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Co-Creating a Socially Responsive Palliative Care Curriculum: Lessons from Stakeholder Engagement in Malawi

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Abstract

Despite growing demand, access to palliative care in Africa remains critically limited, with fewer than 5% of those in need receiving appropriate services. In Malawi, this gap is driven by a complex mix of systemic, individual, and relational barriers. In response, the Kamuzu University of Health Sciences (KUHeS) launched the Bachelor of Science in Palliative Care (BPAC) program in 2018 to train specialist providers locally.

This paper explores how stakeholder engagement informed a curriculum review aimed at strengthening the social accountability of the program. In 2024, a participatory curriculum review was conducted using the Partnership Pentagram Plus (PPP) framework, guided by appreciative inquiry and deliberative dialogue. Key stakeholders—including students, faculty, policymakers, service providers, and community representatives—provided feedback through structured group discussions and plenary sessions. Their insights were organized using the 4D cycle of appreciative inquiry (Discover, Dream, Design, Destiny) and integrated into curriculum redesign and implementation.

Stakeholders recommended greater emphasis on community-based learning, reduced classroom hours, and stronger clinical supervision. As a result, the BPAC modules were consolidated from 24 to 14, a clinical lecturer was appointed, and clinical placement sites were expanded. Portfolio-based learning and reflective presentations were introduced to enhance experiential learning. Additionally, the district placement period was extended to include immersive, ethnographic engagement in home-based palliative care, strengthening students' capacity to deliver culturally safe care.

The PPP framework, together with appreciative inquiry and deliberative dialogue, enabled meaningful, community-informed changes in curriculum delivery. The BPAC program now serves as a model for socially accountable health professions education. This approach holds promise for adaptation in other programs at KUHeS, highlighting the importance of stakeholder relationships, inclusive dialogue, and context-driven curriculum transformation.

Background

Less than 5% of individuals in need of palliative care in Africa are able to access it (Grant et al. 2011). This limited access is driven by a complex interplay of challenges, including

individual- and system-level barriers as well as relational issues, such as ineffective communication between healthcare providers and recipients of care (Agom et al. 2021). The growing burden of HIV and AIDS in recent decades, alongside the rising prevalence of non-communicable diseases (NCDs) and an aging population, has further exacerbated the demand for palliative care services across the continent (Merriman et al. 2019).

In light of these challenges, there is increasing recognition of the need to clearly define the nature and scope of palliative care. Such conceptual clarity is essential to inform the development of integrated care models that can guide the organization and delivery of palliative services (Brazil 2018). Responding to this need, the International Association for Hospice and Palliative Care (IAHPC) proposed a consensus-based definition of palliative care as the active, holistic care of individuals of all ages experiencing serious health-related suffering (SHS) due to severe illness, especially of those near the end of life (Radbruch et al. 2020). This approach aims to enhance the quality of life for patients, their families, and caregivers. IAHPC emphasizes that suffering is considered serious when it cannot be alleviated without medical intervention and when it negatively impacts physical, social, spiritual, and/or emotional functioning.

Acknowledging the need for specialized providers of palliative care, the Kamuzu University of Health Sciences (KUHeS) in Malawi established a mature-entry Bachelor of Science in Palliative Care (BPAC) program for nurses and clinical officers.

To enhance the standards of teaching and learning, it was essential to ensure social accountability in the BPAC curriculum review process by incorporating lessons learned and perspectives from a wide range of stakeholders. Boelen and Heck define social accountability as the obligation of the faculty to direct their education, research, and service activities towards addressing the priority health concerns of the community, the region, and/or nation they have a mandate to serve (“WHO_HRH_95.7.Pdf,” n.d.). Guided by this principle, and using an appreciative inquiry approach (Carter et al. 2007; Sandars and Murdoch-Eaton 2017; Hung et al. 2018), we report on how stakeholder engagement informed the integration of community-identified palliative care priorities into the BPAC curriculum, as well as related research and service initiatives.

Context

With the advent of HIV in Malawi in 1988 and the maturation of the epidemic a decade later, significant gaps in the provision of palliative care became increasingly evident (Tapsfield and Jane Bates 2011). In response, Queen Elizabeth Central Hospital (QECH), a tertiary facility in Blantyre, established a hospital-based paediatric palliative care service in 2002—the first of its kind in Africa (Molyneux et al. 2013). Since then, palliative care services have gradually expanded across the country, leading to Malawi being recently recognized as one of the African nations making substantial progress in palliative care provision (Palumbo et al. 2023).

Initially, most palliative care providers in Malawi received either on-the-job orientation or short-term training offered by various organizations, including the Ministry of Health. For those seeking to become specialists, formal education opportunities were only available

abroad, such as enrolling in the Bachelor of Science in Palliative Care at Hospice Africa Uganda (HAU) or diploma programs offered in Kenya.

Following a national consultation on learning needs in 2013 (K. Markham et al. 2017), the Kamuzu University of Health Sciences (KUHeS) launched a three-year mature entry Bachelor of Science in Palliative Care (BPAC) program. The program is housed within the Department of Family Medicine under the School of Medicine and Oral Health. The aim was to increase the number of locally trained nurses and clinical officers at the specialist level, as international training opportunities were limited, expensive, and produced relatively few specialists in palliative care. The BPAC program enrolled its first cohort of 20 students in 2018. Since then, four cohorts of specialist palliative care providers have graduated from KUHeS.

In recognition of this progress, the Ministry of Health has created a new position—Clinician Associate for Palliative Care—within the national staff establishment, specifically for BPAC graduates. Some of these graduates are now leading palliative care services within the public health sector, while others have pursued further education and specialization.

Innovation

We conducted the first-ever BPAC curriculum review in 2024. Using a partnership-based approach, we invited a range of stakeholders—including former students, service providers, patients and their caregivers, and KUHeS faculty who contributed valuable insights on enhancing both service delivery and palliative care education. Their recommendations aimed to ensure that the curriculum remains responsive to the priorities of community-based palliative care. All the feedback was appropriately documented by a rapporteur for purposes of record keeping.

In the following sections, we highlight key concepts and their practical applications that may be transferable to other contexts.

Relationship Building: Partnership Pentagram Plus (PPP)

We used the partnership pentagram (Rourke 2006) to identify the categories of stakeholders involved in the BPAC curriculum review process. Stakeholders were purposively selected based on their potential to contribute knowledge and experiences relevant to social accountability and undergraduate health sciences education. The partnership pentagram is adapted from the geometric concept of a pentagon, which has five sides; however, in this framework, the five points are interconnected around a central core, symbolizing the dynamic relationships among stakeholder groups. Boelen proposed that five key actors—policy-makers, health managers, health professionals, academic institutions, and communities—form a “Partnership Pentagram”, illustrating the diversity and richness of potential relationships aimed at developing health services responsive to people’s needs (“WHO_EIP_OSD_2000.9.Pdf,” n.d.; Woollard, n.d.).

Building on this concept, the Rural Coordination Centre of British Columbia (RCCbc) introduced a sixth partner, Linked Sectors, expanding the model into the “Partnership Pentagram Plus” framework (Figure 1) (R. Markham et al. 2021). This expanded model

recognizes the complexity of stakeholder engagement and emphasizes inclusivity in co-creating health solutions.

Figure 1: Partnership Pentagram Plus

We acknowledge the foundational work of the original developers of the BPAC curriculum, who took the initiative to engage a wide range of stakeholders—primarily experts in policy, palliative care education, and service delivery (K. Markham et al. 2017). To ensure a comprehensive review process that ensures relationship building, we engaged six partners in line with the PPP approach (Table 1):

Table 1: Relationship Building – Partnership Pentagon Plus (PPP)

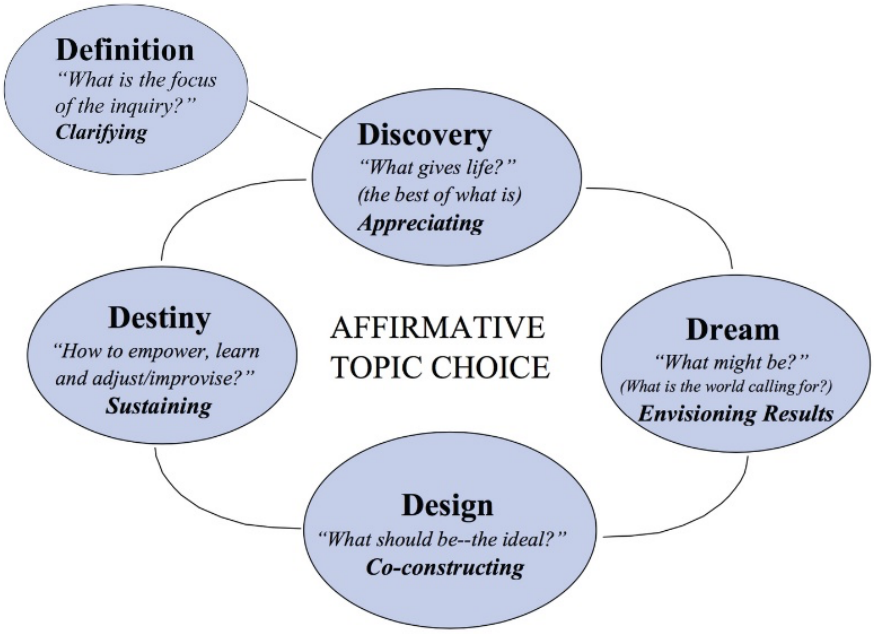
No.	Category	Identity and Demographic
1	Health Administrators	Ministry of Health (Palliative Care Desk Office), Hospital Director - Zomba Central Hospital
2	Policymakers	Ministry of Health – Department of Policy and Planning, Medical Council of Malawi, KUHeS Academic Registry
3	Health Providers and Professionals	Clinical Placement Sites Preceptors (Mulanje Mission Hospital, Mulanje District Hospital, Zomba Central Hospital, Mangochi District Hospital, Ndimoyo Palliative Care Trust, Queen Elizabeth Central Hospital) Medecins Sans Frontieres (MSF), Kamuzu Central Hospital – Cancer Centre)
4	Academia	National Council of Higher Education (NCHE), Kamuzu University of Health Sciences (KUHeS) faculty (Departments of Family Medicine, Public Health, Basic Medical Sciences (BMS), Teaching and Learning Development Centre (TLDC), Library)

5	Linked Sectors	Palliative Care Association of Malawi (PACAM), Former BPAC students, Patient Welfare Association of Malawi (PAWEM)
6	Communities	Recipients of Palliative Care Services

Appreciative Inquiry and Deliberative Dialogue

Our curriculum review process underscored the importance of engaging stakeholders through the appreciative inquiry approach. This method takes participants through a 4D cycle of Discover, Dream, Design, and Destiny, with a focus on identifying and strengthening existing successes while demonstrating practical outcomes (Figure 2) (Watkins et al. 2016). It encourages reflection on why certain practices are effective and how their positive impact can be expanded.

Figure 2: 4D Cycle – Appreciative Inquiry



To facilitate in-depth discussions and actionable recommendations, stakeholders were divided into smaller working groups. Each group was assigned specific tasks and later presented their outputs in a plenary session, where collective dialogue further enriched the contributions.

Both in small groups and plenary sessions, deliberative dialogue played a central role. This structured and purposeful exchange enabled stakeholders to reach consensus on priorities for health service education and delivery and collaboratively develop action plans grounded in research evidence and contextual realities (Acosta et al. 2018). Such an approach fosters knowledge translation by empowering individuals, communities, and institutions to turn scientific knowledge into meaningful, informed action.

From this process, several key considerations emerged, including:

Classroom Teaching Time

The School of Medicine and Oral Health (SMOH) has a strong tradition of both clinical practice and community engagement. Aligning with Malawi's national palliative care policy (Resource Library 2019)—which emphasizes strengthening community-based approaches to care —stakeholders identified the need to create more opportunities for student learning and hands-on experience in both clinical and community settings. To achieve this, it was proposed that related modules be consolidated to reduce time spent in the classroom. This curriculum restructuring resulted in the integration of overlapping content, reducing the number of modules from 24 to 14 in the final four semesters of the palliative care training. The first two semesters remain focused on foundational training in basic medical sciences.

Clinical and Community Practice

Initially, clinical and community supervision of students was conducted by BPAC lecturers in collaboration with preceptors at designated palliative care placement sites. During the curriculum review meeting, stakeholders recommended the recruitment of a dedicated clinical lecturer to strengthen and streamline this supervision. In addition to mentoring and supervising students, this role would also coordinate all clinical and community-based teaching activities, working closely with BPAC lecturers, site supervisors, and preceptors. The aim was to enhance clinical effectiveness by bridging the gap between theoretical knowledge ("know what") and practical skills ("know how") (Brown 2006).

In response to this recommendation, KUHeS has appointed a clinical lecturer in palliative care and expanded the number of clinical placement sites by adding Neno District Hospital and St. Gabriel's Mission Hospital in Lilongwe—both of which offer integrated hospital and community-based palliative care services. Plans are also underway to conduct preceptor-specific training to ensure student supervision aligns with the BPAC program's established standards and guidelines.

Further proposed improvements to program delivery include the introduction of portfolio-based learning, a key instructional strategy in health assessment, treatment, and care (Rosenberg 2014). Through this approach, students are required to demonstrate their clinical competencies in real-world settings. Students are now spending a minimum of four weeks in a specific department at the teaching hospital—Queen Elizabeth Central Hospital (QECH), during which they follow up on a case, prepare a case study report, and deliver a classroom presentation at the end of the rotation. There are four active portfolio-based learning rotations focused on pain assessment and management, complex symptom management, psychosocial care, and follow-up and management of rare cases.

Another important recommendation was to increase the duration of district clinical placements to incorporate a "learning by living" model (Gugliucci and Weiner 2013). Previously, students spent four weeks at these sites, which included a single home visit (one day) with the hospital community team. However, stakeholders noted that this limited exposure did not provide sufficient ethnographic insight into the lived experiences of palliative care patients and their caregivers in home settings. In response, two additional

weeks have been added to the district placement rotation. The extended placement also supports the development of culturally safe care practices for home-based patients and offers students the opportunity to build relationships within the community as they explore the local context of palliative care. As a final requirement of this placement, students must prepare a reflective presentation, which is first shared with their host clinical placement site and later presented to classmates and faculty upon returning to the university.

Lessons Learned

1. **Needs considerable scheduling**
   Considerable time was dedicated to facilitating dialogue and gradually engaging stakeholders throughout the process. Both small group discussions and plenary sessions held during the BPAC curriculum review enabled critical analysis, ultimately leading to well-informed recommendations for enhancing curriculum delivery—spanning classroom instruction, as well as clinical and community-based student practice.

2. **Ascription**
   In a complex adaptive system, ascribing success to a single process is inherently challenging. However, the curriculum review process has yielded collective progress through an iterative and collaborative approach. Key indicators of this success include in-depth small group discussions and plenary sessions that have driven changes aligned with priority concerns in palliative care for the community. Continued data collection, sharing, and analysis will be essential to ensure ongoing alignment with our goals and to guide future improvements.

3. **Real-world implementation**
   Ongoing efforts are needed to ensure that the collective goodwill generated through the appreciative inquiry process is effectively translated into tangible actions that address health inequities. This calls for sustained investment from organizations to maintain momentum, with social accountability remaining central to all partnerships. One way to support this is through the development of strong memoranda of collaboration among partners, which can help balance innovation with stability as new services are implemented and begin to operate.

Conclusion

Seven years since its official launch in 2018, the BPAC program at KUHeS has become a recognized model for fulfilling its social accountability mandate. Central to this success is the use of the PPP framework, applied through appreciative inquiry and deliberative dialogue, which enables meaningful and socially accountable changes in curriculum delivery. By responding to the priority concerns of the communities it serves, BPAC exemplifies how academic programs can align with social responsibility.

This model holds promise for adaptation in other programs within KUHeS, particularly when approached with a learning or developmental mindset to determine its relevance and scalability. At the heart of meaningful curriculum review and delivery is the intentional

building of relationships with like-minded stakeholders. Creating space to listen deeply and understand diverse perspectives helps inform more effective, contextually grounded next steps.

References

Acosta, Aline Marques, Nelly Donszelmann Oelke, and Maria Alice Dias da Silva Lima. 2018. "Theoretical Considerations of Deliberative Dialogue: Contributions for Nursing Practice, Policy and Research." Texto & Contexto - Enfermagem 26 (January). https://doi.org/10.1590/01040707201700052017.

Agom, David A, Tonia C Onyeka, Peace N Iheanacho, and Jude Ominyi. 2021. "Barriers to the Provision and Utilization of Palliative Care in Africa: A Rapid Scoping Review." Indian Journal of Palliative Care 27 (1): 3–17. https://doi.org/10.4103/IJPC.IJPC_355_20.

Brazil, Kevin. 2018. "A Call for Integrated and Coordinated Palliative Care." Journal of Palliative Medicine 21 (S1): S-27. https://doi.org/10.1089/jpm.2017.0430.

Brown, Sarah J. 2006. "The Experiences of Lecturer Practitioners in Clinical Practice." Nurse Education Today 26 (7): 601–8. https://doi.org/10.1016/j.nedt.2006.01.016.

Carter, Caroline A., Mary C. Ruhe, Sharon Weyer, David Litaker, Ronald E. Fry, and Kurt C. Stange. 2007. "An Appreciative Inquiry Approach to Practice Improvement and Transformative Change in Health Care Settings." Quality Management in Healthcare 16 (3): 194. https://doi.org/10.1097/01.QMH.0000281055.15177.79.

Grant, Liz, Julia Downing, Elizabeth Namukwaya, Mhoira Leng, and Scott A. Murray. 2011. "Palliative Care in Africa since 2005: Good Progress, but Much Further to Go." Features. BMJ Supportive & Palliative Care 1 (2): 118–22. https://doi.org/10.1136/bmjspcare-2011-000057.

Gugliucci, Marilyn R., and Audrey Weiner. 2013. "Learning by Living: Life-Altering Medical Education Through Nursing Home-Based Experiential Learning." Gerontology & Geriatrics Education, January 1. world. https://www.tandfonline.com/doi/abs/10.1080/02701960.2013.749254.

Hung, Lillian, Alison Phinney, Habib Chaudhury, Paddy Rodney, Jenifer Tabamo, and Doris Bohl. 2018. "Appreciative Inquiry: Bridging Research and Practice in a Hospital Setting." International Journal of Qualitative Methods 17 (1): 1609406918769444. https://doi.org/10.1177/1609406918769444.

Markham, Kate, Cornelius Huwa, and Maya Bates. 2017. "Palliative Care in Malawi: The Current State of Services and Education." European Journal of Palliative Care 24 (February).

Markham, Ray, Megan Hunt, Robert Woollard, et al. 2021. Addressing Rural and Indigenous Health Inequities in Canada through Socially Accountable Health Partnerships. Communication. November 1. https://doi.org/10.1136/bmjopen-2020-048053.

Merriman, Anne, Eddie Mwebesa, and Ludo Zirimenya. 2019. "Improving Access to Palliative Care for Patients with Cancer in Africa: 25 Years of Hospice Africa." Ecancermedicalscience 13 (July): 946. https://doi.org/10.3332/ecancer.2019.946.

Molyneux, Elizabeth M., Vicky Lavy, Mary Bunn, Zoe Palmer, and Fred Chiputula. 2013. Developing a Palliative Care Service for Children in the Queen Elizabeth Central Hospital, Blantyre, Malawi. Global Child Health. September 1. https://doi.org/10.1136/archdischild-2013-303722.

Palumbo, Natalie, Alyssa Tilly, Eve Namisango, et al. 2023. "Palliative Care in Malawi: A Scoping Review." BMC Palliative Care 22 (1): 146. https://doi.org/10.1186/s12904-023-01264-8

Radbruch, Lukas, Liliana De Lima, Felicia Knaul, et al. 2020. "Redefining Palliative Care—A New Consensus-Based Definition." Journal of Pain and Symptom Management 60 (4): 754–64. https://doi.org/10.1016/j.jpainsymman.2020.04.027.

Resource Library. 2019. "Malawi Palliative Policy 2014." May 8. https://aaopenplatform.accessaccelerated.org/resource-library/content/malawi-palliative-policy-2014-0.

Rosenberg, Mariam. 2014. "The Development of a Clinical Practice Assessment Portfolio for the Clinical Nursing Science, Health Assessment, Treatment and Care Programme." Stellenbosch: Stellenbosch University. http://hdl.handle.net/10019.1/86651.

Rourke, James. 2006. "Social Accountability in Theory and Practice." Case Studies and Commentaries. The Annals of Family Medicine 4 (suppl 1): S45–48. https://doi.org/10.1370/afm.559.

Sandars, John, and Deborah and Murdoch-Eaton. 2017. "Appreciative Inquiry in Medical Education*." Medical Teacher 39 (2): 123–27. https://doi.org/10.1080/0142159X.2017.1245852.

Tapsfield, Julia B., and M. Jane Bates. 2011. "Hospital Based Palliative Care in Sub-Saharan Africa; a Six Month Review from Malawi." BMC Palliative Care 10 (1): 12. https://doi.org/10.1186/1472-684X-10-12.

Watkins, Sarah, Belinda Dewar, and Catriona Kennedy. 2016. "Appreciative Inquiry as an Intervention to Change Nursing Practice in In-Patient Settings: An Integrative Review." International Journal of Nursing Studies 60 (August): 179–90. https://doi.org/10.1016/j.ijnurstu.2016.04.017.

"WHO_EIP_OSD_2000.9.Pdf." n.d. Accessed April 21, 2025. https://iris.who.int/bitstream/handle/10665/66566/WHO_EIP_OSD_2000.9.pdf?sequence=1&isAllowed=y.

"WHO_HRH_95.7.Pdf." n.d. Accessed April 15, 2025. https://iris.who.int/bitstream/handle/10665/59441/WHO_HRH_95.7.pdf?sequence.

Woollard, Robert F. n.d. Caring for a Common Future: Medical Schools' Social Accountability. https://doi.org/10.1111/j.1365-2929.2006.02416.x.