

The importance and relevance of specialist education and training in palliative care

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Framework for discussion

- ◆ Has education addressed the needs of specialist palliative care?
- ◆ What are the current transitions in palliative care education in Europe?
- ◆ What is the future for 'specialist' palliative care education and training?

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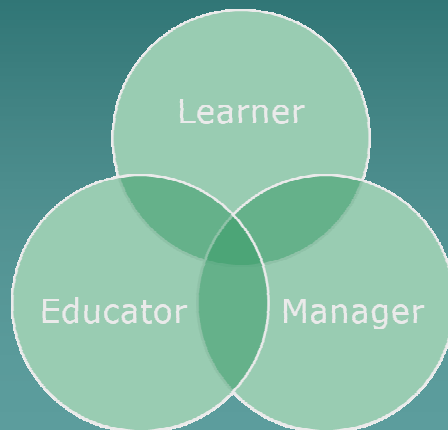


The runaway train

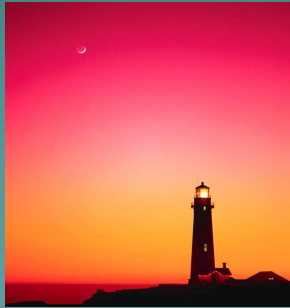


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Education – whose responsibility is it?



Do we have beacons or bastions of Education?



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Palliative Care Education in Ireland – did we get it right?

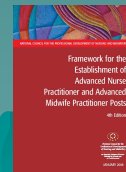
- ◆ **1997** – 1st Palliative Nursing Higher Diploma programme in conjunction with UCD
- ◆ **2001** – 1st Multidisciplinary Masters in Palliative Care
- ◆ **2010** – 5 Multidisciplinary Masters programmes in Ireland

Did this aid the advancement of palliative care practice?

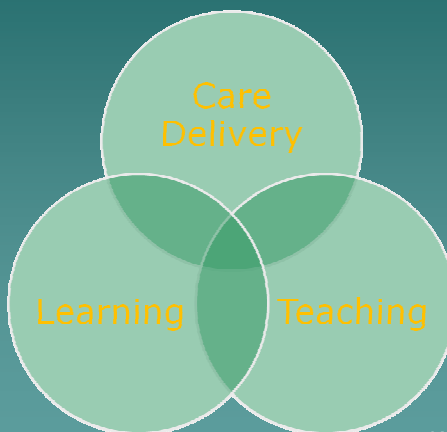
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Advantage or disadvantage?

- ◆ Linked to national policy development
- ◆ Time of economic growth
- ◆ Government-sponsored programmes
- ◆ Has not increased academic posts
- ◆ Sustainability issues
- ◆ Too many courses
- ◆ Time of economic decline

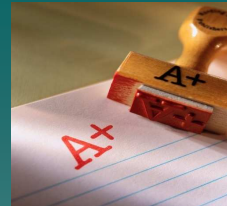
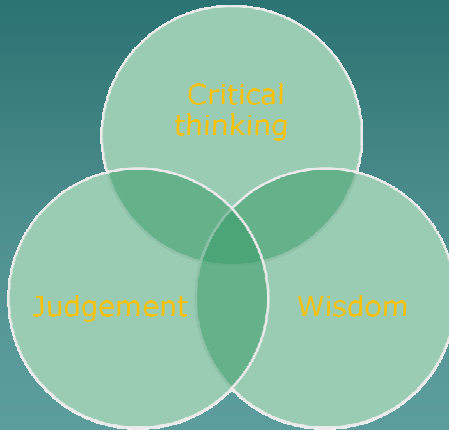


Teaching & Learning in Palliative Care



Wee & Hughes
(2007)

Teaching & Learning for specialist Palliative Care



Is knowledge sufficient for
change?

Alvarez & Agra (2006)

Systematic review of educational interventions for primary care physicians. 18 studies (1635 physicians)

- Demonstrated *improved knowledge*
- Little evidence of *improved practice*

Alvarez & Agra *Pall Med* 2006, 20:673-683

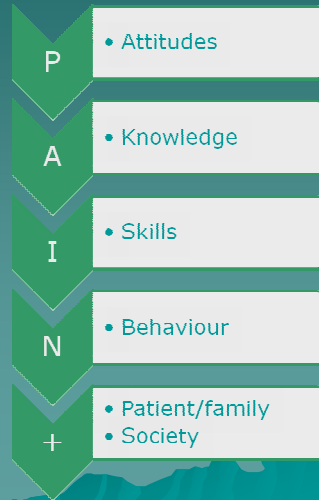
Is education really enough?

"We have learned (once again) that education alone does not change patient and family experience. Or, to be more precise, education targeted to improve knowledge and attitudes does not change behavior"

Ferris & Von Gunten (2001)

Skill Development

◆ Ferris & Von Gunten [2001]



Challenges to specialist palliative care education

- ◆ Bridging the Theory-practice gap
- ◆ Insufficient focus on skill development
- ◆ Lack of academic standardization in programmes
- ◆ Lack of Institutional support for change



An International Dimension

"Importance is not about size. It is about contribution"

Prof. Patrick Cunningham,
Chief Scientific Advisor to the
Government on Dublin's
recognition as European City
of Science 2012

RTE *Morning Ireland* 24th
November 2008

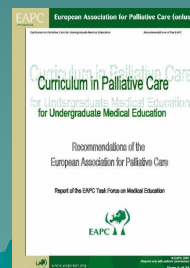


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European Association for Palliative Care
EAPC

There has been no systematic
collation of curricula across Europe
to identify palliative care content,
topics taught, hours of delivery and
assessment strategy



	Level C	Specialist	Qualified health care professionals who are responsible for palliative care units, or who offer a consultancy service and/pr who actively contribute to palliative education and research
	Level B	Intermediate	Qualified health care professionals who either work in specialist palliative care, or in a general setting where they fulfil the role of resource person. Qualified health care professionals who are frequently confronted by palliative care situations (Oncology, community, paediatrics and elderly care)
Level A	Basic (Qualified health professionals)		Qualified health care professionals working in a general health care setting, who may be confronted with situations requiring a palliative care approach.
	Basic (Future health professionals being trained)		Future health care professionals during their initial training

The National Qualifications Authority of Ireland 10-Level Framework

- ◆ Accreditation of Prior Learning
- ◆ HETAC & FETAC



Domains of Competency

Australia

- ◆ Therapeutic relationship
- ◆ Supportive care
- ◆ Collaborative practice
- ◆ Leadership
- ◆ Improving practice

APCA/HAU

Philosophy	Death and Dying
Disease specific	Grief & Loss
Pain	Teamwork
Symptoms	Models of Care
Children	Teaching
Spiritual/Cultural	Research & Audit
Legal and Ethical	Evaluation
Psychosocial	Self-Care
Communication	Leadership

Current Transitions in Specialist Education



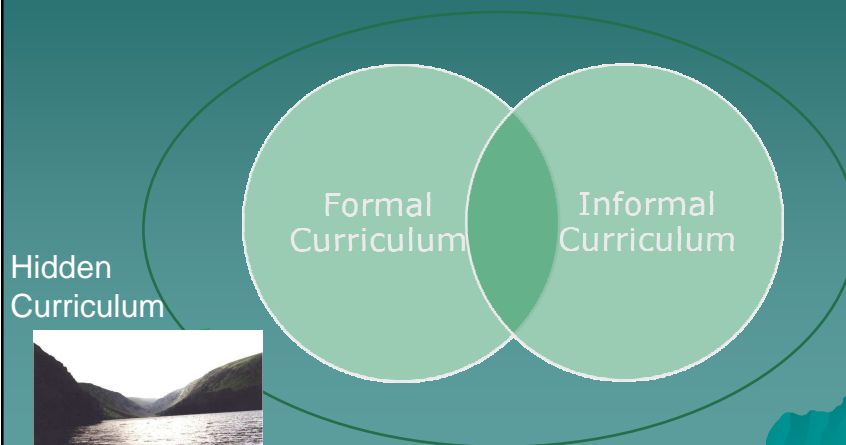
Advances in Curricula

- ◆ Accountable and Measurable
- ◆ Innovative
- ◆ Equitable and balanced
- ◆ Flexible
- ◆ Evidence



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Hafferty (1998)

How should specialist education be delivered?

- ◆ Innovation
- ◆ Consistency
- ◆ Cost-effective
- ◆ Vision
- ◆ Marketability



E-Learning

- ◆ Meeting 21st century need
- ◆ Effective for knowledge acquisition
- ◆ Effective in palliative care?



Looking to the Future



- ◆ What will our future be?



Shaping specialist needs

- ◆ Breadth of educational interventions
- ◆ Addressing the wider community
- ◆ Partnership as a pre-requisite
- ◆ Strategic Plan
- ◆ Integrate Life-long learning

“The Container of Care” (Kearney 2008)

- ◆ What we do
- ◆ How we do what we do
- ◆ Who we are as caregivers



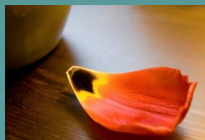
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“The Container of Care” (Kearney 2008)

◆ What we do

‘Our knowledge and skills as caregivers determine our clinical effectiveness.

Through competent curative and palliative interventions we lessen fear, offer comfort and build trust. We facilitate letting go’



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“The Container of Care” (Kearney 2008)

◆ *‘How we do what we do*

‘Our [palliative] identity is primarily shaped by the quality of the care we offer, rather than by proficiency with a demanding new knowledge base and skills set’

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“The Container of Care” (Kearney 2008)

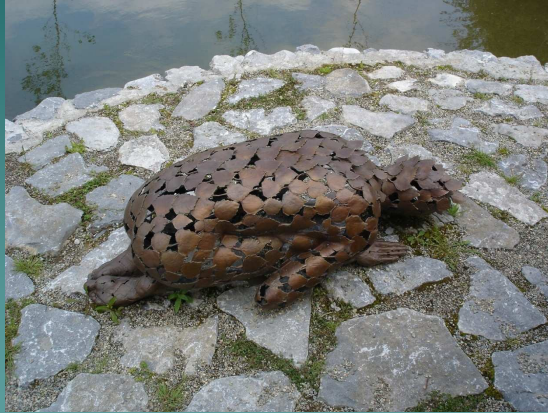
◆ *Who we are as caregivers*

‘Who we are as persons determines the quality of our relationships and is the most potent medicine we give our patients’ (Balint 2000)



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Listening to the still small voice



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Finding our way forward

- Education is about preparing people to face clinical challenges and being able to *respond* to them, rather than trying to *solve* them.



Conclusion



'in the stillness, in the great peace that came over me, I heard the heart of the world beat. I know what the cure is: it is to give up, to relinquish, to surrender, so that our little hearts may beat in unison with the great heart of the world' (Henry Miller 1941)

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