

2023 Malaysia Community Palliative Care ECHO Project

Advancing Palliative Care in Malaysia: Harnessing Project ECHO for Knowledge & Practice Enhancement

25th July 2024, Symposium 3

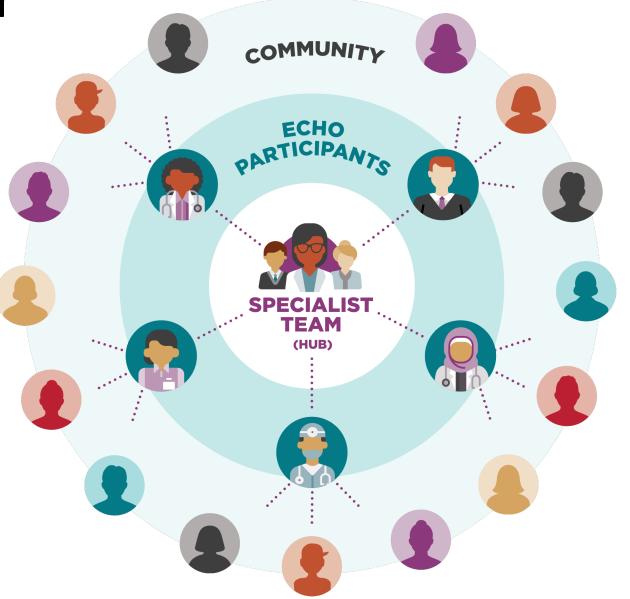
Dr Ng Woon Fang
Palliative Care Physician, HTAA, Kuantan.
Chairperson, MHPCC.



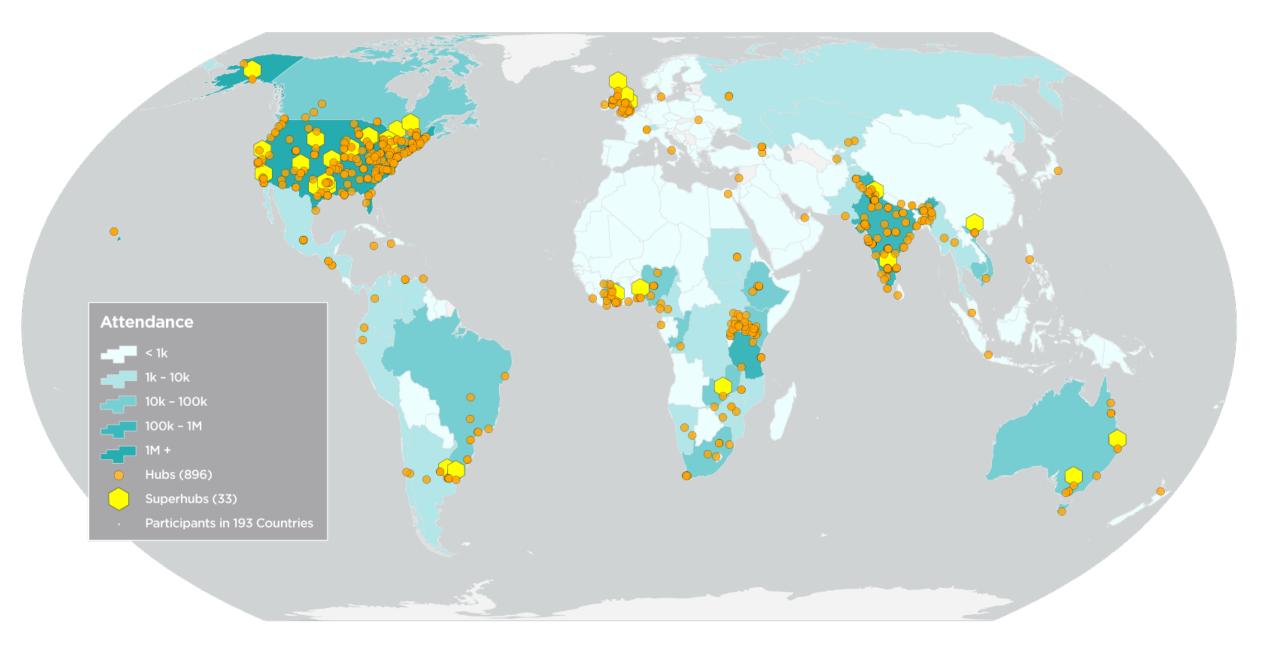
Extension for Community Healthcare Outcomes



Dr Sanjeev Arora - Founder



Attendance of ECHO Worldwide



The ECHO model

All Teach, All Learn



AMPLIFICATION

Use technology to leverage scarce resources



BEST PRACTICES

Share best practices to reduce disparities

CASE-BASED LEARNING

Apply case-based learning to master complexity



DATA

Evaluate and monitor outcomes











Objectives

2024 Malaysia Community Palliative Care ECHO Project



Enhance knowledge & competencies of palliative care providers nationally through case based discussion & didactic presentations



Enable dialogue, engagement, sharing & learning of best practices between palliative care providers



Promote palliative care delivery



Improve patient care outcomes







Education modules & topics

2024 Malaysia Community Palliative Care ECHO Project

Domain 1	Principles of palliative care
Domain 2	Communication
Domain 3	Optimising comfort and quality of life
Domain 4	Care planning and collaborative practice
Domain 5	Loss, grief and bereavement
Domain 6	Professional and ethical practice in the context of palliative care

Reference: Irish Palliative Care Competency Framework





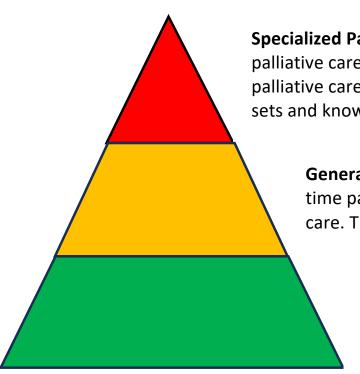






Target participants

2024 Malaysia Community Palliative Care ECHO Project



Specialized Palliative Care – Palliative care providers who provide 100% services of palliative care in their day-to-day clinical activities. The cases referred encompass complex palliative care needs and issues. Thus, it required in depth training to develop a special skill sets and knowledge in clinical management.

General Palliative Care – All health care practitioners who are not engaged in full time palliative care provision but have some training and experience in palliative care. They have integrated palliative care in some of their clinical practices.

Palliative Care Approach – Palliative care principles are practiced in these individuals, who comprises various stakeholders in the healthcare settings and the community. Education and trainings are focus on raising awareness and providing advocacy to individuals facing needs of palliative care, including public at large and lay volunteers.











MHC ECHO Project

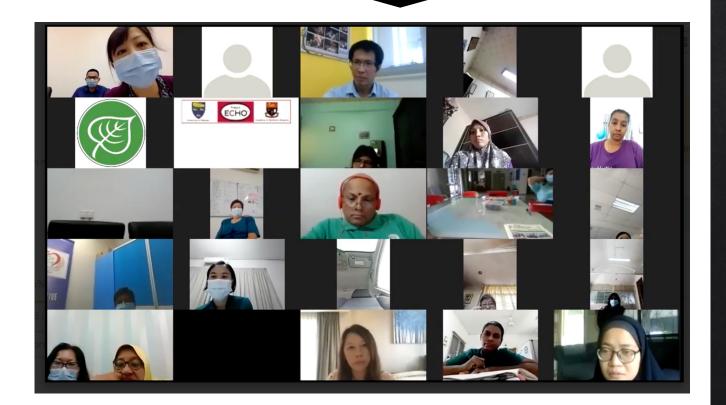
Education modules & topics:

No	Topic	Date & Time	Case Presentation	Didactic Talk Speaker	Facilitator
	Optimising comfort and quality of life	27/44/2020	Dunnanta a 4	Du Chanian Inno	Dallah Fa Chin
1.	Supporting Advance CKD in hospice care	27/11/2020 9am – 10am	Presenter 1: Kasih Hospice	Dr Sheriza Izwa Zainuddin	Dr Loh Ee Chin
			Presenter 2: PPCS		
2	Delirium	18/12/2020 9am-10am	Presenter 1: Charis Hospice	Dr Santelaksmii Mahalinggam :	Dr Siow Yen Ching
			Presenter 2: AsPaC Hospice		
Domain:	Principles of Palliative Care				
3	What is palliative care?	8/1/2021, 9am-10am	Presenter 1: Tawau Hospis	Dr Loh Ee Chin	Dr Lam Chee Loong
			Presenter 2: PCAJB		
Domain:	Care planning and collaborative practice				
4	Running a hospice organisation *no CPD point	22/1/2021, 9am-10am	Presenter 1: YOKUK	Catherine Ooi	Dr Loh Ee Chin
			Presenter 2: Ark Hospice		
	Optimising comfort and quality of life				
5	Management of malignant bowel obstruction at home *CPD point	5/2/2021, 9am-10am	Presenter 1: Persatuan Hospis Kedah	Dr Oo Loo Chan	Dr Ng Wan Jun
			Presenter 2: Penang Hospice Society		
6	Assessment & Management of Pain -Where is the pain? physiology & types of pain - Opioid phobia, addiction & dependence	19/2/2021, 9am-10am	NCSM Sarawak	Dr Aaron Hiew	Dr Siow Yen Ching
	- Managing pain crisis at home *CPD point				
	Professional and ethical practice in the contex				
7	Ethical issues in community hospice care *CPD point	5/3/2021, 9am-10am	Two Tree Lodge	Dr Richard Lim Boon Leong	Dr Lam Chee Loong
Domain:	Communication				
8	Good communication skills -breaking bad news - discussion of goals of care -organise family conference	19/3/2021, 9am-10am	Hospis Melaka	Dr Ng Wan Jun	Dr Loh Ee Chin

No	Topic	Date & Time	Case Presentation	Didactic Talk Speaker	Facilitator		
9	Supporting parents of children with	2/4/2021,	ASSISS	Dr Tan Chai Eng	Dr Ng Woon Fang		
	cancer	9am-10am					
Domain: Op	Domain: Optimising comfort and quality of life						
10	Comfort end of life care at home	16/4/2021,	Persatuan Hospis N.	Dr Tay Khek Tjian	Dr Lam Chee		
		9am-10am	Sembilan		Loong		
11	Managing breathlessness	30/4/2021,	PCAJB	Dr Carol Lai	Dr David Capelle		
		9am-10am					
	re planning and collaborative practice	04 /5 /0004	·				
12	Occupational therapy for hospice	21/5/2021,	FHL Hospice	Ong Jie Xin	Dr Ng Wan Jun		
	patients in the community	9am-10am		(Singapore)			
				Occupational			
Damain, La				Therapist			
	ss, grief and bereavement	4/6/2021	DDCC	Do Livono Chomoudio	Dr Sious Von China		
13	Supporting grief & bereavement in adult	4/6/2021, 9am-10am	PPCS	Pn Liyana Shamsudin Clinical Psychologist	Dr Siow Yen Ching		
14	Supporting grief & bereavement in	18/6/2021,	EUI Hospico	Dr Koon Sim Lan	Dr Na Woon Fana		
14	children	9am-10am	FHL Hospice	DI KOON SIIN LAN	Dr Ng Woon Fang		
Domain: Or	otimising comfort and quality of life	Jaili-10aili					
15	Spiritual Care in community hospice	2/7/2021	Kasih Hospice	Dr Diana Katiman	Catherine Ooi		
13	Spiritual Care in community mospice	9am-10am	Rasiii Hospice	Di Diana Katiman	Catricrine Gor		
16	Assessment of nausea & vomiting and	16/7/2021,	Sandakan Hospice	Dr Fazlina Ahmad	Dr David Capelle		
10	pharmacology management	9am-10am	- Surraukuri Frespiec	Di Tuzima / minuu	Di Bavia capciic		
17	Giving injectable medications at home	30/7/2021,	AsPaC	IKN CPC Team	Dr Fazlina Ahmad		
		9am -10am					
18	Antidepressants – When & How?	13/8/2021,	Kasih Hospice	Dr Siti Noor Munirah	Dr Lam Chee		
		9am – 10am	·		Loong		
19	Palliative Care emergencies	27/8/2021	PCAKK	Dr Vanita	Dr Ng Wan Jun		
	· ·	9am-10am		Thangaratnam			
20	Psychological First Aid (PFA)	10/9/2021,	Hospis Melaka	Professor Rachel Ting	Dr Ng Woon Fang		
	, , ,	9am-10am	•				
21	Advance Care Planning & application of	24/9/2021,	Charis Hospice	Dr Lam Chee Loong	Dr Siow Yen Ching		
	ethical principles - Focus on Artificial	9am-10am	•				
	Nutrition and Hydration.						
22	Managing neuropathic pain	8/10/2021	PCA Miri	Dr Look Mei Ling	Dr Fazlina Ahmad		
		9am-10am					
23	COVID, suffering, role of Palliative Care	22/10/2021	NCSM Sarawak	A/P Dr Tan Seng Beng	Dr Loh Ee Chin		
		9am-10am					
24	Opioids Balance in Malaysia	19/11/2021,	Two Tree Lodge Hospice	Dr Richard Lim	Dr Lam Chee		
		9am-10am			Loong		
25	Integrating Palliative Care into Advanced	3/12/2021,	Dr Siti Noorlizam (PCU	Dr Wu Huei Yaw	Dr Ng Wan Jun		
	Heart Failure Care in the community	9am-10am	QE)				
26	Practical approaches on spiritual care	17/12/2021,	Pahang Hospis	Sister Kristin Ng	Dr Siti Noor		
	for hospice patients	9am-10am			Munirah		

Summary

Recording











MHC ECHO 16.7.21:

Managing Nausea and Vomiting

REMEMBER

- SIMPLE MEASURES being present, bowl, water, tissues, calm, sit up, avoid strong smells
- ASSESS meticulously to identify the likely CAUSE of vomiting. Recognize typical PATTERNS from HISTORY and EXAMINATION

Mechanical obstruction/ ascites/stretch Constipation

Chemo/

Raised

Drug/toxin Eg opioids, low Na, high Ca,

Gastric stasis

Vestibular

Anxiety/

Inflammation eg gastritis

- · ABSORPTION May not absorb oral anti-emetics. Give SC if in doubt
- · Set GOALS reduce frequency/volume, night. Occasionally refractory

TREAT the CAUSE – evacuate bowels if constipated, antacid/PPI for gastritis, dexamethasone for ICP, tap ascites, stop medications

PHARMACOLOGICAL APPROACH

First line

- Metoclopramide
- Promethazine
- Haloperidol

Second line

Olanzapine / Levomepromazine

MECHANISM OF ACTION

Prokinetic

BEST for GASTRIC STASIS, delayed emptying Alternatives – domperidone, erythromycin

Anti-histamine

BEST for Vomiting Centre / Vestibular Visceral stretch (ICP), obstruction, gastritis

Anti-psychotic

BEST for CTZ – toxic, drugs, chemical

Broad spectrum (H1,α1,D2, 5HT2,ACh) If first line / combinations of first line fail

- Combine anti-emetics with different mode of action to increase receptor blockade
- · Psychotherapy, Benzodiazepines for anxiety
- · Acupuncture/acupressure, ginger
- Dexamethasone non-specific, -setrons for CINV (5HT3 antagonist), aprepitant for CINV (NK1 inhibitor)

Video recording for the case presentation & didactic talk: https://qrgo.page.link/LiHmB



Audio recording for the Q&A and Discussion: https://grgo.page.link/E8jHZ



2021 MHC ECHO End of Year Survey













Background & objectives of MHC ECHO:

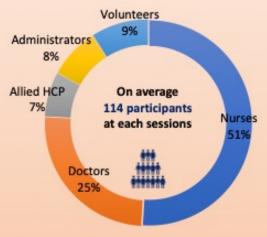
- Enhance knowledge and competencies of palliative care providers nationally through case-based discussions and didactic presentations
- Enable dialogue, engagement, sharing and learning of best practices between palliative care providers
- Promote palliative care delivery
- · Improve patient care outcomes



26 online sessions

31 Case presentations

26 Didactic talks





Participating hospice organisations

Evaluation findings



63% have attended 13-26 sessions.



58% strongly agreed that MHC ECHO Project met its objectives.



47% strongly agreed the topics delivered were relevant to their role.



68% stated that the quality of the ECHO sessions was high.



47% strongly agreed the knowledge gained was applicable to their practice.



73% shared ECHO learning with others.



53% strongly agreed that participation in ECHO helped them feel more supported in their role.



84% would recommend ECHO as a useful learning tool to others.



84% would like to participate in ECHO network again.

Impacts on practice

"The practical tips help to improve palliative care"

"I learned how other teams handle certain issues"

"...find better way in clinical management than what we used to do..."

" ...help my reflection in hospice practice..."











2022 Education modules & topics:

MHC ECHO Project

No	Topic & Content:	Date &	Case	Didactic Talk	Facilitator
	No_Tonic & Content:	Time Date 8	Presenter Case	Speaker Didactic Tal	k Facilitato
	No Topic & Content:	11 Time		er Speaker	
۱.	Pain Assessment & tynes of nain: Pain management & opioids use	11 111116	er resent		ICZM
	🗕 τ άπιορτιγοιοίδην οι ραπι	Juin 11 3 2	Penang	. ik Dr Lim Lian	Jaruwan NCSM
-	Pain Asses of pain & typice ptive in a somatic & visceral pain, Neuropathic pain	10a frt -3.2. 9am-	Societyang Hospice	Yik	Sarawak
	Other than typin low held lead at the distribution of the standard pain (RSD/CPRS, myofascial, ischemic, etc. Types of pain: Nociceptive pain – somatic & visceral pain, Neuropathic pain		Society	. TIK	Jarawak
!	Opioids initiation for carrier paints mediated paints D/CPRS, myofascial, ischemic, et		PCAJB	Dr	Two Tree
		9am-		Santelaksmii	Indge
2	Morphine, Oxycodone, fentanyl in orals, TD, s/c, CSCI Opioide leitiation for concern & breakthrough pain	10am .4.2	2 PCAJB	Ma ^{Dr}	ospice Tre
	Pole ance oxygodone, fentanyl in orals, TD, s/c, CSCI	9am-		Santelaksmi	ii Lodge
	Managemeside effects let painids	20.5.22m	CPC,IKN	Dr Mahalingga	m Hospice
3	• Use of well he do addiction pharmacokinetics & pharmacodynamics, how to do Manage मानुना t of complex pain	9am- 10am-	2 CPC,IKN	Ling I Dr Yeat Cho	Hospice i Charis
	 Mallagent Methadanen the pharmacekinatics & pharmaced vnamics, how to d 			Ling	Hospice
	OthURIONS Interventions perve blocks intrathecal Ketamine infusion	10am			
10	Tonic & Content of pain in patient on Methadone replacement therapy	Date &	Case	Didactic Talk	Facilitator
	Other options – Interventions: nerve blocks, intrathecal, Ketamine infusion,	Time	Presenter	Speaker	. acintatoi
	Managing Nielastata fonteny ain	3.6.2022	PCAKK	Dr Koon Sim	FHL
	 What are the pain relief medications available for use at home? 	9am-		Lan	Hospice
	 When to send patient for radiotherapy & role of bisphosphonates? 	10am			
	 What about NSAIDS? Is it safe for long term use? 				
	f & bereavement series				
ŀ	Grief Eounselling	15:7:22	FHL	Sister Mary	Kasih
	What can we do and what we can't do	9am=	Hespie€	Kristin Ng	Hespiee
	• H8W t8 m8bilise v8lunteers t8 support grief?	10 am		Ehe Ing	
3	Bereavement in Children	12:8:22	Kasih Kasih	Ms Eatherine	BE&JB
		12.0.22	Hospice Hospice	Öoi Ooi	
	ptoms management series				_
, [Managing Lymphoedema at home	23.9.22	Cancer Research	Nurse Maneswari	PPCS
			Research Research	Maneswari Maheswari Jeganathan	
	Wound care at home	21.10.22	Malaysia	Jeganathan Jeganathan	Penang
2	Wound care at home	21.10.22	PCAJB	Robertian	Poganæ
				Abdul Karim	Hosipige
	Managing Malignant Ascites at Home	25.11.22	PHNS	Dr Punitha	Agpiety
}	Managing Malignant Ascites at Home	25.11.22	PHNS	Ørishumith∕a	AsPaC
				Kunishenahne/diah Nanafse Nadiah	





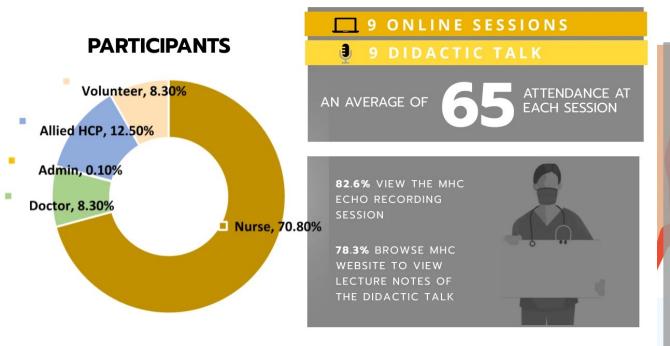








To promote education, connection, collaboration, & knowledge OBJECTIVE sharing to develop palliative care among hospices and the community



EVALUATION ON ECHO OBJECTIVES

61% STRONGLY AGREE IT ENHANCE KNOWLEDGE & COMPETENCIES OF THEIR ROLE

52% STRONGLY AGREE BY ENABLE SHARING IS A BEST PRACTICE FOR PALLIATIVE CARE **PROVIDERS**

52% STRONGLY AGREE IT PROMOTE PALLIATIVE CARE & CAN IMPROVE PALLIATIVE CARE OUTCOME

IMPACT ON PRACTICE

52% AGREE THE TOPIC WERE RELEVENT TO THEIR ROLE

56% AGREE THE TOPIC WERE APPLICABLE TO PRACTICE

52% AGREE BY FELT SUPPORTED IN THEIR ROLE AFTER THE **PROGRAM**

SPREAD THE MESSAGE

70% SHARED THE KNOWLEDGE WITH **OTHERS**

96% WILL RECOMMEND MHC ECHO PROGRAM TO OTHERS

70% INTERESTED TO PARTICIPATE IN MHC ECHO 2023 EDUCATION SERIES

Schedule:

- Monthly 1 hour session: Introduction & Welcome (5mins), Case presentation (10mins), Didactic talk (20 mins), Interaction + Q&A (15 mins), Take home messages & closing (10mins)
- Every 2nd Thursday of the month (2pm 3pm)
- **■** 10 topics (March 23 Dec 23)

No	Topic & Content:	Date & Time	Case	Didactic Talk	Facilitator		
			Presenter	Speaker			
Princi	ples of Palliative Care			эрсиксі			
1	Who needs palliative care?	9.3.23	Dr Pothannantha Raja	Dr Fazlina	Dr Ng		
	- Palliative Care as part of the Universal Health Coverage	Thursday	Pathmanathan	Ahmad	Woon Fang		
	- SPICTS tool as referral criteria	2pm-3pm	(Excellent Domiciliary				
	- Identify own role in the Holistic Assessment		PC Center - EDPCC) PKD Kinta				
	*no MMA CPD points provided for this session		r KD KIIIta				
Optin	nising Pain Control						
2	Pain Assessment & Management	13.4.23	Nurse Rokhiza (KK	Dr Lim Liang	Dr Teh Chin		
	- Pearls & common pitfalls in pain assessment (Quiz for	Thursday	Bandar Alor Setar)	Yik	Mey		
	types of pain)	2pm-3pm					
	- Which opioids to choose for my patient?						
Pallia	tive Care Emergencies	I	No Ma		1		
3	Managing Catastrophic		Agent Sedia Membanh	Dr Siow Yen	Dr Albert		
	- Management of tumor		es es	Ching	Yong		
	Palliative Care UNIVERSITI						
	- communications & sup	RESTAURAN MATE	WESHATAN.				
	of life 2023 Malaysia Community Pa	Illiative Care	ECHO Project				
Care F	l Planning		1				
4	Prognosis & Goals of Care Discussion	8.6.23	Nurse Masselleny	Dr Ng Woon	Dr Teh Ee		
	- How to recognise prognosis is short?	Thursday	Joshua (NCSM	Fang	Von		
	- How to conduct a Goal of Care Discussion?	2pm-3pm	Sarawak)				
	 Play the Goal wish cards in breakout room 						
	nunication skills						
5	Breaking bad news & addressing the emotions of patients &	13.7.23	SN Azimah Zainuddin	Dr Saiful	Dr Ng		
	family	Thursday	(CPC IKN)	Adni Abd	Woon Fang		
	- role play in breakout rooms	2pm-3pm		Latif			
Profes	sional & Ethical practices						
6	Artificial hydration & nutrition at end of life care	10.8.23	SN Norliza Binti Nong	Dr Lam	Dr David		
	 withholding treatment – is it Euthanasia? 	Thursday	(KK Salak)	Chee Loong	Capelle		
		2pm-3pm					
	are & collaborative practice			:			
7	Self-care & team work in palliative care	14.9.23	Dr Siti Noor Munirah	Dr Koon Sim	J		
	 Sharing from senior palliative care providers Breakout group discussion: what are your self-care? 	Thursday	Ibrahim (Kasih Hospice	Lan	Woon Fang		
	- breakout group discussion, what are your self-care:	2pm-3pm	Foundation)				
8	Rehabilitation in Palliative Care	12.10.23	Dr Suzannah Samah	Dr Intan	Dr Teoh		
	- Swallowing assessment & oral care to prevent aspiration	Thursday	(Unit Domiciliary PKD	Sabina	See Wie		
	pneumonia	2pm-3pm	Hulu Langat)	Mohamad			
	- Bladder care – what can we do with leaking CBD?			(Rehabilitati			
	- Bowel care in paraplegic patient on						

Care Planning Prognosis & Goals of Care Distriction







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UNIVERSITI M A L A Y A 2023 Malaysia Community Palliative Care ECHO Project

ΖΡΙΙΙ-**Ͻ**ΡΙΙΙ

Adni Abd

Woon Fang

Latif

No	Topic & Content:	Date & T	ime Case	Dida	actic Fa	cilita
No	Topic & Content:	Date & Time	Case Presenter	Didactic Talk Speaker	Facilitator	
Self-c	are & collaborative practice					Ng
4	উধান্তর্গ্রহন্ত ম্রোনিকটেজ মেনান্তর। liative care - স্থানিনান্তর্গতিক ক্রিনান্তর্গতিক প্রমান্তর্গতিক প্রমান্তর্গতিক কর্মান্তর্গতিক কর্মান্তর্গতিক প্রমান্তর্গতিক কর্মান্তর্গতিক কর্মান্ত্র্গতিক কর্মান্তর্গতিক কর্মান্ত্র্যতিক কর্মান্ত্র্যতিক কর্মান্ত্র্যতিক কর্মান্ত্র কর্মান্ত্র করেনা কর্মান্ত্র করেনা কর্মান্ত্র করেনা কর্মান্ত্র কর্মান্ত্র করেনা কর্মান্ত্র করেনা কর্মান্ত্র করেনা কর্মান্তর করেনা করেনা কর্মান্তর করেনা	949.33 Thursday 2pm=3pm	Dr Sert New अन्यापान हिमां रिजरी माने प्रसिद्ध से प्राप्त करा कि रिजरी कार्य कि Omiciliary PC Center - EDPCC)	Dr Kazlinsim Ahmad	Dif Nig Woon Fang	on I
8	Rehabilitation in Palliative Care *no MM%សព្រសាទព្រះនៃរបស់អំពោះ ខែក្រង់នៃនេះខេត្តម៉ាំព្រាខេត្តពេក aspiration	12.10.23 Thursday	BK9ปรัสท์ลิah Samah (Unit Domiciliary PKD	Dr Intan Sabina	Dr Teoh See Wie	
Optim	ising Paip வெள்ளி	2pm-3pm	Hulu Langat)	Mohamad		Геh
2	Pain-Assessatdent ഏഷ് Aand ഇപ്പോക്കെ we do with leaking CBD? ~ Peauls & aremimpar pitted is impicint assessment (Quiz for - ശ്രേക്കൂറ്റ് Qaise) rvation techniques	13.4.23 Thursday 2pm-3pm	Nurse Rokhiza (KK Bandar Alor Setar)	(Rehiabilitang Vik Physician)	Dr Teh Chin Mey	у
Symp	otoms maWagennepiolds to choose for my patient?					ĺ
	Maignant wound care at home We want the mound care at home We want the modern dressing? I want the modern dressing was the modern dressing the modern dressing? I want the modern dressing?	9.11.23 Thursday 2p.5.25m5.23 Thursdayursday 2pm-35Am-3pr and		Sister Norzilaila Ottsioam ven S Konnend Chir care team, HTAA)	i uniangaraja	r Albe
10	विकिति & Depression	14.12.23	SN Nur Fitri Abdul	Dr Hariani	Dr Siti	1
	 How do we screen and detect? How can we manage and help them? 	Thursday 2pm-3pm	Rahim (KK Petra Jaya, Kuching)	Ishak (Liaison Psychiatrist)	Noor Munirah	



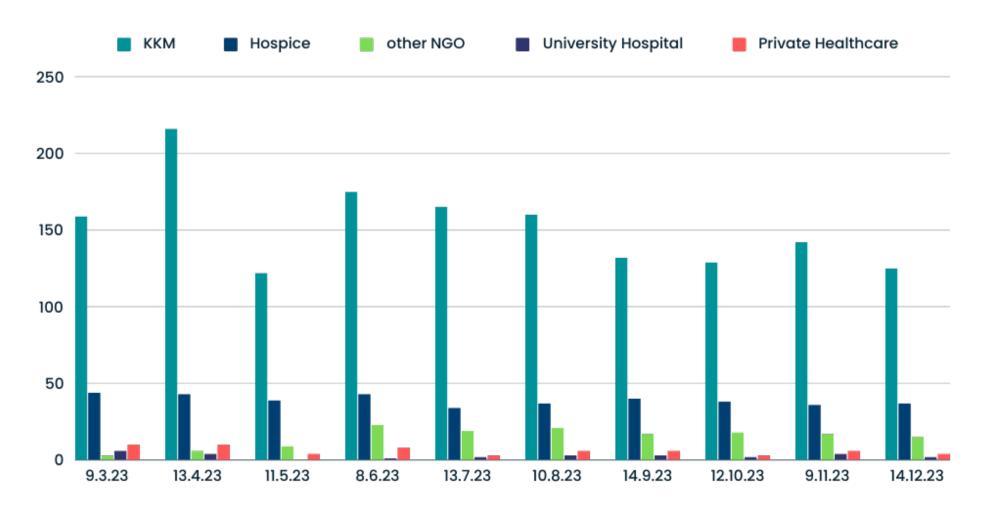
2023 MALAYSIA COMMUNITY PALLIATIVE CARE ECHO PROJECT

AVERAGE NUMBER OF PARTICIPANTS PER SESSION ACROSS VARIOUS STATES





PARTICIPANTS' PLACE OF PRACTICE





CATEGORIES OF KKM PARTICIPANTS



2023 MALAYSIA COMMUNITY PALLIATIVE CARE ECHO PROJECT



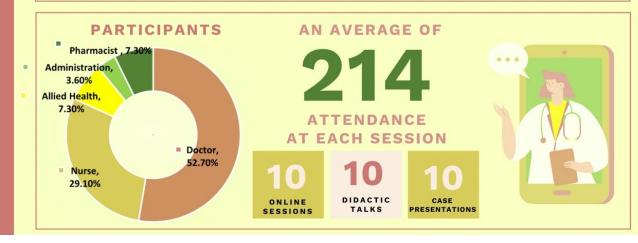






- END OF YEAR SURVEY -

OBJECTIVE: TO PROMOTE EDUCATION, CONNECTION, COLLABORATION, & KNOWLEDGE SHARING TO DEVELOP PALLIATIVE CARE AMONG HOSPICES AND THE COMMUNITY



EVALUATION FINDINGS

53% AGREE IT ENHANCE KNOWLEDGE & COMPETENCIES OF THEIR ROLE

91% STRONGLY AGREE BY ENABLE SHARING IS A BEST PRACTICE FOR PALLIATIVE CARE PROVIDERS

54% STRONGLY
AGREE IT PROMOTE
PALLIATIVE CARE &
CAN IMPROVE
PALLIATIVE CARE
OUTCOME

100% WILL
RECOMMEND ECHO
PROGRAM TO
OTHERS

83.6% INTERESTED TO PARTICIPATE IN ECHO 2024 EDUCATION SERIES

67.3% VIEW THE ECHO RECORDING SESSION

81.8% BROWSE ECHO PLATFORM TO VIEW READING MATERIAL

74.5% SHARED THE KNOWLEDGE WITH OTHERS

IMPACT ON PRACTICE

56% AGREE THE TOPIC WERE RELEVENT TO THEIR ROLE

92% AGREE THE TOPIC WERE APPLICABLE TO PRACTICE

53% AGREE BY FELT SUPPORTED IN THEIR ROLE AFTER THE PROGRAM





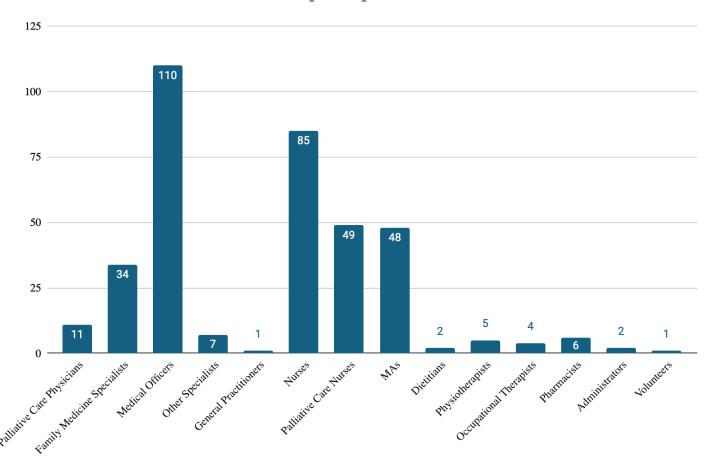




443 active participants

2024 Malaysia Community Palliative Care ECHO Project

Profession of the participants on ECHO 14.3.24













2024 Malaysia Community Palliative Care ECHO Project

Pre-session survey

Questions	Rationale
Q1: Please state your current level of involvement in	Background experience &
palliative care service?	engagement in palliative
Option 1: Specialized Palliative Care – provide 100% service of	care delivery
palliative care in day-to-day clinical activities	
Option 2: General Palliative Care – have some training &	
experience in palliative care and integrate palliative care in	
clinical practices	
Option 3: No Palliative Care Approach – did not practice	
palliative care principles at all in healthcare & community	
settings	
Q2: How would you rate your current knowledge on this	Self-rating of knowledge
topic?	
Option 1: Low	
Option 2: Moderate	
Option 3: High	
Q3: How would you rate your current competency of clinical	Self-rating of competency
skills on this topic?	(capable of performing in
Option 1: Low	clinical settings)
Option 2: Moderate	
Option 3: High	
Q4: What specific learning objectives or outcomes do you	Identify knowledge gap &
hope to achieve by participating in this session?	learning needs

Specific learning objectives & outcomes that the participants hope to achieve by participating in this session:

$knowledge, {\tt skills}_{\tt \&}$

attitude in work place, in principles & types of wound care, assessment & use of modern

dressing in limited cost & resource settings,

principles and basic palliative care approach.

"Manage patient holistically"

"Wound care is a difficult topic. Familiar with diabetes wound care, venous insufficiency wound care & varicose wound care. Very challenging situation"

"To be competent and know in and out in great depth in all topics"

"Never expose to palliative care, only came across a patient with stage 4 metastatic cancer during in surgical ward, don't really know how to counsel them toward palliative care

Evidence-based, best practice & new guidelines in wound care, including paediatric patients.

Build up efficiency in providing palliative care in primary care

"To learn more especially on palliative care in the community. My current practice is mostly hospital based." "Dapat menambah baik perkhidmatan pada masa akan datang"

"Dapat bagi servis domisiliary yang baik pada pesakit"

"Penambahan ilmu untuk dipraktikkan dalam tugas harian dengan lebih baik"

"Learn through others experience and skills in handling palliative cases"
"Continuity of care between hospital, Klinik Kesihatan, and community"

Enhance management

Pain & symptoms management

Medication

"Able to assist patients with wound at Community Pharmacy level."

Better communication skills

End-of-life care Spiritual aspect

"What can we offer to ease the burden to patient and family."

"if possible that I need specialize in palliative care because I should cover all clinical aspects at my own clinic right know"

"I would like to pursue subspecialty in palliative care medicine"











2024 Malaysia Community Palliative Care ECHO Project

Post-session feedback form

Questions	Rationale
Q2: How would you rate your current knowledge on this topic	Self-rating of knowledge
after attending the session?	
Option 1: Low	
Option 2: Moderate	
Option 3: High	
Q3: How would you rate your current competency of clinical	Self-rating of competency
skills on this topic after attending the session?	
Option 1: Low	
Option 2: Moderate	
Option 3: High	
Q3: What key insights or best practices did you learn from the	Engagement in learning &
case-based discussions or didactic presentation?	best practice
Q4: Can you share specific changes or improvements you	Impact on patient care
plan to make in your patient care approach based on the	outcomes
session?	

Future:

- Tests on knowledge & skills
- Symptoms burdens & outcomes
- Patient & Caregivers satisfactory survey

Achieving Desired Results

TABLE 1. Comparison of an Expanded Outcomes Framework with the Original Framework for Planning and Assessing CME Activities

Original CME Framework	Miller's Framework	Expanded CME Framework	Description	Source of Data
Participation		Participation LEVEL 1	The number of physicians and others who participated in the CME activity	Attendance records
Satisfaction		Satisfaction LEVEL 2	The degree to which the expectations of the participants about the setting and delivery of the CME activity were met	Questionnaires completed by attendees after a CME activity
Learning	Knows	Learning: Declarative knowledge LEVEL 3A	The degree to which participants state what the CME activity intended them to know	Objective: Pre- and posttests of knowledge. Subjective: Self-report of knowledge gain
	Knows how	Learning: Procedural knowledge LEVEL 3B	The degree to which participants state <i>how</i> to do what the CME activity intended them to know how to do	Objective: Pre- and posttests of knowledge Subjective: Self-report of knowledge gain
	Shows how	Competence LEVEL 4	The degree to which participants <i>show</i> in an educational setting <i>how</i> to do what the CME activity intended them to be able to do	Objective: Observation in educational setting Subjective: Self-report of competence; intention to change
Performance	Does	Performance LEVEL 5	The degree to which participants <i>do</i> what the CME activity intended them to be able to do in their practices	Objective: Observation of performance in patient care setting; patient charts; administrative databases Subjective: self-report of performance
Patient health		Patient health LEVEL 6	The degree to which the health status of patients improves due to changes in the practice behavior of participants	Objective: Health status measures recorded in patient charts or administrative databases Subjective: Patient self-report of health status
Community health		Community health LEVEL 7	The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants	Objective: Epidemiological data and reports Subjective: Community self-report

Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15. doi: 10.1002/chp.20001. PMID: 19288562.

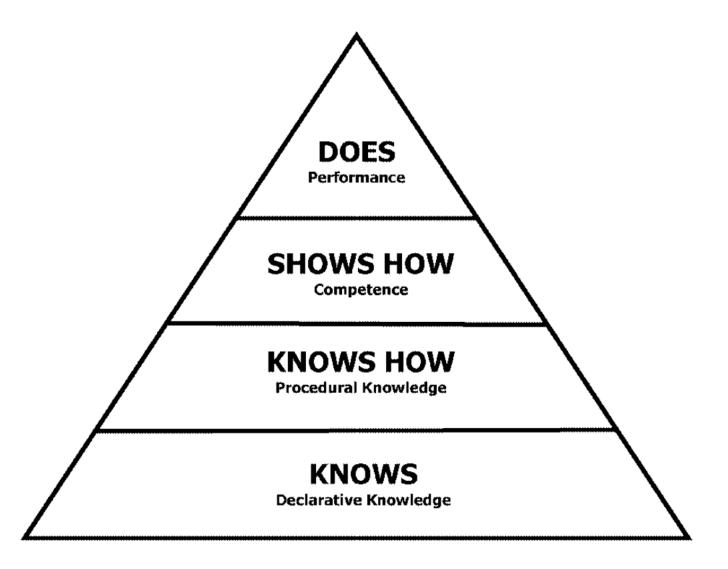


FIGURE 1. Framework for clinical assessment (adapted from Miller ²³).



PCU HTAA TRAINING DEVELOPMENT MODULE

For doctors (Family Medicine Trainee / Medical Officer / General Physician)

Outline of topics & skills set	Indicators of competency
Domain 1: Principles of palliative care	
Definition of Palliative Care	Understand & able to appreciate the
	comprehensive care of physical, psychological, social and spiritual aspects and aims of achievable
	outcome.
Who can be referred to Palliative Care	Able to identify cases/illness to be referred to Palliative Care using SPICT tool.
Palliative Care assessment	Able to take a holistic assessment & identify palliative care needs using the suggested prompt
	in Appendix 1, competent in identify positive
	signs and diagnosis through physical examination
	and able to formulate sound working diagnosis.
Domain 2: Communication	
Types of Communication	Understand the significant of verbal & non-verbal
	communication in <u>Appendix 2</u> . Appreciate the value of non-verbal communication. Engage &
	conduct at least 1 family conference.
Breaking bad news, collusion, handling unrealistic	Learn about steps of serious illness conversation
expectations and difficult questions	in Appendix 3. Engage in role play & give
	comments after observing the supervisor/clinician
	communicate with patient or family member.
	Know how to be empathetic in communication.
Goal of Care Discussion & Active listening	Respect the individual preference & choice,
	appreciate the diverse cultures, religion and
	ethics background of the individuals. Apply principle of ethics in communication process.
	Apply active listening skills.
Domain 3: Optimising comfort & quality of care	The property according to the second
Essential medications in Palliative Care	Able to prescribe essential medications used for
	common symptoms control and learn about
	indications and pharmacology of related
	medications.
Pain Management	Able to diagnose cause of pain, prescribe and
	titrate pain relief medications. Able to handle
Subcutaneous medication & crisis medications	pain crisis. Appreciate crisis medications used. Observe and
Subcutaneous medication & crisis medications	perform subcutaneous cannula insertion.
Non-pharmacological management	Recognise the importance of multidisciplinary
	working in optimising comfort and quality of life
	of the patient and their family and took part in
	the referral process. Participate in
	multidisciplinary discussion. Competence in
	performing symptoms relief procedures such as
Comfort End-of-life (EOL) care	peritoneal centesis, pleural tapping, etc. Understand the pathophysiology of signs and
Connort Lita-or-life (LOL) care	symptoms in EOL and attempt prognostication.
	Apply ways to achieve good death.

Training development modules & competency indicators

For Nurses

Outline of topics & skills set	Indicators of competency				
Domain 1: Principles of palliative care					
Definition of Palliative Care	Understand & able to appreciate the				
	comprehensive care of physical, psychological,				
	social and spiritual aspects.				
Who can be referred to Palliative Care	Able to identify cases/illness to be referred to				
	Palliative Care.				
Palliative Care assessment	Able to take a holistic assessment using the				
	suggested prompt in Appendix 1.				
Domain 2: Communication					
Types of Communication	Understand the significant of verbal & non-verbal				
	communication in Appendix 2.				
Breaking bad news	Learn about steps of serious illness conversation				
	in Appendix 3. Engage in role play & give				
	comments after observing the supervisor/clinician				
	communicate with patient or family member.				
	Able to explain patient's condition and address				
	concerns of the family members independently.				
	Know how to be empathetic in communication.				
Goal of Care Discussion & Active listening	Respect the individual preference & choice,				
	appreciate the diverse cultures, religion and				
	ethics background of the individuals. Appreciate				
D : 20 0 : : : : : : : : : : : : : : : :	and apply active listening skills.				
Domain 3: Optimising comfort & quality of care					
Essential medications in Palliative Care	Able to administer the prescribed common				
	medications used for symptoms control, including				
Subcutaneous medication & crisis medications	opioids. Familiar with all medications used. Know the indications of crisis medications and				
Subcutaneous medication & crisis medications	able to administer independently after getting				
	confirmation from doctor. Perform subcutaneous				
	cannula insertion and able to set up a syringe				
	driver with combinations of parenteral form of				
	medications.				
Non-pharmacological management	Recognise the importance and benefit of				
non pharmacological management	multidisciplinary working in optimising comfort				
	and quality of life of the patient and their family.				
	Take part in multidisciplinary meeting and				
	discussion. Able to assist and help monitoring				
	patient in symptoms relief procedures such as				
	peritoneal centesis, pleural tapping, etc.				
Comfort End-of-life (EOL) care	Recognise signs and symptoms in EOL and short				
	prognosis. Appreciate and help in ways to achieve				
	good death. Able to support patients and family				
	throughout EOL.				
Domain 4: Care planning & Collaborative Practice					
Advance Care Planning	Understand & appreciate Advance Care Planning				
	and the principle of application in Appendix 4.				
Collaborative efforts & referral system	Get to know and channel the locally available				
	palliative care providers and other supportive				
	services.				
	services.				

For Allied Health Professionals (Occupational Therapists)

Outline of topics & skills set	Indicators of competency
Domain 1: Principles of palliative care	
Definition of Palliative Care	Understand & able to apply the principles of palliative care that affirm life through comprehensive care of physical, psychological, social and spiritual aspects. Support patient and caregivers in coping with the illness and enhance their quality of life.
Who can be referred to Palliative Care	Able to identify cases/illness to be referred to Palliative Care.
Palliative Care assessment	Able to take a holistic assessment using the suggested prompt in <u>Appendix 1.</u> Able to recognise common trajectories of illness, including common symptoms and complications. Able to apply related assessment to gather information.
Domain 2: Communication	
Types of Communication	Understand the significant of verbal & non-verbal communication in <u>Appendix 2</u> .
Breaking bad news	Learn about steps of serious illness conversation in <u>Appendix 3</u> . Engage in role play & give comments after observing the supervisor/clinician communicate with patient or family member. Able to explain patient's condition and address concerns of the family members independently. Demonstrate empathy in communication.
Goal of Care Discussion & Active listening	Respect the individual preference & choice, appreciate the diverse cultures, religion and ethics background of the individuals. Appreciate and apply active listening skills.
Domain 3: Optimising comfort & quality of care	
Improve functional status	Able to recognise potentially reversible causes of functional deterioration in the occupational performance areas of self-care, productivity and leisure. Promote optimal independence and safety. In irreversible conditions, be able to help the patients and caregiver to adapt and cope in transition. Able to identify adaptive or compensatory strategies and/or environmental modifications that will enhance and support the safety, occupational performance & functional independence of the individual.
Equipment prescription	Demonstrate knowledge and competence in equipment prescription and provision to facilitate care needs at home environment.
Patients & Caregivers education & management	Provide advice and practical strategies for energy conservation, activity analysis, pacing and prioritisation to support the management of fatigue and dyspnoea symptoms. Able to teach

For Medical Students

Outline of topics & skills set	Indicators of competency
Domain 1: Principles of palliative care	mulcators of competency
Definition of Palliative Care	Understand & able to appreciate the comprehensive
Definition of Palliative Care	care of physical, psychological, social and spiritual
	aspects.
Who can be referred to Palliative Care	Able to identify cases/illness to be referred to
who can be referred to Palliative Care	Palliative Care.
Palliative Care assessment	Able to take a holistic assessment using the
raillative care assessment	suggested prompt in Appendix 1.
Domain 2: Communication	Suggested prompt in Appendix 1.
Types of Communication	Understand the significant of verbal & non-verbal
Types of communication	communication in Appendix 2.
Breaking bad news	Learn about steps of serious illness conversation in
breaking day news	Appendix 3. Engage in role play & give comments
	after observing the supervisor/clinician
	communicate with patient or family member. Know
	how to be empathetic in communication.
Goal of Care Discussion & Active listening	Respect the individual preference & choice,
	appreciate the diverse cultures, religion and ethics
	background of the individuals. Appreciate active
	listening skills.
Domain 3: Optimising comfort & quality of care	
Essential medications in Palliative Care	Appreciate common medications used for
	symptoms control, including opioids.
Subcutaneous medication & crisis medications	Appreciate crisis medications used. Observe or
	perform subcutaneous cannula insertion.
Non-pharmacological management	Recognise the importance and benefit of
	multidisciplinary working in optimising comfort and
	quality of life of the patient and their family.
	Observe performance of symptoms relief
	procedures such as peritoneal centesis, pleural
	tapping, etc.
Comfort End-of-life (EOL) care	Recognise signs and symptoms in EOL and short
	prognosis. Appreciate ways to achieve good death.
Domain 4: Care planning & Collaborative Practice	
Advance Care Planning	Understand & appreciate Advance Care Planning
	and the principle of application in Appendix 4.
Collaborative efforts & referral system	Get to know the locally available palliative care
	providers and other supportive services .
Domain 5: Loss, Grief & Bereavement	T
Normal grief reactions	Appreciate the emotions and impact of loss .
Grief & bereavement support	Understand and get to know practical support for
	the bereaved.
Difficulties in grief	Know the potential risk factors for complicated grief
Daniel C. Danfarairanal O. 111. 1	and how to refer for specialised support.
Domain 6: Professional & ethical practice in the context of palliative care	
Potential ethical issues at EOL	Understand the application of respect for
	autonomy, beneficence, non-maleficence & justice
	in the context of Do Not Resuscitate (DNR),
	withdrawing & withholding treatment, artificial
	nutrition & hydration, etc.

UPDATED MARCH 2024

Values of ECHO











2024 Malaysia Community Palliative Care ECHO Project

■ Create a culture of uniting all to provide palliative care on a culture of uniting all to provide palliative care service?

non-judgmental ground

Create a compassionate community

Supporting each other in our journey

Rationale Q1: Please state your current level of involvement in Background experience & palliative care service? engagement in palliative Option 1: Specialized Palliative Care - provide 100% service of care delivery palliative care in day-to-day clinical activities Option 2: General Palliative Care - have some training & experience in palliative care and integrate palliative care in Option 3: No Palliative Care Approach – did not practice palliative care principles at all in healthcare & community Q2: How would you rate your current knowledge on this Self-rating of knowledge topic? Option 1: Low Option 2: Moderate **Formal** Option B: High

Q3: How would you rate your current competency of clinical Self-rating of competency curriculum (capable of performing in skills on this topic? curriculum clinical settings) Option 1: Low Option 1: Moderate Option 3 High Q4: What specific Jearning objectives or outcomes do you dentify knowledge gap & hope to achieve by participating in this session? learning needs

Hidden curriculum













VIRTUAL MONTHLY **EDUCATION**

"Palliative Care in End-Stage Renal Disease (ESRD)"



08/08/24 (Thursday)





Register Now







Facilitator Dr. Lam Chee Loong

Palliative Medicine Consultant Universiti Malaya



be a case presentation

and a talk about the

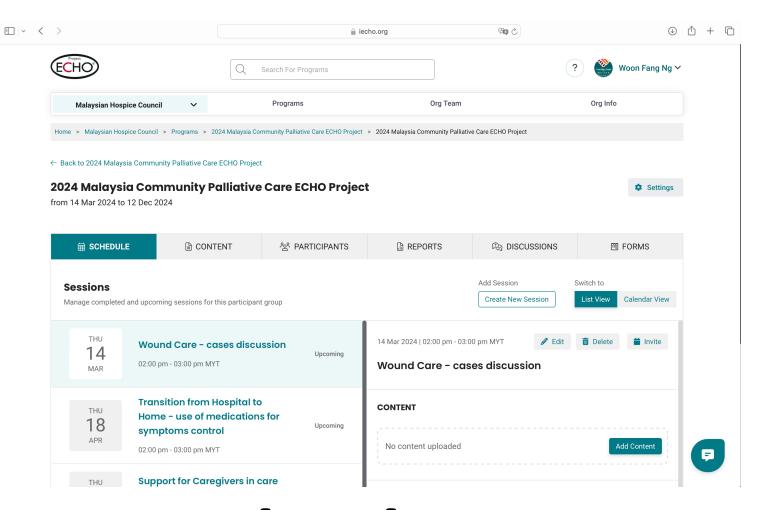
Speaker Dr. Lim Shu Xian

Palliative Medicine Specialist Hospital Kuala Lumpur

For a more engaging session, please send in your case related to the topic to ECHO coordinator at malaysianhospicecouncil@gmail.com

You can download the case presentation template here: http://tinyurl.com/a96aj868

https://www.malaysianhospicecouncil.com/echo CPD Points will be awarded to doctors practising in Malaysia



Thank you

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