issues and key stakeholders	15%	
Clinical background & epidemiology	15%	
Challenges facing stakeholders in integration of palliative care	15%	
Application of palliative care principles including evidence of teamwork	10%	
Clarity of presentation	10%	
Critical analysis including decision-making logic and attribution of evidence	10%	
Evidence of reflective learning	20%	
References	5%	