

TRANSFORMING THE SYSTEM

Palliative care competencies in undergraduate education

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Palliative care competencies in undergraduate education

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Competencias en Cuidados Paliativos en Educación de Pregrado

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FOREWORD

Training in end-of-life care is an essential component for all health care professionals. Education of health care workers is considered one of the crucial aspects suggested by the World Health Organization (WHO), in addition to adequate policies, adequate medicine availability and service implementation in order to establish palliative care in a country.

We, as representatives of the International Association for Hospice and Palliative Care (IAHPC), Fundación FEMEBA (Argentina) and University of Aachen (Germany) worked together and developed an initiative called “Transforming the System”. The goal of this initiative is to facilitate and increase access to palliative care (PC) in the first level of care, through the integration of PC education in undergraduate curricula in nursing and medical schools.

Colombia had the first PC unit in Latin America and it was also the first country in the Region to give PC accreditation as specialty and subspecialty; however, development and access to care are still very limited. The vast majority of PC services as well as the specialists work in third level facilities located in big cities in. One of the reasons behind this gap is that undergraduate education has been deficient; in 2012 only 3 of the 57 schools of medicine in the country offer PC in their medical program, while none of the nursing schools do.

Based on the above, we implemented a workshop in November 2014 in Cali. The purpose of the workshop was to identify the PC competencies in undergraduate level for physicians and nurses in Colombia. During the workshop the following definition of competence was applied:

“Competence consists of integrated pieces of knowledge, skills and attitudes that can be used to carry out a professional task successfully.”

The workshop included 36 participants representing 16 medical and 6 nursing schools from 18 universities in Colombia. Participants were distributed in four thematic groups. Using the (IAHPC) List of Essential Practices as guidance, they were asked to discuss and define PC competencies at the undergraduate level. Participants provided feedback and approved each recommendation. This document includes the final competencies, divided in six main categories: 1) Definition and Principles of palliative care, 2) Identification and Control of Symptoms, 3) End of Life, 4) Ethical and Legal Issues, 5) Psychosocial and Spiritual Issues and 6) Teamwork.

We recommend the universities to use this document as a model to develop their own PC curriculum, tailored to meet the needs of their patients while taking into account their own resources and the educational needs of their students. We encourage organizations, institutions and individuals to help distribute and promote the document, presenting it especially to universities and academic decision makers. This is not a fixed document and it is open to changes, revisions, refining, and improvement according to the local and national needs.

We are very grateful with the institutions and organizations that provided funding which made this workshop possible: This project was funded by the IAHPC (United States), the German Academic Exchange Service (Germany), Open Society, Foundation (United States), the Atlantic Philanthropies (United States), and the Fundación de Lima Bohmer (Colombia).

We are confident that the resulting competencies will be helpful in the development of the curricula for physicians and nurses throughout schools in Colombia and look forward to the further development of the field.

Liliana De Lima, Tania Pastrana and Roberto Wenk

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I. DEFINITION AND PRINCIPLES OF PALLIATIVE CARE

Palliative Care Definition

- Interprets, applies and transmits the basic concepts of palliative care.
- Identifies the individual realities based on a clinical and social analysis to generate intervention strategies in patients with palliative care needs.
- Takes the patient and the family as a unit of care.

Models and Components of Care

- Understands the different interventions in palliative care for patients and their families, within an epidemiological, demographic, economic, and cultural and public policy.
- Recognizes the existence and technical capacity of palliative care services in hospitals, ambulatory and home care models, articulated in a network of health care services.

II. IDENTIFICATION AND SYMPTOM CONTROL

Symptom Management

- Knows the pathophysiology of each symptom.
- Recognizes potentially associated symptoms.
- Applies pharmacologic and non-pharmacologic measures based on available evidence, according to the symptom and its intensity.

Medications

- Knows the essential medicines in palliative care based on evidence-based recommendations, and prescribes them rationally and responsibly.
- Adequately completes the special prescription forms according to the protocols of each hospital, institution and insurance agencies.
- Knows and provides information to patients and caregivers on the procurement of medications.
- Designs an educational program for the patient, the primary caregiver and the family, for storing, preparation and the administration of medicines used in palliative care.
- Administers medications keeping in mind general and specific precautions and recommendations based on the different levels of control and surveillance.
- Documents, shares, implements, evaluates and provides feedback to the surveillance program for appropriate prescription and adherence to treatment involving the patient-family-health team.

Opioids and Psychotropics

- Knows the national legislation related to the availability, distribution, preparation, dispensing, storage, use and administration of opioids.
- Knows the equianalgesia of opioid medications and their rotation.

- Knows the different medications formulations, dilutions and conversions for treatment individualization.
- Prevents and treats opioid side effects, including signs and symptoms of opioid intoxication.
- Knows the risk factors in patients, family and environment related to the abuse and diversion of medications and the control.
- Knows the difference between addiction, pseudo-addiction and tolerance.

Pain

- Knows the definition of total pain and its prevalence in palliative care.
- Recognizes PAIN as the 5th vital sign.
- Integrates physiological and semiological elements in the clinical exam to determine cause and type of pain.
- Knows and applies non-pharmacological and pharmacological therapies for pain management (type of drug, formulation, dosage, side effects, and drug interactions), including the World Health Organization (WHO) analgesic ladder.
- Recognizes complications of uncontrolled pain and impact on the patient (personal, family, work, social) and on the health system
- Refers the patient to the specialist when there is inadequate pain control or when risk factors require it.

Respiratory symptoms

- Defines dyspnea, identifies its causes and makes a differential diagnosis.
- Applies non-pharmacological and pharmacological treatment for dyspnea.
- Applies an established protocol to keep the airway unobstructed, ensuring autonomy and independence.
- Manages and monitors oxygen in accordance with the patient's requirements.
- Evaluates and appropriately manages the patient with respiratory secretions, according to the disease stage.

Gastrointestinal symptoms

Constipation

- Prevents constipation, especially the one induced by opioids.
- Knows the pharmacology and indications of different laxatives available in the market.
- Recognizes drug interactions that could lead to or worsen constipation.

Diarrhea

- Recognizes diarrhea, especially the one induced by chemotherapy.
- Recognize strategies for the management of diarrhea associated with disease progression (basic management ileostomy, colostomy).
- Knows the pharmacology and indications of different antidiarrheal medications available in the market.

Nausea and vomiting

- Recognizes and performs the initial treatment of nausea and vomiting, including those induced by chemotherapy and / or disease progression.
- Applies mechanic approaches to the management of nausea and vomiting.
- Manages antiemetic medications in the proper way (e.g. subcutaneous).
- Identifies, assesses and performs the initial treatment of intestinal obstruction.

Insomnia

- Recognizes the different types and causes of insomnia and implements pharmacologic and non-pharmacologic strategies to address it.

Delirium

- Recognizes precipitating and predisposing factors and clinical manifestations of delirium. Applies pharmacological and non-pharmacological treatment strategies and/or refers to specialist when necessary.

III. END OF LIFE

Palliative Sedation

- Knows the definition of palliative sedation and the differences with euthanasia and assisted suicide as well as the medical, bioethical and legal aspects.
- Recognizes the refractory symptoms and knows the indications for palliative sedation.
- Knows the medications used in palliative sedation, indications, dosage, prescription properly adjusted to regulations, routes of administration, adverse effects and contraindications.
- Knows the 'operational' aspects: who, when, how and where to formulate a sedation.
- Informs the patient and family about the process of palliative sedation.
- Works in an interdisciplinary way during the decision and the sedation, integrated to the network of support.

End of Life

- Identifies and manages symptoms (physical and emotional) as well as other aspects in the end of life.
- Recognizes that there are different cultures and beliefs of the patient and family about the dying process.
- Identifies and anticipates timely manifestations of the dying process and educates the caregiver (s).

IV. ETHICAL AND LEGAL ASPECTS

- Knows the Colombian legislation on palliative care.
- Performs his/her practice based on the bioethical principles and legal aspects for the decision-making with the patient, family and the health care team.

- Knows the concepts of wills, advance directives and their implications in medical decisions.

V. PSYCHOSOCIAL AND SPIRITUAL ASPECTS

Emotional Aspects

- Recognizes the needs and emotional problems and provides support to the patient and family.
- Works interdisciplinary to perform the necessary interventions.
- Recognizes his/her own limitations and performs a personal reflection related to issues such as pain, suffering, disease and death.

Management of Grief

- Recognizes the manifestations and normal grief, and risk factors of pathological grief.
- Provides initial support, promotes normal grieving process, and refers promptly in case of pathological grief.
- Communicates with the patient and the caregiver about the process of death and grief.

Spirituality

- Recognizes and respects different manifestations of spirituality of the patient and his family, understanding religion as one of these.
- Promotes the expression of the spiritual dimension and directs assistance in case of detecting specific needs and problems.

Care for the Caregiver and Family

- Identifies and empowers the capabilities of the caretaker and his family.
- Promotes self-care in the patient and family / caregiver in the context of palliative care.
- Identifies timely caregiver fatigue and the risk of claudication.

Communication and Therapeutic Relationship

- Knows and uses the basic tools of effective communication with the patient and family.
- Establishes an empathic therapeutic relationship that favors the comprehensive care of the patient and his family.

VI. TEAMWORK

- Recognizes and integrates members of different disciplines as part of the team.
- Identifies the causes and manifestations of burnout in self and team members and takes action for management.