

Christie Hospital Integrative Therapies Training Unit

Diploma in Complementary Therapies in Cancer & Supportive Care Pathways:

- Aromatherapy
- Reflexology
- Massage & Bodywork
- Relaxation & Creative Imagery
- Therapeutic Touch

Programme Handbook 2009-10

Programme Leaders:
Ann Carter, BA & Peter Mackereth, PhD

Diploma in Complementary Therapies in Cancer & Supportive Care & Pathways:

1.0 Introduction

Welcome to the Diploma in Complementary Therapies in Cancer & Supportive Care.

This handbook is a useful reference guide to your programme for your time with the Integrative Therapies Training Unit (ITTU).

This handbook is intended to serve as a source of course information and therefore it is important that you keep it safe and refer to it when you need to.

Staff teaching on the programme in the ITTU, and our community of professionals who contribute to courses, are committed to helping you achieve your goals and in becoming successful independent learners beyond this diploma.

We are pleased you have chosen this ITTU diploma programme and we hope your time here is exciting, productive and enjoyable.

Ann Carter, BA and Peter Mackereth, PhD

Programme Leaders

coffeecups@tiscali.co.uk

peter.mackereth@christie.nhs.uk

2.0 Programme Title: Diploma in Complementary Therapies in Cancer & Supportive Care & Pathways

3.0 External Benchmarks

There are no specific external benchmarks for the Diploma in Complementary Therapies in Cancer & Supportive Care as it is an emerging field of practice and research. However, as a framework, the ITTU team have worked towards level two of a degree programme descriptors. Within these, the related benchmarks involve:

- Enabling students to obtain a diploma level of study (in cancer care and appropriate pathway) and have a deep understanding of their professional and therapeutic role in relationship to complementary therapy practice;
- Preparing students for, and/or, to develop a career in supportive and palliative care by fostering practice skills at a professional level, or as preparation for further study in the area at an academic level;
- Developing students' ability to apply knowledge and understanding of complex issues in supportive and palliative care, in order to adapt complementary therapy practice skilfully;
- Enhancing lifelong learning skills and personal development, thus enabling diplomates to work professionally, ethically, and with accountability, so contributing to the well-being of patients and carers.

4.0 Entry Criteria

It is generally expected that students will have obtained the minimum entry requirements listed below.

Minimum entry requirements:

- An insurable qualification validated by lead bodies in one of the following therapies: aromatherapy, reflexology and massage.
- Demonstration/willingness to obtain relevant experience through employment or voluntary placements in supportive and palliative care.
- Applicants should contact the programme leaders(s) to discuss their suitability to participate in this programme either by telephone and/or face to face interview prior to committing to the programme.
- Be able to demonstrate proficiency in English (IELTS 6.0-6.5/TOEFL 580-600 [PC237]).
- Demonstrate a least one year post qualification experience (this can include voluntary work in hospice and cancer settings).

The target students will derive from a variety of backgrounds. It is expected that there will be applicants from college and private training schools as well as undergraduates/graduates from complementary therapy and health studies degree programmes.

5.0 Rationale

This diploma programme capitalises on the ITTU current leading edge as a provider of educational courses, conferences and study days. Key to this expertise is the teaching team, which consists of lead clinical practitioners in a number of key supportive and palliative services in the Northwest and beyond.

Additionally, the ITTU team are actively involved in practice evaluation, clinical research and dissemination of best practice (see reference list).

6.0 Programme Aims

This programme aims are to:

- Meet the need of supportive and palliative care settings for complementary therapists able to work at and/or develop diploma level practice, locally, nationally and internationally;
- Prepare students for employment within a range of supportive and palliative settings, including; acute cancer care units, day care centres, rehabilitation, hospice care, private practice and domiciliary services;
- Enable students to progress to graduate and higher level studies, and to facilitate practice development in this specialist area ;
- Develop practitioners/student's capacity to learn, both on the programme and as independent and lifelong learners;
- Provide flexible learning opportunities, widening access for practitioners working in a variety of settings e.g. part-time employment, full-time employment, career change and returning to work.
- Foster student/practitioners transferable skills to enhance employability and quality care provided to patients and carers.

7. Programme Learning Outcomes

The programme provides opportunities for students to develop and demonstrate knowledge and understanding, skills and other attributes in the following areas:

1. The systematic understanding of knowledge of models, research and current issues in the fields of complementary therapies in supportive and palliative care;
2. The development of skills and techniques for autonomous, reflective and life long learning in this field of practice;
3. The evaluative assessment and study in this emerging field, creating a foundation for more advance academic and practical study in this specialist area;
4. The skillful and compassionate adaptation of complementary therapy practice, informed by accountability and a professional ethic for the benefit of patients and carers;
5. The application of knowledge and an understanding of complex issues in supportive and palliative care to improve therapeutic practice.

8.0 Structure and Content

9.0 Programme Structure

Study days at the Christie Hospital

Students must complete 12 study days, including the core days (as stated in the course brochure) for the various pathway options.

Learning, Teaching and Assessment

A variety of teaching, learning and assessment strategies will be employed. The discipline of complementary therapies in cancer and supportive care is emerging as a distinct academic area of study, with a growing body of clinical skills, knowledge, and a developing research/evidence base. This programme provides a breadth of learning across a range of subject areas within the field of private, community and clinical practice. As a consequence, students need to demonstrate that they have the ability to be intellectually flexible and be aware of the various skills required to meet the needs of service and their role as life long learners. The teaching, learning and assessment strategy of the programme has to reflect the nature of the skills student's require for service, hence the inclusion of reflective practice and case study work.

The course utilises a number of teaching and learning methods, such as formal lectures, small group exercises, practical work, seminars, guest speakers, workshops, placements (where appropriate and negotiated) and conferences. Throughout the programme, students will be encouraged to undertake independent reading to supplement information in the key texts and broaden their individual knowledge and understanding in the subject.

Intellectual skills are developed through the involvement of students in the teaching and learning methods outlined above. Each module involves discussion of key issues, and practice in applying concepts both orally and in writing. Analysis and interpretation of material is related to individual contexts throughout the programme. Students are guided through the recommended bibliographies provided for each course and are advised on the means of extending their source material.

The Programme Handbook provides guidance on the production of assignments and modules at each stage including elements of practical management activities. Assessments in some modules are based on practical scenarios/case studies.

Lecturers will act both as facilitators of student learning as well as subject based experts.

Teaching and learning strategies place a great emphasis on the contextualisation of the issues facing practitioners in supportive and palliative care. All modules require production of written work and regular discussion takes place in the classroom. To develop both student's understanding of the topic and their powers of expression, individual contact with tutors is also available by telephone, email and tutorials.

Learning events/courses take place mostly at weekends so that they are accessible to therapists working either part or full-time.

Assessment strategy

The summative (formal) assessment of knowledge is through a combination of assessed work, normally in the form of individual written assignments. Skills and knowledge will be assessed during practical workshops, group work and realistic patient/ carer scenarios. The variety of assessment methods employed is intended to allow students ample opportunity to demonstrate the development of their knowledge, professional attitude and practical skills.

10.0 Student Support and Guidance

Programme Management

The programme forms part of a package of courses and study events provided by the ITTU.

Roles and Responsibilities

The **Programme Leader** is responsible for the effective delivery of all stages of the programme. Questions relating to the overall management of the programme should be directed to the Programme Leader.

Although the role of the Programme Leader relates primarily to educational matters, he/she may be the student's first point of contact if experiencing difficulties in any other aspects of course work and will be able to put them in touch with specialist advice.

The **Course Leader** is responsible for the effective delivery of each study event. If students have any queries about any of the courses they should be referred to the Course Leader or a member of the ITTU team.

11.0 Teaching and Learning Strategy

Lectures/Seminars/tutorials contact	90 hours (includes 12 study days)
Directed Learning	210 hours
Total	300 hours

This programme includes attendance on 12 formal study days supplemented by course reading, practice in the clinical setting, case study work, reflection and assignment preparation.

ASSESSMENT

A portfolio will be produced containing the following three pieces of course work, plus completed evaluation forms for each study event (this help the ITTU team to review and develop the courses) and certificates of attendance and a short curriculum vitae (one side of A4 only) . Students work will be typed in 1.5 spacing and two copies will be submitted in one file to the ITTU. Plastic folders are not required. Guidance on referencing, use of reflective practice models and assignment support are provided by the programme leaders.

Assignment 1. Learning outcomes: 1, 2, 3, 4 & 5: Case Study

Students will prepare a case study, focussed on either a patient or carer experience, to demonstrate how theory and practice relate in the provision of complementary therapies (appropriate pathway) within a supportive and palliative care setting. The assignment must not identify the individual or the organisation and utilise the current available literature. 40% (2,000 words)

Assignment 2. Learning outcomes: 2, 3 & 4: Reflective practice

Students will prepare a piece of reflective writing incorporating a model of reflective practice. An actual (anonymous) patient or carer interaction related to complementary therapy practice will form the basis of the assignment. Descriptive detail of the account must be included as an appendix to the paper. 30% (1,500 words)

Assignment 3. Learning outcomes 1 & 3: Research paper critique

Students, with the guidance of the course leader, will select a recently published research paper relevant to complementary therapies (appropriate pathway) and supportive and palliative care. The report will utilise a checklist provided. 30% (1,500 words)

12 Useful References & Resources

Journals

Complementary Therapies in Clinical Practice
 Journal of Bodywork and Movement Therapies
 Complementary Therapies in Medicine
 Journal of Holistic Healthcare
 International Journal of Complementary and Alternative Therapies
 Integrative Medicine
 International Journal of Aromatherapy
 Positive Health
 Massage Therapist
 Body and Society
 International Therapist

Books

Barracough, J. (1999) *Cancer and Emotion - 3rd Edition. A Practical Guide to Psycho-oncology*, John Wiley & Sons, London.

Brennan, J. (2004) *Cancer in Context. A Practical Guide to Supportive Care* Oxford University Press, Oxford.

Bury, T.J. Mead, J.M. (1998). *Evidence-based healthcare: a practical guide for therapists*. Oxford: Butterworth-Heinemann.

Ernst, E. Pittler, M. H. & Wider, B. (eds) (2006) *The Desktop Guide to Complementary and Alternative Medicine: An Evidence-Based Approach* Mosby London 2nd Edition

Faulkner, A. Maguire, P. (1999) *Talking to Cancer Patients and Their Relatives*. Oxford Medical Publications, Oxford.

Field, T. (2000) *Touch Therapy*. Edinburgh Churchill Livingstone

Fontanorosa, P.B. (ed) (2000) *Alternative medicine: an objective assessment*. American Medical Association.

Freeman, L.W, Lawliss, G.F. (2001) *Mosby's Complementary and Alternative Medicine: a research-based approach*. Mosby, St Louis, Missouri. USA

Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford, Further Education Unit, Oxford Polytechnic.

Johns, C. (2004) *Becoming a reflective practitioner*. 2nd edn. Oxford, Blackwell Publishing

Johns, C. Freshwater, D. (2005) *Transforming Nursing Through Reflective Practice* Oxford: Blackwell Publication

Kearney, M. (1997) *Mortally Wounded. Stories of Soul Pain. Death & Healing Touchstone*, New York.

Kearney, M. (2000) *A Place of Healing: Working with Suffering in Living & Dying*. Radcliffe Medical Press. Oxon.

Lewith, G.T. Jonas, W. B. Walach, H. (2001) *Clinical Research in Complementary Therapies: Principles, Problems and Solutions* Churchill Livingstone

House of Lords (2000) *Select Committee on Science and Technology Complementary and Alternative Medicine. HL Paper 123. Session 1999-2000 6th Report*. The Stationary Office. London

Hunter, M. Struve, J. (1997) *The ethical use of touch in psychotherapy*. Sage Publications. London.

Mackereth, P. Carter, A. (eds.) (2006) *Massage & Bodywork: adapting therapies for cancer care* London: Elsevier Science

Mackereth, P. Tiran, D. (eds) (2002) *Clinical reflexology: a guide for health professionals*. Edinburgh: Churchill Livingstone.

Mitchell, A. Cormack, M. (1998) *The therapeutic relationship in complementary health care*. Edinburgh: Churchill Livingstone

Rankin-Box, D (ed)(2001) *The nurse's handbook of complementary therapies*. London Ballière Tindall

- Rich, G. J. (2002) *Massage therapy: the evidence for practice*. Edinburgh: Mosby
- Santorell, S. (1999). *Heal Thy Self: Lessons on Mindfulness in Medicine*. New York: Random House.
- Spencer, J.W. Jacobs, J.J. (1999). *Complementary/alternative medicine: an evidence-based approach*. London: Mosby
- Spouse, J. Redfern, L. (2000) *Successful Supervision in Health Care. Practice*. Oxford Blackwell
- Stone, J. (2002) *An Ethical Framework for Complementary and Alternative Therapists*. Routledge.
- Stone, J. Mathews, J. (1996) *Complementary Medicine and the Law*. Oxford University Press. Oxford.
- Tavares, M. (2003) *National Guidelines for the use of Complementary Therapies in Supportive and palliative Care*. Prince's Foundation for Integrated Health, National Council for Hospice and Specialist Palliative Care Services London.
- Vickers, A. (1996) *Massage and aromatherapy: a guide for health professionals*. London: Chapman and Hall.
- Vickers, A. (ed) (1998) *Examining complementary medicine*. Stanley Thornes (Publisher) Ltd, Cheltenham.

Recent Books/ Chapters published by team members

- Mackereth P Carter (2008) *Complementary Therapies*. In: Payne S, Seymour J & Ingleton C (Eds). *Palliative Care Nursing: Principles and Evidence for Practice*. 2nd edition McGraw-Hill Press: Maidenhead
- Mackereth, P. O'Hara, C. (2007) *Reflexology*. In: *Enhancing cancer care: complementary therapy and support* (ed. J Barraclough) Oxford University Press. Oxford
- Mackereth, P. Stringer, J. (2007) *Massage*. In: *Enhancing cancer care: complementary therapy and support* (ed. J Barraclough) Oxford University Press. Oxford
- Stringer, J. (2007) *Aromatherapy*. In: *Enhancing cancer care: complementary therapy and support* (Ed. J Barraclough) Oxford University Press. Oxford
- Mackereth, P. Carter, A. (eds). (2006) *Massage & Bodywork: adapting therapies for cancer care*. Churchill Livingstone, London
- Cawthorn, A. Mackereth, P. (2006) *Complementary and Alternative Therapies in Rheumatology*. In: *Rheumatology Nursing* (ed. Hill, J) 2nd Ed Whurr Pub; London.
- Molassiotis, A. Cawthorn, A. Mackereth, P. (2005) *Complementary and Alternative Therapies in Cancer Care*. (eds Kearney & Richardson) *Nursing Patients with Cancer* Elsevier Science. London.
- Mackereth, P. Campbell, G. (2003) *Research and Chair Massage* In: Pyves G Woodhouse D (eds) *NOHANDS Chair Massage*. Shizen Publications. Halifax.
- Mackereth, P. Tiran, D. (eds). (2002) *Clinical Reflexology: a guide for health professionals*. Churchill Livingstone, London

Examples of recent articles

- Mackereth P Carter A Parkin S Stringer J Roberts D Long A Todd C Caress A (accepted) *Complementary therapists' training and cancer care: a multi-site study*. *European Journal of Oncology Nursing*
- Mackereth P Carter A Parkin S Stringer J Roberts D Long A Todd C Caress A (2009) *Complementary therapists' motivation to work in cancer/supportive and palliative care: a multi-centre case study*. *Complementary Therapies in Clinical Practice*.161-165.
- Mackereth P Booth K Hillier V Caress A (published on-line) *What do people talk about during reflexology? Analysis of worries and concerns expressed during sessions for patients with multiple sclerosis*. *Complementary Therapies in Clinical Practice*.
- Maycock P Mackereth P (2009) *Helping smokers to stop*. *The International Therapist*. 86: 18-19
- Mackereth P Booth K Hillier V Caress A (2009) *Reflexology and relaxation training for people with MS: a controlled trial*. *Complementary Therapies in Clinical Practice*. 15: 14-21
- Mackereth P Marland L (2009) *Clive O'Hara (1948-2008) – pioneer of reflexology*. *Complementary Therapies in Clinical Practice*.15:52

- Mackereth P Campbell G Maycock P Hennings J Breckons M (2008) Chair massage for patients and carers: A pilot service in an outpatient setting of a cancer care hospital. *Complementary Therapies in Clinical Practice*. 14, 136-142.
- Mackereth P (2007) Touch Therapies: the curious researcher *Journal of Holistic Healthcare* 4(4), 33-37.
- Wilson, K. Ganley, A. Mackereth, P. Roswell, V. (2007) Subsidized complementary therapies for staff and volunteers at a regional cancer centre: a formative study. *European Journal of Cancer Care* (published on-line).
- Bott, J. (2007) An analysis of paper-based sources of information on complementary therapies. *Complementary Therapies in Clinical Practice*. 13, 53-62
- Mackereth, P. Carter, A. (2006) Clinical leadership: developing the role of complementary therapy coordinators. *Complementary Therapies in Clinical Practice*. 12, 80-82.
- Mackereth, P. Carter, A. (2006) Nurturing Resilience: touch therapies in palliative care. *Journal of Holistic Healthcare*.3 (1), 24-28.
- Mackereth, P. Sylt, P. Weinberg, A. Campbell, G. (2005) Chair Massage for Carers *European Journal of Oncology Nursing*.9, 167-17.
- Mackereth, P. Cawthorn, A. White, K. Lynch, B. (2005) Improving stressful working lives: complementary therapies for staff. *European Journal of Oncology Nursing* 9, 147-154.
- Mackereth, P. Stringer, J. (2005) CAM and cancer care: champions for integration. *Complementary Therapies in Clinical Practice*. 11, 45-47.
- Mackereth, P. Stringer, J. Lynch, B. (2004) Award winning 'completing the circle' project at Christie Hospital *Complementary Therapies in Nursing & Midwifery*. 10, 127-132

Useful websites / Addresses

Reflexology Research Project

P.O. Box 35820

Albuquerque, NM

87176

www.christie.nhs.uk/patients/rehab/comp/default.aspx

www.christie.nhs.uk/pro/cs/comp/training.aspx

www.msha.org.uk

www.bhma.org/

Appendix

Guidance on written work

There are three written assignments in addition to a record of each course you attend. These are a case study, a critique of a research paper, written evidence of reflective practice. A framework for the written work is outlined below. Written work must be referenced and information about the referencing system is attached. This is necessary to give your work academic standing and enables us to maintain the standard and of the course. It is important that all quoted material is correctly referenced. If any material is used that is not your own work, this can constitute plagiarism. If in doubt, please discuss with a member of the ITTU team prior to submission, as plagiarised work will be rejected and may lead to a fail mark.

1. Case study (2,000 words)

You need to write up the case study of one patient or carer in the supportive and palliative care context who has proved challenging to treat and support. The case study is intended for you to demonstrate how you relate theory and practice to a particular individual. Case studies can also be powerful in helping other health care professionals understand your work, and it is important that you can communicate clearly how theory drawn from current literature (referenced) and your practice are related.

The case study should include:

1. **The medical history** related to the cancer, its onset, primary site and metastases, medical treatment received to date, (Include initial treatments and last three years maximum).

2. **Psychological aspects**, how the individual and the family were affected, current stress levels, coping ability
3. **The patient or carer expectations** of the therapy and what you want to achieve.
4. **Identify your goals are and how** you will achieve them e.g. how long will the sessions be, how frequently, venue, recommendations for action between sessions
5. **Summary of the outcome of each treatment** – e.g. what you did, how the client felt at the end of the session– any side effects, after care/advice. It is useful to monitor progress by asking the client how she/felt after the previous treatment, (except the initial one) You need only record a maximum of six treatments- unless there is a good reason for continuing.
6. **Evaluation:** In your summary explain why the treatment was successful, whether or not you meet your goals – did the client realise his/her expectations? You may like to consider if the expectations were unrealistic or whether or not there were more benefits than you thought possible. What are the implications of your personal learning for future practice?

Please do not identify the client so that confidentiality is protected, and avoid irrelevant judgements e.g. Mary was a pretty lady or John was a handsome young man.

2. Reflective Practice Assignment (1,500 words)

We ask you to undertake reflective practice following a significant incident. The record of the incident should be structured. In this way nothing is missed and a useful model is developed which will be support self learning in the future. The incident can be something that went completely wrong, an unexpected outcome, a complete change in behaviour or attitude either on your part, or on the part of the patient/carer or something that happened that was unexpected and/or very successful and celebrates the work. It is essential that you use a referenced model of reflective practice (examples can be provided, if required).

Note: This is your reflective practice. When writing up your significant incident, please do not include any biographical details or make a judgement of someone else's practice.

3. Research Assignment; Critique of a research paper (1,500 words).

The development of complementary therapies depends in part on evidence based practice and research. As more research findings are published, it is important that therapists develop their skills in assessing the quality of research and its implications for practice. Publication of a research paper does not necessarily guarantee its quality and an ability to critically appraise research is an important skill to develop

Writing critique is about judging whether a published paper or research report has described a study sufficiently well for you to be able to make effective use of the findings or conclusions. Generally speaking, if a paper is published in a reputable peer reviewed journal it will have been checked for accuracy, appropriateness of methodology and use of statistics. You may decide to choose a non-peer reviewed article or choose one which is of particular interest to you. There are articles available at the Christie Hospital which can be photocopied for a small charge. Please choose something that is post 1998 and avoid taking articles off the internet. A check list which will act as a guide is given below.

Checklist for Research Critique

1. Was a question or hypothesis stated?
2. What was the population for the study e.g. sample size, attrition rate, demographic characteristics such as gender /ethnicity, disease social class?
3. What method(s) were used e.g. randomised control trial, crossover trial, observational study, qualitative approach /interviews, focus groups etc.?
4. How was the data collected: e.g. questionnaires, interview data, and physiological measurements?
5. How the data was analysed – were there any tests performed e.g. statistical analysis– or was the data analysed using qualitative approaches. E.g. thematic analysis?
6. What were the limitations of the study?
7. What were the findings?
8. What recommendation (s) was made?
9. What are the implications for your practice?

If you work through the above plan, then this will give you practice at reading a research paper in a structured way and your task will be much easier.

Submitting your completed course work

Your work should be typed and the text must have 1.5 spacing between the lines.

Two copies must be submitted to the ITTU. We will keep your original copy for future reference and the other will be returned to you. You **MUST** retain a copy of your own, in case anything happens to your submission in transit. To cut down on storage space and the cost of sending your written work through the post, please submit it in one or two clear plastic folders (you could keep your duplicate in your original file at home .

Make sure that the submission form which you were given in your file at the beginning of the Diploma Course is on the front. Send the file to: FAO The Integrative Therapies Unit at the Christie Hospital.

You can either send the work by post or give it to a member of the ITTU at the Christie Hospital. We will acknowledge we have received it if you send it by post. Once received and logged, the Team will assess the work and communicate with you within 4-weeks. If you are referred and there is further work to do, we will be in touch with you to arrange a telephone tutorial.

If you would like some feedback on single written assignments during the course, or any other aspects of your work, please email: Ann Carter at coffeecups@tiscali.co.uk.

We need to review all your work as a whole and we can't assess individual assignments until your course work is submitted

Christie Hospital Complementary Therapy Services
 Postgraduate Diploma: Complementary Therapy in Cancer Care

COURSE RECORD AND EVALUATION

Use this form to record and evaluate the courses attended – You should relate it to your identified learning needs and consider what you expect to achieve. Once you have undertaken the activity, you should keep referring to the form to evaluate the learning and how you have used it.

Name	Date of course
Title of course	Facilitator
Intended learning outcomes (by the end of the course I will be able to:)	
Key learning points relevant to practice (what did I learn from this course?)	
Plan for application of learning into practice (how could I use what I have learned in practice?)	
Evidence of application of learning to own area of work (this may occur some time after the event)	
Identification of further learning needs (did this course raise any issues I need to consider?)	