CLC-CPC

Creating learning communities for compassionate palliative care cultures

Train-the-trainer-course

Curriculum

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Preamble

> *"What we see happening with palliative care outside of hospice is a real desire to integrate it into the primary care setting really at the roots of community-based care"*
>
> *(Ben Marcantonio)*

The field of Palliative Care and End of Life Care is changing and will continue to be challenged as our society and our regulatory and financial resources change.[1]

In the past, palliative support and care were largely provided by specialized teams together with volunteers. There is, however, an increasing desire to embed a culture of palliative care fundamentally within primary and home care settings, where stakeholders can deliver a holistic and person-centered approach.

The iCare Erasmus Project aims to develop and implement inventive educational frameworks that materialize and enhance the visibility of hospice and palliative care cultures across various societal domains, including public health, education, public and privat institutions, and community settings.

Palliative Care professionals are crucial in forging connections and ensuring the implementation of "Palliative Care in place" across targeted groups. Thus, The iCare Project

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[1] In this text, we utilized ChatGPT by OpenAI to enhance the style and academic language of the text. ChatGPT assisted in refining the prose to meet academic standards and improve clarity. The content presented herein is original and authored by the authors listed above. ChatGPT was employed solely as a tool for stylistic refinement and academic language enhancement, without contributing any substantive content to the material.

equips professionals with the content and the strategies and tools to develop their own teaching designs and innovative projects to foster palliative care culture in their communities.

"iCare - an International Integrated perspective in palliative CARE for dignity and proper support in ageing and approaching end of life" is an interprofessional and participatory project led by Organizatia Umanitaria Concordia, Romania, in cooperation with the Kardinal König Haus, Vienna and the Polytechnic University of Leiria, Portugal. This initiative is financially supported by the European Union under the Erasmus+ program (Grant No. 2023-1-RO01-KA220-VET-000166902).

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General Framework

Goals and framing vision

The goal of the train-the-trainer-course “Creating learning communities for compassionate palliative care cultures” (CLC-CPC) within the iCare-project is to enable trainers to create learning communities in order to develop palliative cultures according to dimensions of "death literacy" - in different contexts of society and in line with the guiding idea of "Compassionate Cities".

Participants will develop their projects and initiatives

- Based on the foundational values, principles, and philosophies of palliative care, regarded as an art of compassion and caregiving, and apply these concepts within practical and managerial care settings.
- Based on a comprehensive understanding of the concepts of “total pain,” suffering, healing, and personal growth, all framed within a compassionate, person-centered approach in Palliative Care.
- The curriculum emphasizes Self-Care and Reflective Practice, alongside interprofessional project work, as strategic avenues for cultivating both compassion and competence in palliative care.
- Participants will deepen and refine their skills across the fundamental pillars of palliative care action, including health communication, teamwork, symptom management, ethical reasoning, and family support during bereavement.
- Participants will recognize diversity both as a challenge and a valuable resource, learning to effectively utilize this diversity in their practice.*"A critical first step in developing the ability to deal with differences is self-awareness in order to understand our reactions to others. This ongoing process involves reaching and maintaining a comfort with one’s own identity, including an understanding of one’s values, passions, preferences, and worldview. This introspection also involves becoming conscious of the biases, assumptions, and hot buttons that influence one’s attitudes toward others."* (Gardenswartz et al., 2010, p. 76)

Participants will explore a variety of didactic approaches to delivering palliative care content, reflecting on diverse methods and instructional tools to creatively develop their own educational formats. The course imparts the core principles of palliative care and a "hospice philosophy," emphasizing psychosocial, philosophical, and spiritual dimensions, alongside public health strategies for compassionate, ageing and dementia-friendly communities.

While the curriculum outlines specific educational goals, these are embedded in a broader vision of what palliative care education is ultimately about. Thus, the course is guided by two foundational orientations:

In alignment with the WHO's definition of palliative care, the course aims to contribute to improving the quality of life of people affected by serious, life-limiting illness, of dying and grieving individuals, and of their loved ones.

Beyond this, the course builds on a broader understanding of palliative and hospice care as a political attitude of being together. The creation and ongoing development of culturally specific formats of diverse learning communities are expressions of this attitude. They foster compassionate palliative care cultures that seek to improve quality of life by recognizing the vulnerability and interconnectedness of all human beings and living creatures.

Participants

Participants are seasoned professionals with a background in palliative care and hospice services, most of them equipped with basic training experience. They are expected to devise educational formats, such as seminars, courses, and events, aimed at disseminating palliative care content. Fundamentally, they will seek to advance the philosophy and culture of hospice and palliative care, referred to as "death literacy," across a spectrum of social contexts and settings beyond professionalized institutions. Thus, they also act as bridge builders between specialized care based on expert knowledge and civil society and will establish new forms of cooperation in their local contexts.

Participants are required to possess intermediate proficiency in English and the capability to travel to various locations. The course is conducted entirely in English. Throughout the project, participants will develop and implement educational models tailored to the needs of partner organizations and engage in scheduled project events, thus contributing to the collaborative creation of the international trainers' manual.

Graduation – more precise: the question of graduation

Upon completion, participants will be awarded a certificate. However, it is essential to contextualize this certification, acknowledging that our understanding of death remains fundamentally amateur, as existential professionalism in the face of mortality is unattainable. The illusion of strength, unambiguousness and certainty dissipates when confronted with the profound questions of human existence, thus affecting the collective human experience that inherently accepts individual limitations and imperfections. While no certification can definitively attest to "expertise" in these existential realms, the course aims to foster an inspiration rooted in solid knowledge and reflective experiences. Upon graduation, participants are not merely holders of a certificate; they are inspirers, tasked with disseminating their newfound insights through a philosophical exploration of dying, death, and bereavement. This role assumes a baseline of professional knowledge essential for effective engagement.

Conceptual foundations

The notion of "death literacy" has emerged as a crucial framework within public health and palliative care, encapsulating concepts such as "health-promoting palliative care" and "compassionate communities." Originating from this essential concept, a death literacy index has been articulated (Leonard et al., 2020; 2021; Noonan et al., 2016), and subsequently translated and culturally adapted across diverse linguistic contexts (Li et al., 2023; Johansson et al., 2023). This framework proves instrumental in designing curricula that enable trainers to employ innovative educational strategies, thereby fostering interventions that promote the ethos of compassionate cities.

Leonard et al. (2020) define death literacy as the requisite knowledge and skills essential for accessing, comprehending, and making informed decisions concerning end-of-life and death care options. Individuals and communities possessing a high degree of death literacy are characterized by their context-specific understanding of the death system and their capacity to apply this knowledge effectively.

This definition distinctly emphasizes "informed choices," encompassing knowledge about accessing services, practical skills, and a direct focus on managing end-of-life care. However, this definition does not inherently extend to broader examinations of human finitude, death, loss, existential learning processes, or the broader dynamics of care relationships.

Nevertheless, the scholarly discourse on death literacy suggests a broader interpretation. For instance, Noonan et al. (2016) describe it in terms of "practical wisdom”:

“We have called death literacy a form of ‘practice wisdom,’ because within the context of researching home death, we found that carers and their networks were actively engaged in a critical learning process to develop the knowledge and skills required to care for a person to die at home. Positioned within a new public health framework, death literacy is considered an outcome of people’s experiences of, and learnings about, death and dying. Death literacy also appears to be a resource that individuals and communities can use for their own benefit strengthening their capacity for future caring. As a result, people with death literacy have ‘capacity’ enabling them to care at end of life. This care extends beyond personal capabilities to using knowledge about the death care system to both enable and improve access to critical supports needed to care at home.” (Noonan et al. 2016, p. 2)

The philosophical concept of practical wisdom delves into the depths of human existence, specifically illuminating the spiritual and ethical growth that individuals experience through caregiving and encounters with death and dying (Laranjeira & Querido, 2023). This extends beyond mere enhancement of professional skills or understanding of local death systems, to encompass transformative personal experiences and profound insights that contribute to a more fulfilling life within the complex fabric of society. Historically, both ancient philosophy and numerous religious traditions have emphasized *meditatio mortis* as a fundamental practice for nurturing the soul and fostering community well-being (Hadot, 2002; Schuchter, 2020).

The intricate relationship between philosophical thought and societal attitudes toward death and dying is comprehensively analyzed by the Lancet Commission on the Value of Death (Sallnow et al., 2022). This analysis elucidates how deeply societal practices around dying, death, and mourning are intertwined with philosophical schools of thought. It underscores the necessity of incorporating philosophical and spiritual dimensions into end-of-life care to successfully reintegrate these experiences into the broader societal fabric. In order to “bring death back to life”, the commission proposes a realistic utopia: “Conversations and stories about everyday death, dying, and grief become common” ([3] p. 870).

Drawing from participatory research involving "care dialogues" (Schuchter/Heller, 2018), Schuchter (2020) comes to the following conclusion:

“Philosophical dialogues show how people contribute to the community in a deep sense through sharing and reflecting on their life experience: care relationships can be described as a mutual ethical and philosophical learning process. Something is missing in the process of caring if this dimension of caring wisdom fails to be cultivated and the creation of meaning in caring processes is not acknowledged [...] A philosophical approach completes the notion of ‘death literacy’, and – we might add – the notion of ‘care literacy’.”

Normally “death literacy is defined as a set of knowledge and skills that make it possible to gain access to understand and act upon end-of-life and death care options. Positioned within a public health framework, death literacy is considered an outcome of people’s experience of and learnings about death and dying" (Noonan et al, 2016, p. 32).

From a philosophical standpoint, it is essential not to construe ‘people’s experiences and learnings’ too narrowly or pragmatically—merely as factual knowledge about accessing palliative care services, burial practices, or end-of-life care. Rather, these experiences and insights should be seen as gateways to a broader worldview. They have the potential to profoundly alter attitudes, shift existential perspectives, ignite curiosity about existential life questions, and enhance a sense of responsibility towards others, society, and the global community at large (cf. Schuchter, 2020, p. 122)

Philosophical reflection and dialogue are essential perhaps even core components of both care and death literacy. This realization underscores the importance of systematically incorporating philosophical dialogues into the practice of palliative care and hospice work, potentially through more structured and institutionalized approaches.

To achieve this integration, it could be beneficial to engage with both ancient and contemporary philosophical practices as a means to further cultivate caring cultures within organizations, networks, communities, and broader societal contexts.

In their exploration of death cafés as a method to foster compassionate communities and enhance death and grief literacy, Laranjeira et al. (2022) not only reference but also expand upon the established definition of death literacy through the unique lens of death café experiences. Similar to care dialogues (Schuchter/Heller 2018), death cafés facilitate the sharing of personal experiences related to dying and grief, significantly contributing to enhanced well-being. Narratives shared within these settings often highlight personal relationships and include vivid recollections of moments shared with dying or deceased loved ones, which can alleviate feelings of isolation experienced during mourning (Bluck et al. 2008; Mroz and Bluck 2018, 2019). Death cafés are a "meaningful activity to create connectedness, share memories, ease loneliness, and reduce stigma" (Laranjeira 2022, p. 4).

Additionally, Laranjeira et al. (2022) introduce another dimension of collective death literacy by emphasizing that bereavement care is a "societal responsibility." They argue that robust joint procedures and genuine community partnerships between professionals and the public are essential for cultivating comprehensive death and grief literacy (Laranjeira et al., 2022).

In a similar vein, Wegleitner et al. (2018) characterize caring communities as a dynamic social learning process that engages individuals as citizens, fostering active citizenship through democratic participation. This approach involves pinpointing political issues and locally addressing the broader, "global" question of care injustice, thereby integrating social concerns into the care dialogue.

Within Public Health Palliative Care, approaches that connect existential questions about dying, death, and mourning with issues of social justice have increasingly gained relevance in both research and practice. The central argument is as follows: Palliative care is primarily person-centered care and has proven effective in offering holistic support to individuals and their families, alleviating suffering on multiple levels. However, “current discourse in palliative care tends to stress the uniqueness of each death, and as such, the focus of services is often aimed at an individual level” (Reimer-Kirkham et al., 2016, p. 3).

Through the lens of social justice, it becomes evident that palliative care practice and discourse have often overlooked social and structural inequalities in dying. It is widely recognized that the greatest determinants of health risks or opportunities lie not within the healthcare system itself but outside and preceding it: factors such as income, social connectedness, education, and ethnicity significantly influence life expectancy, quality of life, and the quality of care and support at the end of life. The dying (and their families) are thus potentially doubly vulnerable: in their existential condition and due to their social position, what is referred to as structural vulnerabilities. For this reason, a social justice view on death, dying and mourning expands the Public Health Palliative Care approach and introduces the concept of an *equity-oriented palliative care* (Stajduhar/Gott, 2023).

At the threshold of life’s end, existential and societal questions converge. Consequently, death literacy emerges as a multifaceted aspect of our citizenship, influencing our knowledge, practical skills, inner selves, roles within care relationships, and ultimately, our identities as responsible social beings. This encompasses critical considerations of "care citizenship," highlighting the interplay between personal and communal responsibilities in the context of care.

This course and the current curriculum are therefore aligned with the previously operationalized concepts of death literacy, albeit with minor modifications. This alignment aims to encompass as comprehensively as possible those perspectives that embody a profound and expansive understanding of death literacy.

Learning philosophy: Principles of Adult Education in Palliative Care

In Kolb's learning theory, which fits the constructivist approach, the learned knowledge is mentally anchored by a concrete experience, corresponding to this knowledge. This means that the different didactic methods must be logically linked to each other on the same subject (Kolb, 1984.) Besides in andragogical and transformative education, trainers are supported to look beyond their own frame of reference to accommodate an alternative. Mezirow's Transformative Learning Theory proposes that transformative education occurs following an emotional event—a disorientating dilemma. Reflection on disorienting dilemmas can result in dramatic transformations in frames of reference or transformation may be latent and occur over time. Adult learning techniques were also emphasized, as well as interactions likely to change trainers behavior.

This course makes the connection between these didactic approaches in adult education in palliative care preparing trainers for their future role as compassionate comunity connectors.

Learning fields and learning objectives

In essence, transformative education invites trainers to reflect on their deeply engrained beliefs or frames of reference and to become open to changing these in response to evidence gained around a new, changing, or uncertain environment. To gain more insight into the learning effects, we categorize the general learning fields and objectives into four distinct competence areas:

I = Information: Knowledge that is accessible without the need for practical application skills.

S = Skills: Technical abilities that are actionable, where informational knowledge is inferred or presumed, and which can, in certain situations, be executed without a specific internal disposition.

V = Virtue: Represents the inner ethical stance and disposition that integrates both social and self-competence. This integration supports the care-ethical principle of "relational autonomy," viewing individuals fundamentally as relational entities. Virtues transform the "what" of an action (in terms of skills) into an ethically and existentially enriched "how," reflecting and evolving the individual's mode of being.

C = Citizenship: Care practices embedded within a socio-political framework. In this context, death literacy involves critically assessing local practices within global settings and empowering individuals to actively participate in shaping society.

Participants of the CLC-CPC course are expected to proficiently communicate information, skills, virtues, and a sense of citizenship across the following domains:

- **The Institutionalized Death System**: Mastery of knowledge about the system, access, and navigation capabilities.
- **Life Wisdom**: Engagement in reflective practice that fosters experiential knowledge and personal growth related to death and loss.
- **Compassionate Communities**: Ability to perceive, mobilize, and forge local networks of care.
- **Hands-on Care**: Essential knowledge and skills required for end-of-life care, with the ability to actively contribute.
- **Conversations on Life and Death**: Capacity to engage and facilitate discussions on death, loss, and associated life matters across varied contexts and scenarios.

The underlying philosophy of the course posits that future trainers should a) experience, b) reflect upon, and c) experiment with various methods presented throughout the course. Subsequently, they are encouraged to creatively adapt and apply these methodologies within diverse contexts. Details of these methods are outlined in the method boxes that follow.

In the CLC-CPC course, participants not only engage with various methods but are also actively placed in facilitation roles. This involves leading small groups and conducting energizing exercises. Additionally, time is provided for participants to develop their own plans and projects, reflect on and personalize the methods they've practiced, and deepen their understanding of the course's overarching themes, such as death literacy, the curriculum structure, and the concept of compassionate cities.

At the meta-level, the CLC-CPC course is designed to achieve the following learning objectives/outcomes:

1. **Working with Groups**: Participants will learn to establish and lead learning communities, support their growth, and effectively plan, design, facilitate, and assess death literacy workshops targeted at non-professionals.
2. **Project Management**: Participants will gain skills in designing and implementing educational initiatives that promote a culture of palliative care within their communities,

thereby catalysing societal transformation towards greater death literacy and compassion.

3. **Best Practices**: Participants will be introduced to international best practices regarding projects that enhance death literacy and the development of compassionate cities amidst modern societal challenges. They will also explore didactic methods to effectively impart palliative care culture. Over the course of the program, participants are expected to critically and creatively adapt these models for their own use and establish a robust national and international professional network.
4. **Theory**: Participants are equipped to critically assess the models and concepts introduced in the CLC-CPC course, enabling them to effectively incorporate these and other essential concepts into their own projects.

To delineate the scope of the course more clearly, it is crucial to outline what the CLC-CPC does not encompass:

- **Interdisciplinary Training**: The CLC-CPC is not intended as a foundational interdisciplinary course for healthcare professionals.
- **Volunteer Training**: It does not serve as a basic training program for hospice volunteers.
- **Implementation Metrics**: The course is not designed to implement measures that are evaluated directly via death literacy indices.

Learning Outcomes

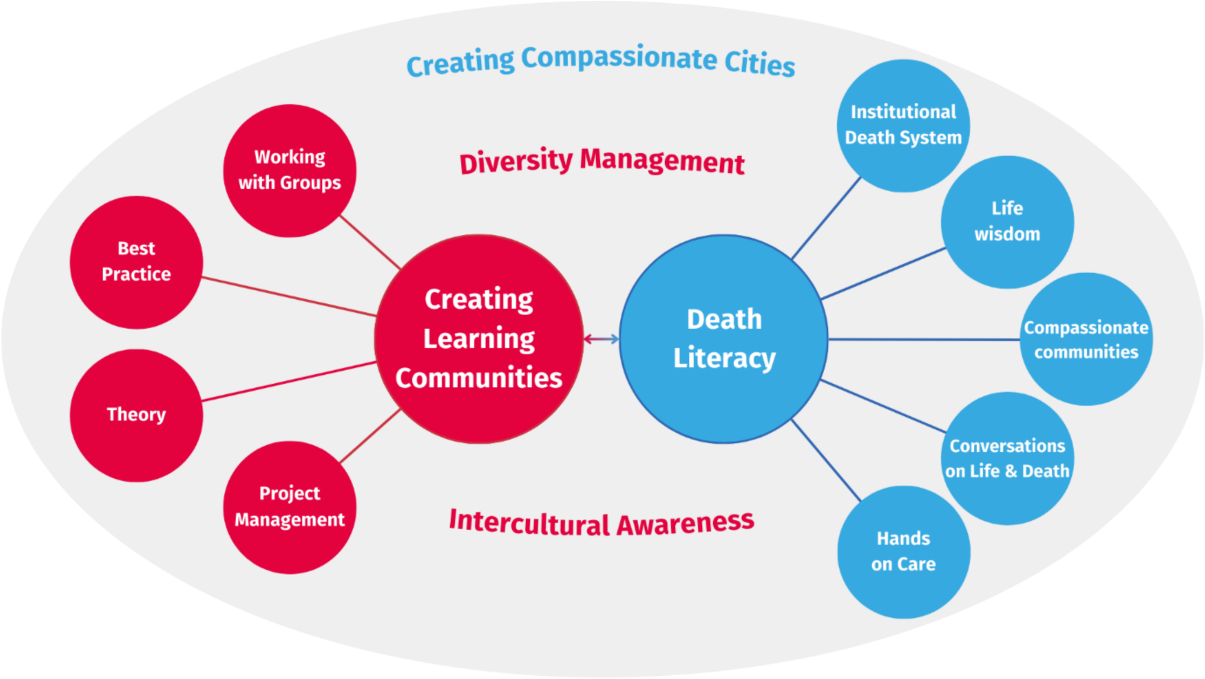

Figure 1: Own illustration, inspired by Leonard et al. 2020

Death Literacy

The institutional death system

This dimension refers to "people's knowledge about the death system, particularly information needed to plan well for dying, caregiving and death. It includes questions about access to palliative care, how to navigate the health care system, completing end-of-life care documents and funeral plans, and decision making related to dying at home, and body disposal." (Leonard et al. 2020, p. 6). Furthermore, this dimension addresses the integration of formal death care systems with informal community practices, considering local and cultural nuances, and highlighting the systemic challenges that may arise.

Learning dimension	**General learning outcomes**
Information	Participants will acquire comprehensive knowledge of the local death system, focusing on end-of-life care institutions. They will become acquainted with the common challenges and opportunities inherent in networking and collaboration between formal institutions and informal care networks. Learners will gain an understanding of the death system as both a political and social phenomenon. They will explore how various public health aspects, such as socio-economic status, gender, spiritual and cultural backgrounds, play integral roles within the death system.
Skills	Participants will develop the ability to effectively access and navigate relevant healthcare networks and institutions critical to end-of-life care. They will learn to establish supportive networks tailored to all parties involved in a caring situation, ensuring comprehensive care and support. Participants will master the bureaucratic aspects associated with palliative care, including proficient management of Advance Care Planning (ACP) instruments (e.g., will directives; place of death; legacies; farewell rituals).
Virtue	Participants will cultivate a 'sensus communis', recognizing the death system as a collective communal endeavor.

	Through the course, participants will enhance their ability to engage in interprofessional and interorganizational cooperation. They will adopt a holistic approach to care management, appreciating the interconnectedness of social systems and recognizing both their contributions and those of others within these networks. Participants will enhance their ability to refocus thoughts and feelings on being supportive, helpful and caring of oneself and toward others. In practising doing this it can help to recognize an aspect of oneself that can help tone down negative feelings and thoughts.
Citizenship	Participants will learn to identify and differentiate between immediate situational factors and those requiring political interventions. They will actively contribute to local care networks, initiating and engaging in political discourse to shape public opinion and policy. Participants will explore and capitalize on the opportunities presented by various roles at local, regional, and legislative levels, thereby enhancing their impact on care practices.

Life wisdom

Experiential Knowledge (learning from experience) refers to “the wisdom and skills learnt from direct end-of-life experiences (loss, grief, death), with caring and/or death education” (Leonard et al. 2020, p. 6). The concept of life wisdom or practical wisdom (phronesis) refer to the exploration of how individuals evolve existentially and ethically through caregiving and confronting to biography mortality and access to transcendence. It draws on historical philosophical insights and various religious practices that emphasize *meditatio mortis* as essential for nurturing both individual souls and community well-being (Hadot, 2002).

Learning dimension	**General learning outcomes**
Information	Participants will develop a thorough understanding of 'life wisdom' as a significant philosophical concept and its relevance to palliative care.
Skills	Participants will master methods of reflection that facilitate the exploration and discussion of deep existential questions and themes derived from personal experiences.
Virtue	Through a structured process of self-reflection on themes of death, dying, and loss, participants will confront and understand their own vulnerabilities. This self-awareness enhances their ability to empathetically listen to and support others experiencing loss and suffering. They have a sense of how they have "learnt from the dying and from suffering" in their lives. Participants are aware of their own philosophical and political attitudes with regard to death, dying and end-of-life care.
Citizenship	Participants will learn to facilitate and organize spaces for existential reflection that foster a 'shared humanity', influencing community cohesion and social engagement. These forums are designed to bridge social differences and promote a collective understanding of life's existential challenges. Participants will be equipped to address sensitive topics in a confrontative yet constructive manner, advocating for community-based support systems that recognize the social dimensions of personal existential experiences.

Compassionate cities and communities

This aspect of death literacy can be understood entirely in the spirit of the Compassionate City Charter (Kellehear 2016/2021; Mills et al., 2024):

“Compassionate Cities are communities that recognize that all natural cycles of sickness and health, birth and death, and love and loss occur everyday within the orbits of its institutions and regular activities. A compassionate city is a community that recognizes that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone’s responsibility. Compassionate Cities are communities that publicly encourage, facilitate, supports and celebrates care for one another during life’s most testing moments and experiences, especially those pertaining to life-threatening and life-limiting illness, chronic disability, frail ageing and dementia, grief and bereavement, and the trials and burdens of long term care.” (Kellehear 2016/2012, p. 2)

Unlike the formalized "institutionalized death system," this curriculum component emphasizes the importance of addressing dying, death, grief, and suffering within everyday contexts—where individuals live, love, and work.

Promoting compassionate communities and cities means “co-creating an ecology of care” (Horsfall et al., 2015). This model encourages the cultivation of various essential elements that contribute to a supportive network of relationships around end-of-life care (Vitorino et al., 2024). Essential to this approach is:

a) Emphasizing the significance of interpersonal relationships and robust social systems that support individuals during end-of-life.
b) Developing reflective spaces that encourage community members to contemplate and discuss end-of-life issues openly and supportively.
c) Enhancing social capital to ensure that community resources are mobilized effectively to support individuals and families facing end-of-life challenges.
d) Addressing and mitigating inequalities within care systems to ensure equitable access to end-of-life services, as highlighted by Wegleitner et al. (2016).

Learning dimension	**General learning outcomes**
Information	Participants will develop a robust understanding of the core ideas surrounding compassionate cities and communities, particularly within the

	contexts of public health palliative care and health promotion palliative care. They will appreciate the critical role of the 'fabric of caring relationships' and understand the importance of early approaches to dealing with dying, death, and grief.
Skills	Learners will become adept at utilizing tools and methods to dissect and analyze local networks, focusing on the dynamics between informal and formal care resources. They will be trained in various instruments and strategies to evaluate community needs and foster community-driven growth in social support and learning processes.
Virtue	Participants will be encouraged to adopt a mindset that views care from a socio-ecological perspective, recognizing care as a network of relationships rather than isolated interactions. They will be trained to integrate considerations of end-of-life care throughout all life stages and societal aspects, thereby fostering a comprehensive approach to palliative care. This includes activating and leveraging community resources to bridge societal divides, acknowledging the finite nature of life, and understanding the complexities of community-based thinking. They understand caring communities as a social learning process.
Citizenship	Participants will explore both the potential benefits and challenges associated with community dynamics, such as exclusion mechanisms and disparities in care access. They will be equipped to engage with broad political issues related to care justice, inclusion, and social disparities. Through this, they will learn to initiate and sustain dialogues that influence local and broader policy frameworks, aligning them with the ideals of compassionate communities and enhancing the quality of life across different social strata.

Hands-on-care

The "Hands-on-care" dimension explicitly focuses on practical skills that are essential for anyone involved in end-of-life care (cf. Bollig et al., 2019; Bollig et al., 2024). Last Aid courses (https://www.letztehilfe.info/last-aid) provide end-of-life care knowledge for citizens. The Last Aid course consists of four modules, each lasting 45 minutes:

1. Dying is a part of life
2. Making provisions and decisions
3. Relieving suffering
4. Saying goodbye

Practical skills for hands-on care include the following topics: Dying is a normal part of human life, problems around dying, troublesome symptoms, the total pain concept, medical and ethical end-of-life decisions, treatment of troublesome symptoms, medical and non-medical treatment options, fluid and nutrition at the end-of-life, bereavement and grief.

As part of this curriculum, trainers are expected to experience a Last Aid course in order to become familiar with a relevant and widely used model that imparts practical skills for end-of-life care—skills that every citizen should have.

Another, somewhat more comprehensive model is **PalliLearn**, which similarly conveys basic knowledge and competencies to a broad public audience. PalliLEARN (https://pallilearn.org/) is an initiative led by Palliative Care South Australia, adapted locally by other organisations. It focuses on providing quality and easy-to-understand courses that are accessible to all, regardless of background or experience. The courses cover essential topics related to palliative care in eight 60-minute courses that can be delivered online or face-to-face. Topics are: what is palliative care, your role in a compassionate community, how to nurture compassion, how to have conversations about dying and grief, palliative caring, talking to children about dying, what matters most to me, self-care.

Both models—Last Aid and PalliLearn—also address broader dimensions of death literacy, but within the framework of this curriculum, they are presented primarily with a focus on their immediate practical applications. This project and curriculum thus connect with other initiatives in public education in palliative care.

Learning dimension	**General learning outcomes**
Information	Participants will learn to identify the signs of approaching death and understand appropriate responses to these signs to support both the dying person and their family.
Skills	Participants will be equipped to disseminate their knowledge effectively to clients, colleagues, and within their communities.
Virtue	Learners will develop a strong sense of self-efficacy, empowering them to act confidently and competently within their communities in providing end-of-life care.
Citizenship	Participants will engage in active knowledge transfer, contributing to the education and training of others in the community regarding hands-on care practices.

Conversations on life and death

This dimension focuses on “how well a person perceives they can talk with their friends and family about dying, death and loss [...]” (Leonard et al. 2020, p. 6). Furthermore, it emphasizes the importance of listening and the ability to initiate and manage sensitive discussions in various contexts. The goal is to enable a culture of conversation in which people can share deep existential issues and at the same time initiate a social learning process.

Learning dimension	**General learning outcomes**
Information	Participants will grasp the critical importance of listening within palliative care—understanding both the theoretical principles and practical applications of active listening and Rogerian core principles of counselling.
Skills	Learners will master active listening skills such as probing questions and the practice of epoché (looking at a situation and refraining from judgement and biased opinions to wholly understand an experience). Participants are able to convey basic knowledge regarding: communication rules, the value of active listening in a palliative care culture and the philosophy of listening. Participants will also learn to create environments conducive to open discussions about sensitive topics, fostering spaces where community members feel safe and supported to share their experiences.
Virtue	Through continuous practice, participants will adopt a dialogue-based approach, viewing themselves as life-long learners in the journey of life and death. They will cultivate the capacity to empathize deeply, resonating with others’ experiences while maintaining a strong sense of self. They "listen" to their own vulnerability and the vulnerabilities of others.
Citizenship	Participants will create forums for participatory solidarity, understanding and addressing death as a complex societal, structural, and political phenomenon. These spaces are not confrontational but are designed to build relationships, understanding, and trust among community members by engaging with life’s most challenging questions.

Creating learning Communities

Working with Groups

Learning dimension	General learning outcomes
Information	Participants will develop a robust understanding of the mechanics of group dynamics. They will be versed in the foundational concepts that influence group behavior, including setting, format, group size, and the impact of organizational and cultural contexts. They will comprehend the critical role of communication in fostering trust, acceptance, and openness within a group, recognizing how these elements contribute to effective group interactions.
Skills	Participants will gain the skills necessary to establish and lead learning communities effectively. This includes the ability to support group development and manage group dynamics proactively. They will be equipped to plan, design, facilitate, and evaluate workshops focused on death literacy, tailored for both professional and non-professional audiences. Participants will master the use of appropriate communication techniques, particularly emphasizing the value of active listening and critical reasoning within the palliative care culture and its underlying philosophies. They will develop the confidence and tact needed to address critical and potentially confrontational issues in a constructive manner.
Virtue	Participants will view groups as crucial environments for fostering meaningful dialogues about death, dying, and loss, emphasizing the importance of a supportive setting for such discussions.

	They will recognize a healthy sense of self-awareness as essential for effectively leading groups that tackle existential topics, ensuring they can manage personal biases and respond empathetically to group needs. Throughout the course, the training group itself will serve as a space for learning about and experimenting with groups and group dynamics. Each member of the training will alternate between the roles of participant and observer. As participants, they will engage in the training activities, while as observers, they will reflect on the group process, the impact of various methods used, and their own behavior within the group.
Citizenship	Participants will appreciate groups as foundational elements of solidarity within communities and as pivotal in effecting social change. They will be prepared to lead groups in ways that encourage community engagement and collective problem-solving. Learners will help others see their existential challenges as broader societal issues, encouraging a deeper understanding of how personal experiences intersect with political realities. They will foster an awareness of diversity and social differences within groups, understanding how these factors can either hinder or enhance group cohesion and societal coexistence.

Project Management

Learning dimension	**General learning outcomes**
Information	Participants will acquire a thorough understanding of the sequential steps involved in creating educational projects. This includes recognizing the critical role of stakeholder involvement throughout all phases of project development, from conceptualization to execution.

Skills	Learners will be capable of designing and implementing their own educational projects aimed at enhancing palliative care culture within their communities. They will master techniques for stakeholder analysis and involvement, learning how to identify, engage, and maintain relationships with key partners critical to the success of their projects.
Virtue	Participants will prioritize a collaborative approach in project setup, ensuring that the perspectives of those most affected by the project are integrated from the outset. They will develop an understanding of their dual role in projects—as agents of change impacting their communities and as individuals positively influenced by their engagement in these initiatives.
Citizenship	Through their projects, participants will initiate and drive changes that foster a more death-literate and caring society. This involves leveraging their projects as platforms for broader social impact, advocating for compassionate care practices, and raising public awareness about the importance of death literacy.

Best practice

Learning dimension	**General learning outcomes**
Information	Participants will become acquainted with international best practice examples in two key areas: a) Projects and initiatives fostering death literacy and compassionate cities within the complex dynamics of modern societies. b) Didactics for conveying palliative care culture through effective teaching methods.
Skills	Learners will develop the ability to critically assess and creatively adapt existing models and methods to suit their own projects. They will leverage

	their knowledge and skills to redesign approaches for maximum effectiveness within their specific contexts. Participants will establish a robust national and international network of experts throughout the course, enhancing their capacity for collaboration and knowledge exchange.
Virtue	Participants will embrace a mindset of continuous learning, recognizing the value of drawing inspiration from national and international best practice projects and methodologies. They will perceive the creation of compassionate communities as a collective effort, characterized by collaboration among experts who prioritize shared goals over individual competition.
Citizenship	Participants will draw inspiration from national and international projects that address death as a multifaceted social, structural, and political phenomenon. This exposure will broaden their perspectives and inform their approach to fostering compassionate communities. Learners will expand their horizons by engaging with views and practices of death and dying that differ culturally and politically from their own.

Theory

Learning dimension	**General learning outcomes**
Information	Participants will develop the ability to critically reflect on current models and concepts utilized within the CLC-CPC. This involves evaluating the strengths, limitations, and implications of these models in real-world contexts.
Skills	Learners will be capable of applying key theoretical concepts to their own projects, translating abstract theories into practical strategies that address the needs of diverse stakeholders. They will also learn to communicate

	these concepts effectively to various audiences, including patients, professionals, relatives, and the broader community.
Virtue	Participants will recognize the importance of an evidence-based approach in creating compassionate communities, valuing the integration of empirical research and academic discourse into their practical endeavors. They will regularly evaluate their practical experiences against current academic discussions to ensure alignment and effectiveness.
Citizenship	Participants will engage in critical reflection on current discussions within the field of public health, particularly as they relate to end-of-life care. They will acquire a foundational understanding of basic socio-economic and political concepts and their relevance to the broader context of compassionate community development.

Evaluation

The course curriculum is dynamic, not a finalized or standardized product. It is continually refined through an ongoing dialogue with participants to meet their specific needs. This iterative development begins with initial data gathered during registration and preliminary interviews and extends into the course delivery, employing process-oriented consultations and an open project workshop format. This approach is essential to address the diverse backgrounds and professional contexts of participants from three countries, ensuring that the curriculum remains responsive and relevant to their unique situations.

The achievement of learning objectives is partially gauged through feedback sequences during the course but is primarily assessed through the evaluation of participants' projects post-course. This assessment focuses on the participants' ability to apply and translate the course content and methodologies into the development and execution of educational formats across diverse settings. Given the pilot nature of this course, the effectiveness of these applications continues to be an open question, necessitating the exploration of various experiential approaches. Additionally, impact criteria are progressively formulated and refined throughout the duration of the course to better measure outcomes and adapt teaching strategies accordingly.

Participants are required to design and implement projects in their respective countries based on the project's learning fields by the end of the project, but no later than one year after the project's conclusion.

Furthermore, it is mandatory for the participants to develop the trainers' manual design for national training and educational interventions in palliative care as well to attend project´s dissemination events.

The learning outcomes outlined in the preceding section will be evaluated through various methods:

Learning Project

Participants are required to design and implement their projects individually, in tandems or in a (country-) group. Projects aim at fostering a compassionate palliative care culture within the respective context and may focus on any aspect of death literacy, broadly construed. Examples include designing educational formats for professionals or non-professionals, creating communal spaces for dialogue on death and dying, and providing services for patients, relatives, or other stakeholders.

The project is to be developed during the training period, with full implementation expected by the end of the year. The organizations affiliated with the participants have committed in writing to support the implementation of these projects and to provide the necessary resources.

Project proposal and growing project sketch

Participants are required to submit a project proposal by [specific date], which must be approved by two trainers. The proposal should include the following components:

- **Working Title**
- **Problem Definition and Situational Analysis**
    - Which specific need has been identified?
    - Which target group will be primarily positively affected?
    - What problems are intended to be addressed?
    - How does the project tie in with the learning outcomes of the CLC-CPC training?
- **Project Goals**
    - What are the key objectives of the project?
    - What impact is envisioned?
    - What are the non-objectives?
- **Project Structure and Participants**

    - Which stakeholders are involved in the project?
    - How are key target groups involved in project development?
    - In which ways will participants be recruited?
- **Project Planning**
    - What is the duration of the project (months, years)?
    - What is the short-term, medium-term, and long-term planning?
    - What are the milestones in project implementation?
- **Resources and Project Budget**
    - Who finances the project?
    - What resources are available or required?
    - Which sponsors and institutions need to be involved?
- **Monitoring and Evaluation**
    - How will progress be monitored (in terms of money, time, activities)?
    - Within what framework will regular evaluations occur?
    - When and how will the achievement of objectives be assessed?
    - What are meaningful quantitative categories for the impact evaluation?

The project proposal is continuously updated and shared in the form of a "**growing project sketch"** (see Appendix 1).

Project Presentation

In the final module, participants are invited to guide the training group through a Project Encounter—a creative and interactive format that allows others to experience the core of their project. Rather than giving a classic presentation, participants are asked to bring their project to life by combining a short informative overview with a creative or experiential element, and a form of engagement with the group. The encounter should reflect how the learning outcomes of the CLC–CPC programme have been put into practice within the participant's area of influence. It is not required to provide a detailed project report, but rather to share a clear and meaningful sense of what has emerged, developed, or been initiated—guided by the original goals set out in the *Growing Project Sketch*.

Project End Report

Participants are required to submit a final project report by [specific date]. The final report consists of the completed version of the growing project sketch and is supplemented by the following components:

Objectives

Goal Achievement

- To what extent was the original goal reached?
- To what extent did the goal shift during the process?
- What were the key factors for the project's success?

Qualitative Impact

- Describe the impact in qualitative terms (e.g., success stories, narrative descriptions of project events and outcomes).

Quantitative Impact

- Describe the impact in quantitative terms (e.g., number of people reached, number of events, or other meaningful figures).

Sustaining Impact

- What measures are being taken to ensure the long-term impact of the project?

The project end reports are key components in evaluating the learning outcomes and the intended impact of the CLC-CPC. The implementation of the projects is incentivized through language in the learning agreement signed by each participant. The learning agreement stipulates that participants will be required to reimburse all overhead expenses associated with the training (air fares, hotel charges...) if they fail to implement the projects.

Learning Diary

Participants are expected to maintain a learning diary (see Appendix 2) throughout the entire training program. The diary consists of two components:

Personal Diary

The personal diary remains confidential to each participant. Participants are encouraged to:

- **Self-Reflect on the Learning Process:**
    - Document individual learning experiences and progress.
    - Reflect on how the training content influences their personal and professional perspectives.
- **Thoughts and Emotions Related to Death and Dying:**
    - Explore and express their feelings, thoughts, and emotions regarding death and dying.
    - Engage in introspection about their attitudes and beliefs.
- **Behavioral Observations:**
    - Observe and record their behavior within the group process.
    - Note any changes or developments in their interactions with others.

Shared Learning Diary

The shared learning diary is posted on the online learning tool provided for the training. This component aims to:

- **Capture the Shared Experience of the Group:**
    - Encourage participants to contribute reflections and insights from group activities.
    - Facilitate the sharing of diverse perspectives and experiences.
- **Provide a Basis for Qualitative Evaluation:**
    - Serve as a resource for evaluating the extent to which the curriculum's objectives have been achieved.
    - Provide qualitative data on the group’s overall learning journey and the effectiveness of the training program.

Participants are expected to regularly contribute to both components of the learning diary to enhance personal growth and support the collective learning experience. The shared learning diary will be used for a detailed qualitative evaluation of the training program’s impact.

Feedback

In addition to verbal reflection and feedback rounds within and at the end of each module, participants are also asked to provide feedback via an online feedback form (see Appendix 3).

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APPENDICES

Appendix 1

Creating Learning Communities for Compassionate Palliative Care Cultures CLC_CPC

(Growing) Project Sketch

(WORKING) TITLE

PROBLEM DEFINITION AND SITUATIONAL ANALYSIS

Which specific need has been identified? | Which target group will be primarily positively affected? | What problems are intended to be addressed? How does the project tie in with the learning outcomes of the CLC-CPC training and with the concept of death literacy / compassionate communities?

PROJECT GOALS

What are the key objectives of the project? | What impact is envisioned? | What are the non-objectives?

PROJECT STRUCTURE AND PARTICIPANTS

Which stakeholders are involved in the project? | How are key target groups involved in project development? | In which ways will participants be recruited?

PROJECT PLANNING

What is the duration of the project (months, years)? | What is the short-term, medium-term, and long-term planning? | What are the milestones in project implementation?

RESOURCES AND PROJECT BUDGET

Who finances the project? | What resources are available or required? | Which sponsors and institutions need to be involved?

MONITORING AND EVALUATION

How will progress be monitored (in terms of money, time, activities)? | Within what framework will regular evaluations occur? | When and how will the achievement of objectives be assessed? | What are meaningful quantitative categories for the impact evaluation?

Appendix 2

Creating Learning Communities for Compassionate Palliative Care Cultures CLC_CPC

Learning Diary

*The learning diary serves, firstly, to **deepen and reflect on the content and methods** of the course and to record **observations about the group process**.*

*Secondly, as part of the iCare project, it is used for **joint documentation and evaluations** during the course and project.*

*Thirdly, it is a tool for building up a **shared pool of knowledge**.*

*The learning diary is based in particular on the great **importance of individual times of reflection** as well as the significance and **culture of writing**.*

*It is divided into a private **(personal diary)** and a shared part **(shared diary).***

*We invite you to record **brief written reflections** on the **following key questions**.*

Personal Diary

Please choose a topic from the first module (method or content) that has become important to you.

1. Tell a concrete story related this topic from your own practical experience! Please tell this story! Why was this story significant to you? What does this story reveal (for theory and practice)?

2. Personal insights after a lecture, a discussion, after reading or collegial exchange in the course! What has the engagement with the topic in the course revealed to me? What (new) questions and challenges do I face?

Shared Diary

Please choose a topic from the first module (method or content) that has become important to you.

3. Tell a concrete story on this topic from your own practical experience! Please tell this story! Why was this story significant to you? What does this story reveal (for theory and practice)?

4. Personal insights after a training element, a discussion, after reading or collegial exchange in the course! What has the engagement with the topic in the course revealed to me? What (new) questions and challenges do I face?

Reflection on the texts from the online library

Please read the "mandatory text" from the 'online library' and write a short reflection on it on the following question:

Why is this text important - a) for me, b) for my project and c) for a Compassionate Society? The significance does not only have to lie in the approval. The text may also stimulate a critical debate. If another text from the pool of freely selectable texts has inspired you, don't hesitate to share your reflection as well.

Deadline for uploading to the platform: 10 days before the upcoming module - according to the respective information in the Invitation Letter.

Text_1 [Enter Source]

Reflection, reflection …

Text_2 [Enter Source]

Reflection, reflection …

Text_3 [Enter Source]

Reflection, reflection …

Appendix 3

Feedback Form | Train of Trainers in Palliative Care

Please fill out this feedback form for this module of the Train of Trainers. The form is anonymous, and we encourage you to leave any review you consider relevant to help us improve future modules.

Thank you for your contribution!

1. How effectively did this module integrate theoretical concepts with practical applications? (1 - Not effective at all, 5 - Very effective)
2. To what extent did this module provide opportunities for interactive learning and engagement with the group? (1 - Very limited, 5 - Extensive)
3. How clear and accessible were the instructional materials and resources provided during this module? (1 - Not clear/accessible, 5 - Very clear/accessible)
4. How well did this module address the diverse backgrounds and professional contexts of participants from different countries? (1 - Not well at all, 5 - Very well)
5. To what extent you increased your knowledge in palliative care and related topics? (1 - Very little increase, 5 - Significant increase)
6. What aspects of this module did you find most valuable or beneficial to your learning experience?
7. How did the input from the special guests contribute to your understanding of the topic?
8. How well did the online module meet your learning objectives, and what improvements would you suggest to enhance the content or delivery?
9. Do you have any suggestions (themes or methods) you would like to see covered in next module?
10. Any other thoughts or suggestions you would like to share about your experience in this module?

Thank you for taking the time to provide your feedback. Your input is highly valued and will help us enhance the quality and effectiveness of future modules in the ToT program.

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