



Being prepared for working in palliative care

The speech pathology perspective

Ashleigh Pascoe, Lauren J. Breen, and Naomi Cocks

KEYWORDS
END OF LIFE
PALLIATIVE CARE
PREPAREDNESS FOR CLINICAL PRACTICE
STUDENT EDUCATION

THIS ARTICLE HAS BEEN PEER-REVIEWED

Providing quality palliative care services is a national priority, and speech pathologists play an integral role in this area managing communication and swallowing difficulties. However, very little is known about the type and amount of palliative care education currently incorporated into Australian speech pathology curricula and the preparedness of graduates to work in this field. This discussion paper summarises the role of the speech pathologist in palliative care and the preparedness of graduates to work in this field. Further research is required to develop a picture of the current educational practices in Australian speech pathology curricula.

- highlight the need for more information about the preparedness of Australian-trained speech pathologists for working in palliative care.

The role of the speech pathologist in palliative care

As early as the late 1970s, the role of the speech pathologist in palliative care was identified (Potter, Schneiderman, & Gibson, 1979), and in recent years, has been well documented in the literature (Eckman & Roe, 2005; Frost, 2001; Pollens, 2004, 2012; Roe & Leslie, 2010; Roe, Leslie, & Drinnan, 2007; Toner & Shadden, 2012). Speech pathologists are employed in a variety of settings in which they may be involved in palliative care. This may include, but is not limited to, aged-care facilities, acute hospitals, community outpatient clinics, and hospices (Eckman & Roe, 2005; Pollens, 2004).

The role of the speech pathologist in palliative care was summarised by Pollens (2004). She proposed that the role involved communication, cognition, and/or dysphagia management in order to maintain and/or improve the client's quality of life. This role also involved a consultative component between client, caregivers, and the medical team (Pollens, 2004). Our role as speech pathologists may include, but is not limited to, bedside dysphagia assessments and assessing a patient's communication skills (Pollens, 2004; Potter et al., 1979). A poignant example from the literature where the speech pathologist had successful involvement in palliative care is:

Mr. E had marked cognitive and communication difficulties, and was exhibiting anger towards caregivers when they could not understand his requests. The hospice nurse referred for a speech-language pathology consult. The speech-language pathologist determined that Mr. E was not able to use reading or picture stimuli as a communication mode, but that yes/no questions remained reliable. The daughter was instructed in the use of topic choices for determining her father's intended message. The nurse and daughter understood his limitations, which supported their role as caregivers. (Pollens, 2004, p. 697)

Pollens (2004, 2012) stated that speech pathologists are often not viewed as a regular inclusion in the management of palliative patients, and instead may be consulted on a case-by-case basis. Whether this viewpoint is only adopted in the literature, in practice, or both, is unknown.



Ashleigh Pascoe (top), Lauren J. Breen (centre) and Naomi Cocks

Palliative care services are provided to people diagnosed with a life limiting disease, where the possibility of a cure is rare or unlikely (CareSearch, 2013; World Health Organization (WHO), 2014). Clients with a range of conditions such as Parkinson's disease, cancer, dementia, motor neurone disease, and chronic obstructive pulmonary disease (COPD) are common in speech pathologists' caseloads (Eckman & Roe, 2005; Frost, 2001; Pollens, 2004; Roe & Leslie, 2010). Palliative care should not be viewed as occurring only at end-of-life; instead, the current palliative care philosophy advocates for its implementation early in the disease process in order to improve the quality of life for clients and their families (Pollens, 2012; WHO, 2014).

The provision of quality palliative care services is a national priority (The Australian Government Department of Health, 2010). Several studies recognise that palliative care involves an interdisciplinary team approach, and teamwork is necessary to ensure the palliative care concept is optimised (Crawford & Price, 2003; Morris & Leonard, 2007; Pollens, 2004). This team involves many professions, including both medical and allied health members (Pollens, 2012). In this paper we argue that speech pathologists have a crucial role in this team. In order to demonstrate this, we:

- outline the role of the speech pathologist in palliative care;
- describe what is known about the preparedness of Australian speech pathology graduates to work in palliative care; and

An increasingly ageing Australian population and improved medical management of chronic and progressive conditions, highlights the need to recognise the role and expertise speech pathologists can contribute along the length of the palliative care trajectory (Australian Institute of Health and Welfare, 2012).

The preparedness of speech pathology graduates to work in palliative care

Although the literature highlights the importance of the speech pathologist's role in palliative care, consideration is needed about how best to prepare speech pathology students to work in palliative care in order to promote holistic management along the entire disease trajectory. Providing palliative care education and opportunities will not only better prepare students and new graduates for their emotional response to working with people who are dying, but will also inform them of their potential role in this area (Eckman & Roe, 2005; Roe & Leslie, 2010).

Research suggests that professionals who have received minimal or no training in palliative care are those most at risk of experiencing personal and professional obstacles (Keidel, 2002; Melo & Oliver, 2011; Murray Frommelt, 2003; Rivers, Perkins, & Carson, 2009). A systematic review of the literature showed that a lack of training increases the risk of workplace stress and burnout in death and dying contexts (Truffelli et al., 2008), while the presence of education has a protective effect against these deleterious outcomes for clinicians working in palliative care settings (Lobb et al., 2010). If university students have an understanding of death and the dying process, this may help to alleviate the grief and anxiety that can be associated with the loss of a patient (Toner & Shadden, 2012).

An understanding of illness trajectories, the dying process, death itself, and the emotional, psychological, and physical changes associated with these processes, may also better prepare students for work with patients with palliative needs, and the manner in which they manage these clients (Buchanan et al., 2012; Harper, 1997; Potter et al., 1979; Toner & Shadden, 2012). It has been suggested that having a thorough understanding of grieving processes can also be helpful in the planning and delivery of palliative management. Grief is an individualised response. Due to this, the more familiar clinicians are with the grieving process and the emotions, behaviours, and the variations they may experience, the better equipped they may be to address the patient's and family's needs (Potter et al., 1979). The grieving process and death are complex concepts and entities that intertwine with a person's worldview. Learning about these concepts in a supportive environment, such as the university setting, may help to mature students' understanding and acceptance (Teed & Keating, 2009).

An Australian national scoping study investigated the prevalence of palliative care content in undergraduate medical and health care curricula (Hegarty et al., 2010). This study found that, in general, palliative care content was incorporated into the specified courses; however, there was noted variation between the "nature and extent of inclusion of palliative care, and the teaching and learning approaches used" (Hegarty et al., 2010, p. 105). It is worth noting that speech pathology was not investigated in the study, and that in allied health courses in which palliative care was addressed, it was often not addressed in depth.

This highlights that the information received at the university level in Australia may not be adequate to prepare students for practice in palliative care. To date, there is currently no Australian research that details the amount or content of palliative care information included in speech pathology university courses.

There have been several reasons suggested as to why palliative care is currently not incorporated into health professional course curricula. These include overcrowded curricula and a lack of specialised knowledge by teaching staff and available placement experiences (Cairns & Yates, 2003; Hegarty et al., 2010). To overcome this void, the Australian Government Department of Health and Ageing funded the Palliative Care Curriculum for Undergraduates (PCC4U) project to develop the skills of health professionals in palliative care. A study by Mathisen, Yates, and Crofts (2010) investigated the incorporation of this program into the final-year undergraduate speech pathology curricula at the University of Newcastle, New South Wales. This study confirmed the importance of including palliative care content into speech pathology curricula, and highlighted that the undergraduate students found it to be a worthwhile learning experience (Mathisen et al., 2010). It is possible that other Australian speech pathology courses have utilised the PCC4U program, but to our knowledge no results of any such initiatives have been published.

Students have been reported to be concerned about the progression or death of a client, and believe that it would affect their personal and professional lives (Rivers et al., 2009). Studies that have investigated the experiences of students who participated in palliative care education have found it to be a worthwhile experience, with education at the university level resulting in improved competence (Bush & Shahwan-Akl, 2013), positive attitudes (Anderson, Williams, Bost, & Barnard, 2008; Kumar, Jim, & Sisodia, 2011), improved self-awareness and personal development (Ballesteros, Centeno, & Arantzamendi, 2014), and increased knowledge (Anderson et al., 2008; Ballesteros et al., 2014; Kumar et al., 2011) in relation to palliative care.

Summary

In summary, there appears to be a dearth of literature on palliative care education in speech pathology curricula. While Mathisen et al.'s (2010) study makes a valuable contribution to the literature, there remain several unanswered questions regarding (a) the extent of palliative care information across Australian speech pathology curricula, (b) the preparedness of Australian-trained speech pathologists for working in palliative care, and (c) how practising speech pathologists believe universities could improve their palliative care curriculum. Speech pathologists need to have an acceptable level of competence in this challenging area, yet little is known about the palliative care education currently incorporated into Australian speech pathology curricula (whether as a standalone unit or integrated throughout several units within a course) and the preparedness of graduates to work in this field. For this reason, further research is required to develop a picture of the current educational practices in Australian speech pathology curricula.

References

Anderson, W., Williams, J., Bost, J., & Barnard, D. (2008). Exposure to death is associated with positive attitudes and higher knowledge about end-of-life care in graduating medical students. *Journal of Palliative Medicine*, 11(9), 1227–1233.

- Australian Government Department of Health. (2010). *The National Palliative Care Strategy: Supporting Australians to live well at the end of life*. Retrieved 11 Nov. 2013, from [http://www.health.gov.au/internet/main/publishing.nsf/Content/A87BC5583161BEBFCA257BF0001D3AF6/\\$File/NationalPalliativeCareStrategy.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/A87BC5583161BEBFCA257BF0001D3AF6/$File/NationalPalliativeCareStrategy.pdf)
- Australian Institute of Health and Welfare. (2012). *Palliative care services in Australia 2012*. Canberra: Author.
- Ballesteros, M., Centeno, C., & Arantzamendi, M. (2014). A qualitative exploratory study of nursing students' assessment of the contribution of palliative care learning. *Nurse Education Today*, 34(6): e1–6. doi: 10.1016/j.nedt.2013.12.010
- Buchanan, A., Cooper, I., Fielding, A., Freegard, H., Godwin, S., Hird, K., ... Soulos, T. (2012). End of life. In H. Freegard & L. Isted (Eds.), *Ethical practice for health professionals* (2nd ed.); (pp.332–334). Melbourne, Vic.: Cengage Learning.
- Bush, T., & Shahwan-Akl, L. (2013). Palliative care education: Does it influence future practice? *Contemporary Nurse*, 43(2), 172–177.
- Cairns, W., & Yates, P. (2003). Education and training in palliative care. *Medical Journal of Australia*, 179(6), 26.
- CareSearch. (2013, 28 June). What is palliative care? Retrieved 24 July 2014, from <http://www.caresearch.com.au/caresearch/WhatisPalliativeCare/tabid/63/Default.aspx>
- Crawford, G. B., & Price, S. D. (2003). Team working: palliative care as a model of interdisciplinary practice. *Medical Journal of Australia*, 179(6), 32–34.
- Eckman, S., & Roe, J. (2005). Speech and language therapists in palliative care: What do we have to offer? *International Journal of Palliative Nursing*, 11(4), 179–181.
- Frost, M. (2001). The role of physical, occupational and speech therapy in hospice: Patient empowerment. *American Journal of Hospice and Palliative Medicine*, 18(6), 397–402.
- Harper, B. (1997). Growth in caring and professional ethics in hospice. *The Hospice Journal*, 12(2), 65–70.
- Hegarty, M., Currow, D., Parker, D., Turnbull, B., Devery, K., Canning, D., ... Yates, P. (2010). Palliative care in undergraduate curricula: Results of a national scoping study. *Focus on Health Professional Education*, 12(2), 97–109.
- Keidel, G. C. (2002). Burnout and compassion fatigue among hospice caregivers. *American Journal of Hospice and Palliative Care*, 19(3), 200–205.
- Kumar, S., Jim, A., & Sisodia, V. (2011). Effects of palliative care training program on knowledge, attitudes, beliefs and experiences among student physiotherapists: A preliminary quasi-experimental study. *Indian Journal of Palliative Care*, 17(1), 47–53.
- Lobb, E. A., Oldham, L., Vojkovic, S., Kristjanson, L. J., Smith, J., Brown, J. M., & Dwyer, V. W. J. (2010). Frontline grief: The workplace support needs of community palliative care nurses after the death of a patient. *Journal of Hospice and Palliative Nursing*, 12, 225–233.
- Mathisen, B., Yates, P., & Crofts, P. (2010). Palliative care curriculum for speech-language pathology students. *International Journal of Language and Communication Disorders*, 46(3), 273–285.
- Melo, C. G., & Oliver, D. (2011). Can addressing death anxiety reduce health care workers' burnout and improve care? *Journal of Palliative Care*, 27(4), 287–295.
- Morris, J., & Leonard, R. (2007). Physiotherapy students' experiences of palliative care placements: Promoting interprofessional learning and patient-centred approaches. *Journal of Interprofessional Care*, 21(5), 569–571.
- Murray Frommelt, K. H. (2003). Attitudes toward care of the terminally ill: An educational intervention. *American Journal of Hospice and Palliative Care*, 20(1), 13–22.
- Pollens, R. (2004). Role of the speech-language pathologist in palliative hospice care. *Journal of Palliative Medicine*, 7(5), 694–702.
- Pollens, R. (2012). Integrating speech-language pathology services in palliative end-of-life care. *Topics in Language Disorders*, 32(2), 137–148.
- Potter, R., Schneiderman, R., & Gibson, G. (1979). Understanding death, dying, and the critically ill: A concern for speech-language pathologists. *Journal of Communication Disorders*, 12, 495–502.
- Rivers, K. O., Perkins, R. A., & Carson, C. P. (2009). Perceptions of speech-pathology and audiology students concerning death and dying: A preliminary study. *International Journal of Language and Communication Disorders*, 44(1), 98–111.
- Roe, J., & Leslie, P. (2010). Beginning of the end?: Ending the therapeutic relationship in palliative care. *International Journal of Speech-Language Pathology*, 12(4), 304–308.
- Roe, J., Leslie, P., & Drinnan, M. (2007). Oropharyngeal dysphagia: The experience of patients with non-head and neck cancers receiving specialist palliative care. *Palliative Medicine*, 21, 567–574.
- Teed, R., & Keating, J. (2009). Palliative care education in Australian physiotherapy undergraduate curriculum. Retrieved 15 Sept. 2014, from http://www.caresearch.com.au/caresearch/Portals/4/Documents/Report on Physiotherapy Palliative Care Curriculum_.pdf
- Toner, M., & Shadden, B. (2012). End of life: An overview. *Topics in Language Disorders*, 32(2), 111–118.
- Truffelli, D. C., Bensi, C. G., Garcia, J. B., Narahara, J. L., Abrao, M. N., Diniz, R. W., & Del Giglio, A. (2008). Burnout in cancer professionals: A systematic review and meta-analysis. *European Journal of Cancer Care*, 17, 524–531.
- World Health Organization (WHO). (2014). WHO Definition of Palliative Care. Retrieved 10 Nov. 2014, from <http://www.who.int/cancer/palliative/definition/en/>

Ashleigh Pascoe is a speech pathologist and Clinical Coordinator at Curtin University. She is currently completing her Masters by research in palliative care. **Dr Lauren J. Breen** is a senior lecturer in psychology at Curtin University. Her research areas include grief and palliative care. **Dr Naomi Cocks** is a senior lecturer in acquired communication and swallowing disorders at Curtin University.

Correspondence to:

Ashleigh Pascoe

Speech Pathologist and Clinical Coordinator

Curtin University, Bentley

GPO Box U1987, Perth WA 6845

phone: (08) 9266 7860