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Abstracts

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Abstract number: P2-272

Abstract type: Poster

Palliative Care (PC) Education and its Importance in Providing a Quality Service

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Goal: To present the work of Mary Potter team over the years being made on the continuing education of healthcare professionals on PC; Highlight the positive impact of the education on the daily work of doctors and nurses; To provide a clear view of the method used for the education; To show the plans regarding the future organisation of these trainings, to discover the impact of the education of healthcare providers on the quality of life for all the patients in need

Methodology: For this presentation we have used: Data gathered in Mary Potter PC center which provides PC education for healthcare professionals from the entire country; Questionnaires filled by participants of the residential courses before and after training, reports and notes left in the book of impressions; Training programs; Information collected from patients and their caregivers.

Results: Since 2007 Mary Potter PC Center has organised trainings in different formats lasting 1 day, 2 days and 5 days (residential courses, for physicians, nurses, social workers and psychologists from the entire country). All the training were recognised and accredited by the National Center for Continuing Health Education. The trainings were positively evaluated for the organisation, topics selected, methods applied to deliver the information and the overall importance of the trainings. The practical experience has been assessed as the most valuable experience of this activity. Indirect beneficiaries in these trainings are patients who are being modestly provided with PC from healthcare professionals trained in MP center.

Conclusions: Education is an important component of PC which needs to develop along with this service. Capacity building of healthcare professionals on PC has produced a positive impact on the care provided to patients and their families. PC education has contributed to the promotion and further development of this service in Albania.

Keywords: Education, Palliative care, Healthcare professionals

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For Integration of Palliative Care in Critical/Intensive Care Settings

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While delivering Palliative Care (PC) in Critical/Intensive Care Settings (CICS) the physicians and nurses usually follow their 'scant' knowledge in PC and traditional motivation to 'cure' the patient or 'postpone death', which leads to neglecting or missing the opportunity to attend the needs and attitudes towards the care of patient's family and more severely, of the patient him/herself.

The presented research proves the necessity and importance of special education/training of CICS medical staff and integration of PC into CICS at the hospitals of Georgia.

Conducted research was based on the analyses of:

1. Structural interviews of 57 CICS physicians and nurses evaluating their knowledge and skills necessary for conducting of adequate PC;
2. Semi-structural interviews of 23 individuals aged more than 80 years (age range 83–92 years) and 32 advanced cancer patients (age range 32–78) who still continue active life and/or intellectual work.

The first study has evidenced that more than 84% of medical staff working in CICS do not have adequate knowledge and skills needed neither to deliver quality PC for patients nor to communicate effectively with patients and their families.

The second study has shown that more than 70% of needs and attitudes towards the care of these cohorts, recognising the limited terms of their life, is consistent with the 3rd and 4th levels of A. Maslow pyramid of needs. It was suggested, that such needs and attitudes should be maximally taken into account by medical staff even when the adequate communication is complicated or impossible due to the patient's health state in CICS. The obtained results confirm the importance of education/training in basic PC of medical professionals, working in ICCS.

To support the integration of PC in CICS, two versions of basic PC modules with both – communicative and online-based teaching tools were prepared, accredited and implemented specifically for CICS physicians in Georgia in 2014.

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Advanced Training in Palliative Care: 15 Years of Experience in Catalonia (Spain)

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Background: Advanced training and education in palliative care (PC) is essential for the development of high quality PC delivery. The Catalan Institute of Oncology launched the first Master in PC in 1998. Ten editions have already been completed. The master is been offered by the University of Vic in collaboration with University of Barcelona (Barcelona, Spain).

Aims: Describe the quantitative results and evolution of advanced training in education in Palliative care in Catalonia at its 15 years of implementation.

Methods: The structure and contents evolution of the master are revised and the participants' professional background, work place, experience, and satisfaction degree in regards to the master are described.

Results: More than 400 professionals, 60% physicians and 40% nurses, from diverse settings (hospital, home support teams and socio-health units) have been trained by the master. The master started as modules of 42 academic credits and, since 2010, into subjects and 60 European Credits Transfer System to adapt to the European regulation for superior education.

The teaching syllabus is organised around three core concepts: care philosophy; clinical situations management; and personal work. Additionally, training contents are recently focused on chronic advanced patients and end-of-life care.

Mainly of the students of the last 3 editions did not work exclusively in PC services. They seek to improve their clinical knowledge in regards to symptoms control and to develop better skills as for emotional issues of PC delivery. Their level of satisfaction was 4 out of 5.

Conclusions/discussion: Advanced training and education helps professionals to improve their clinical skills and knowledge as for advanced chronic care. The learning outcomes obtained at the Master of PC, based on case report methodology, are the foundation for professional accreditation and advanced career development in the context of PC.

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Abstract type: Poster

Implementation of an Education Program in Palliative Care among Nursing Students: An Action-research Project in the Outermost Region of the Azores

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Background: Most courses leading to a nursing degree do not meet the recommendations of the European Association for Palliative Care in palliative care. This may lead to difficulties when caring for patients with palliative care needs. In outermost regions, investing in education is a keystone to ensure palliative care provision for all citizens.

Objectives: To study the impact of an optional education program in palliative care among nursing students in their

- (i) knowledge,
- (ii) attitudes towards patients and families, and
- (iii) emotional coping.

Methods: Research-action. Data was collected using the following instruments: pre and post-education program questionnaire; field-notes of the participant students and course leaders; written reflections provided by the participant students during the practicum that followed the course completion; focus groups with students after the same practicum. Questionnaires were analysed comparatively; content analyses were done inductively to the transcripts of field-notes, written reflections and focus groups. 24 nursing students participated in this study.

Results: After the course completion, the students exhibited a more accurate and broader concept of palliative care. The major impact of the course on the students' attitudes towards patients and families referred to an improvement in the students' ability to identify palliative care needs and to better communicate. The course had a major impact on the awareness of students concerning their emotions. Also, the students became more able to cope with difficult situations (e.g., end-of-life care and decisions).

Conclusions: The education program in palliative care contributed significantly to students' clinical practice, namely in terms of an increase of self-confidence while caring for terminally ill patients. By participating in this course, students expanded their knowledge on palliative care, which had an impact also in the development of their competences.

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The EAPC Steering Group on Medical Education and Training: Development of Two New Taskforces

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Aim: The EAPC Steering on Group on Medical Education and Training (SG-MET) has been established to oversee a number of specific task forces which look to advance understanding, application and developments in the field. These include: Undergraduate and Postgraduate Curriculum Development; Mapping of Medical Education across Europe; Mapping of the Specialisation of Palliative Medicine; and Research on the preparedness of newly qualified doctors to practise palliative medicine. This paper will outline the development of two new taskforces of the SG-MET.

Methods:

Taskforce 1: Development of a competency based multiprofessional and societal curriculum for care of the dying in the last hours or days of life.

International consensus to develop a multiprofessional and societal curriculum in care of the dying is required to effectively provide education and training to manage the challenges posed by the projected increased morbidity and mortality in Europe and beyond. The development of a multiprofessional curriculum and a separate societal curriculum will draw on the work of previous EAPC Taskforces on the care of the dying, and the findings from the European Union 7th Framework funded OPCARE9 project.

Taskforce 2. International study of Medical Education in Palliative Care – National Assessment (IMEP-NA).

Following the successful pilot work conducted by the IMEP taskforce (www.mcpil.org.uk/media/24441/eapc%2015.pdf), a new Taskforce project will seek to use the existing methodology to conduct national framework assessments of the preparedness of newly qualified doctors to practice palliative medicine in three countries (Spain, Germany and the UK). This project will look to establish an electronic data collection and reporting platform, which can then be expanded to include further countries on completion of the project. In addition, the taskforce will monitor evolving projects in China, India and the USA which are replicating the original IMEP pilot work.