

How do medical students, teachers, and educationalists evaluate a set of coherent learning tasks focusing on the spiritual dimension of palliative care?

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Appendix 1: Overview of learning tasks

| Learning task | Title | Objective | Design |
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| 1 | Learning about the four dimensions: physical, psychological, social and emotional | <ul style="list-style-type: none"> • To introduce the subject of palliative care and the four dimensions of illness and care. • To learn to recognise each dimension. • To make the connections between problems in the different dimensions. • To adapt the patient's care to the problems in all of the dimensions. | <p>In this learning task, the focus is on the introduction of the four dimensions of care and illness.</p> <p>Students are shown a brief explanatory video clip with the basic principles of palliative care. It also explains the four dimensions.</p> <p>Next, the students review five patient cases from palliative care.</p> <p>They are then asked to:</p> <ol style="list-style-type: none"> 1. recognise the different dimensions of illness in each case; 2. make the connections between problems in the different dimensions; 3. adapt the patient's care to the problems in all of the dimensions. <p>Together with a tutor/teacher, the students answer the questions associated with the cases. The students explore the elements of these four dimensions.</p> |
| 2 | Discussing and reflecting on palliative patient in the context of life | <ul style="list-style-type: none"> • To see the palliative patient in the context of their life. • To reflect on what emotionally affects the students themselves and what is apparently important to the patient. • To acquire the relevant communication skills. | <p>In this learning task, the focus is on seeing the patient in context and subsequent reflection.</p> <p>The students watch 7 video clips of approximately 12 minutes each in which people talk about their personal experiences with palliative care. In the video clips, the four dimensions can be recognised in palliative patients with various underlying illnesses such as breast cancer and pancreatic cancer.</p> <p>They jointly reflect on:</p> <ul style="list-style-type: none"> • the doctor as a person; • allocation of meaning or purpose; • communication, in-depth questioning; • involving different dimensions in the care policy. |

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| 3 | Reflection on personal views on life, death and dying | <ul style="list-style-type: none"> • To be able to reflect on and discuss personal ideas about dying and death and the influence these could have on the role as a care provider in palliative care. • To be able to reflect on and discuss personal ideas about meaning and purpose and the influence these could have on the role as a care provider in palliative care. | <p>In this learning task, the focus is on the reflection on life and death. Students study the preparatory materials beforehand. In the group meeting, they first discuss the various styles of dying, questions of meaning and purpose, and ideas and wishes regarding dying. Next, the discussion is steered towards the role of the care provider. The students complete a reflection assignment after the meeting. Their reflection is to focus on answering the following questions: "Say that today you have heard that you have no more than 4 months to live, what would you want?", "What would be important to you?", and "How would you like a care provider to deal with it?"</p> |
| 4 | Recognizing the spiritual dimension | <ul style="list-style-type: none"> • To communicate with patients about dying and death. • To question a patient on relevant aspects in the physical, psychological, social and spiritual dimensions. • To be able to reason about the possible influence of aspects from the different dimensions on the palliative care policy to be pursued. | <p>In this learning task, the focus is on the role of the doctor, in this case the general practitioner, in discussing questions about meaning and purpose and linking these findings to choices in treatment options. The task comprises preparatory reading and a group meeting where four video clips are watched and discussed. The first three clips are (staged) interviews between a family doctor and a patient with breast cancer in different stages of her illness. In the last interview, the general practitioner reflects on his own role in the care of palliative patients. He also emphasises the importance of discussing questions of meaning and purpose and the influence his findings may have on the choices in treatment.</p> |
| 5 | Learning to integrate the spiritual dimension into counselling | <ul style="list-style-type: none"> • To communicate with patients about dying and death. • To question a patient on relevant aspects in the physical, psychological, social and spiritual dimensions. • To be able to reason about the possible influence of aspects from the different dimensions on the palliative care policy to be pursued. • To be able to reflect on and discuss personal ideas about meaning and purpose and the | <p>In this learning task, the focus is on how physicians integrate the spiritual dimension into their counselling of palliative patients. The task comprises preparatory reading and a group meeting in which three video clips are watched and discussed. The video fragments show that doctors differ in their dealing with meaning and purpose, but that there are also interesting parallels to be discovered. The students study these differences and similarities and consider their own views on the integration of the spiritual dimension.</p> |

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| | | <p>influence these could have on the role as a care provider in palliative care.</p> <ul style="list-style-type: none"> ● To be able to discuss questions on meaning and purpose with palliative patients and, if necessary, refer them for further support. | |
| 6 | To conduct an interview on meaning and purpose and work with the Diamond Model | <ul style="list-style-type: none"> ● To communicate with patients about dying and death. ● To question a patient on relevant aspects in the physical, psychological, social and spiritual dimensions. ● To be able to reason about the possible influence of aspects from the different dimensions on the palliative care policy to be pursued. ● To be able to discuss questions on meaning and purpose with palliative patients and, if necessary, refer them for further support. | <p>In this learning task, students briefly watch video clips on how to start an interview about meaning and purpose with a palliative patient. In these video clips, the palliative patients reveal areas of tension when it comes to allocating meaning and purpose. These can be identified by Carlo Leget's Diamond Model, which provides the students with an (open) framework from where they can approach the spiritual dimension. After watching the video clips, the students continue the discussion in small groups. Finally, all of the findings are discussed.</p> <p>Five different video clips are available.</p> |
| 7 | Simulation interview with a palliative patient | <p>To effectively practise the skills to query the four dimensions of palliative care with a specific focus on meaning and purpose.</p> | <p>In this learning task, the focus is on practising the skills to interview a palliative patient. By way of preparation for the actual interview, an interview is conducted with a simulation patient. This is to create a safe environment in which the students can master the necessary interview skills. The simulation interview is followed by reflection.</p> |
| 8 | Unsupervised interview with a palliative patient | <ul style="list-style-type: none"> ● To explore how people learn to live with permanent limitations as a result of a chronic or incurable disease. ● To reflect on the differences in the way people learn to live with different types of permanent disorders and limitations, including differences between somatic and psychological limitations. | <p>In this learning task, the focus is on having an unsupervised interview with a patient about the four dimensions. The assignment begins with students studying the preparatory materials consisting of literature on the four dimensions of care and a topic list with questions that students may use during the interview.</p> <p>The student interviews a palliative patient (or, if this is not feasible, a chronically ill patient) focusing on the four dimensions of care and illness and not just the diagnosis. The interview</p> |

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| | | <ul style="list-style-type: none">● To explore the concepts of "coping", "palliation" and "meaning and purpose".● To explore the relationship between the somatic, psychological, social and spiritual aspects of (coping with) a palliative condition.● To explore the relationship between the somatic, psychological, social and 'spiritual' aspects. | <p>will take between 30 and 45 minutes. Afterwards, the student writes a narrative report and a brief reflection on the interview describing how the patient deals with the condition or illness, how they perform in each of the four dimensions, and how the four dimensions affect the care (to be) provided. The student discusses their interview with fellow students in a tutorial group. They also provide peer feedback on two of the reflection reports from their fellow students. The interview with the patient can take place in either the clinical or home setting.</p> |
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*Appendix 2: the interview guide***Introduction:**

[Introductions and explanation and goal of research study]

Transition question:

- 1) What do you think of palliative care education, especially about communication and spiritual dimension, in the Netherlands?

Thank you. The set of learning tasks is designed based on certain ideas and educational principles. I would like to elaborate on this.

[Short presentation about the learning tasks].

- 2) What is your first impression of the coherent set of learning tasks?
- 3) What is your impression of the different parts of the coherent set of learning tasks? What works well and why, what works less well and why? What do the students learn from this?
- 4) We think it is important that there is a build-up in difficulty. Do you recognize this in the set of learning tasks? Why/ why not?
- 5) We think it is important that the tasks and assignments that can lead to authentic learning. Do you recognize this in the set of learning tasks? Why/ why not?
- 6) We also think it is important that the tasks and assignments lead reflection. Do you recognize this in the set of learning tasks? Why/ why not?
- 7) Can the coherent set of learning tasks be integrated within the medical curriculum? At which points / in which years could the learning tasks be integrated?
- 8) Are there other things that are relevant to report?