

IO1: Manual

on Palliative Care Competences Framework in Europe by using the Tuning method

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I. INTRODUCTION

This manual reflects our efforts in collecting and analysing as exhaustive information as possible in the field of palliative and end-life care provision in EU countries and Turkey and more specifically the one concerning vocational education and training of caregivers, social workers, health care professionals, personal assistants and all other relevant professionals, who provide care and services to patients who are suffering from terminal illnesses.

Before presenting the methodology used, research findings and analysis itself, we first would like to acquaint you with the main concepts used in the field of palliative and end-life care provision.

On the EU level is still missing one commonly accepted definition regarding “terminal illness”, as this is closely linked to the social security bill that each country is able to pay. The most argumentative part of the definition concerns the life expectancy and each national government has to decide on this. One of the latest decisions on life expectancy was made by the Scottish Government on April 2018¹ and it says that there will be no limit set on how long a patient has left to live before their condition is considered "terminal", but that is not the case in the rest EU countries where this period vary from up to 6 months to two years. However, the common-sense view is that ‘dying’ or a ‘terminal condition’ is ‘a condition caused by injury, disease, or illness from which, to a reasonable degree of

¹ <https://www.bbc.com/news/uk-scotland-scotland-politics-43843843>

certainty, there can be no restoration of health, and which, absent artificial life-prolonging procedures, will inevitably lead to natural death.”²

When focusing on the terminally ill patients it comes naturally also to raise the question about their treatment needs and how this could be done in a fair and dignified manner. Thus, the discussion on palliative care appears on the agenda. Although the need of specialised caregiving practice for terminally ill patients was recognised since 1960s, we have only just understood their importance as “*an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.*”³

According to World Health Organisation⁴ qualitative palliative care should:

- provide relief from pain and other distressing symptoms;
- affirm life and regards dying as a normal process;
- intend neither to hasten or postpone death;
- integrate the psychological and spiritual aspects of patient care;
- offer a support system to help patients live as actively as possible until death;
- offer a support system to help the family cope during the patients illness and in their own bereavement;

² McCartney JJ, Trau JM. Cessation of the artificial delivery of food and fluids: defining terminal illness and care. *Death Stud.* 1990;14:435–444. [PubMed]

³ <https://www.who.int/cancer/palliative/definition/en>

⁴ Ibid.

- use a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- enhance quality of life, and may also positively influence the course of illness;
- be applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Having all this in mind, PT Care project consortium has putted efforts to create specially targeted manual in a favour of the professionals who directly work and servicing terminally ill patients. By using the “tuning method” we have compared the palliative care competences’ frameworks applied around Europe and in Turkey and the outcomes of this research results in the present Manual on Palliative Care Competences Framework in Europe

II. RESEARCH METHODOLOGY

The research was conducted by PhoenixKM and Marie Curie Association, Branch Smolyan with contribution by all other PT Care partners in the period between January and May 2018 on the territory of eight countries – 5 EU members (Bulgaria, Hungary, Lithuania, Belgium, Cyprus) and one country outside the EU (Turkey). Each partners' organisation was responsible for collecting and presenting the information relevant for the country of residence. Methods used were:

1. **Desk research** – gathering and analysing data regarding the existing and provided professional trainings in the field of palliative care on national level

2. **Interviews** with professionals providing services to terminally ill patients, medical professionals and professional trainers and training providers.

The information was collected by specially designed matrix (Annex I), originally created in English and translated in all partners' languages, and concerns the following domains:

- knowledge
- skills
- competences
- existence curriculum and courses
- costs
- code of conduct
- standard provided by the trainings and the national accreditation

As the majority of the presented training programs are available only on national level and information in English is missing, each responsible partner had to translate the information from its national language to English.

The aim of the matrix was to allow PhoenixKM to collect comprehensive information regarding the competences and standards set in the palliative care provision in Albania, Belgium, Bulgaria, Cyprus, Hungary, Lithuania, Romania, Turkey and UK, as well as such concerning all types of trainings and training process on the topic provided by relevant institutions and organisations operating in those countries. A template of the matrix used is provided as **Annex 1** to this document.

III COMPARATIVE ANALYSIS

This document is an analysis of the data and a comparative summary about Palliative Care Competencies Frameworks applied in the EU and associated countries for the PT Care Project (Activity code O1-A3) which generally aims to develop a Manual on Palliative Care Competences Framework in Europe. This analysis seeks to connect VET education structures in Europe, to identify what the EU countries and Turkey have been providing and have in common so far about Palliative Care and also to exchange existing information.

Last 20 years palliative care has gradually gaining recognition, but according to a research conducted in 2013 palliative care and medicine is not fully recognized as an academic medical discipline and education in palliative medicine has been lacking also from the curricula of nurses, social workers, and others (*Bolognesi, Brighi, & Muc, 2013*). This tendency has been changed in 2014 when “the first ever global resolution on palliative care (*World Health Assembly resolution WHA67.19*) called upon WHO and Member States to improve access to palliative care as a core component of health systems, with an emphasis on primary health care and community/home-based care”⁵. Thus, a “need of proper and formal training” occurs as a stumbling-block to the development of palliative care.

This comparative analysis and the Manual on Palliative Care Competences Framework in Europe take the challenge to answer to this need by:

- collecting, systemizing, categorising variety of good and applicable practices (training materials) in the field of palliative care

⁵ <https://www.who.int/ncds/management/palliative-care/en>

- studying good practices in the field of professional training and education for palliative care provision from 7 different countries;
- identifying those skills, competences and knowledge that are indicated as most relevant and important to the qualitative palliative care provision, and are displayed in the most of the matrixes.

The focus of the analysis will be on the **explanation of similarities**, while the differences will be just perfunctory examined. As the analysis is aimed at providing qualitative information which to ease the process of guidelines creation and manual development, we find this conventional type of analysis as more useful as it will allow us to focus on the data driven from good and applicable practices which shows similarities and thus to ensure that we have indicated and displayed those element of Palliative Care (PC) training programs which are commonly recognised as important, relevant and could be considered as mandatory for each PC training programme of good quality.

1. What we are comparing and how we will do it?

This analysis will compare an information provided in **57 completed** matrix – 1 from Albania, 16 from Belgium, 6 from Bulgaria, 12 from Cyprus, 5 from Hungary, 12 from Lithuania, 2 from Romania and 3 from Turkey. Each matrix contains information for concrete training programme and its elements – type of the training, duration, learning outcomes, funding, etc.

By comparing these training programs we were able to:

- capture the competences' mismatch between existing training courses due to the lack of state educational and service provision standards in partners countries – Bulgaria, Belgium Turkey, Hungary, Cyprus, Lithuania

- capture and compare the competences' gaps of palliative and end-life professionals among partners countries and on EU level.
- collect, systemize, categorise good and applicable practices (training materials) into a separate project's outcome which will be named **PT Care repository (IO3)**

This analysis directly contributes to the development of a Manual on Palliative Care Competences (IO1) and since it is intended this Manual to be in line with the Tuning method⁶ (TM) the analysis itself will follow the Tuning project methodology which is used in development of the method in order to ease the process of Manual's creation. TM project methodology lays on the Five lines approach for understanding and comparing variety of curricula, i.e.:

- generic (general academic) competences
- subject-specific competences
- the role of ECTS as an accumulation system
- approaches to learning, teaching, and assessment and
- the role of quality enhancement in the educational process.

2. Overall information

Matrixes' fulfilment requires very comprehensive information to be found and presented, which seems not to be possible for all collected training programs. As there isn't unified standards and requirements on EU level regarding the

⁶ Tuning method seeks to «tune» VET educational structures in Europe, aimed to identify and exchange information and to improve European collaboration in the development of qualitative, effective and transparent vocational education and training. For more information: <http://www.unideusto.org/tuningeu/tuning-methodology.html#model>

training and education of Palliative care professionals, it was expected the elements of the chosen and presented programs (duration, outcomes, assessment, etc.) to vary and the partners not to be able to provide all the information foreseen in the Matrix template. There is missing information mainly in the matrix's parts concerning the link of the training to competence framework and to Blooms' taxonomy, which means that the information regarding programmes' learning outcomes is also not complete.

For example, the knowledge information was only given by three countries (Belgium, Bulgaria and Turkey). Belgium presents knowledge information within just one of the matrixes training focus on in the help in the house hold in general (errands, food buying and making with dietetics notions, hygiene HACCP), also oral communication about the work in Dutch and knowledge about the caregiver working rights.

Bulgaria shows it from the first and fourth Matrix template training, having the first one focusing on carrying out activities supporting nutrition and fluid intake depending on the condition and the patient's disease, in the performance of their daily professional duties in what are the caregivers responsible and knowledge about presence of known risk factors in the environment of work. The fourth one makes questions that the caregivers need to have knowledge of the definition of palliative care, effective help and communication and ways to talk to a children about grief and bereavement, knowing how to deal with the denial of patients and some of the barriers in your locality to effective communication.

Turkey shows it from the third Matrix template training, focused in knowing the purpose of palliative care, philosophy and principles and it is a training for nurses, so it recognizes the role and responsibilities of the palliate care as a nurse.

Regarding the curricula existence, all the countries have provided at least one link to the curriculum in their matrixes. Albania provides it. Belgium only does not have it for the fifth Matrix template. Bulgaria does not have it for the second and third Matrix template out of six. Cyprus does not have it for six of them out of thirteen. Hungary provides for all of the five Matrix templates. Lithuania only provides the curriculum for the first Matrix template out of eleven. Romania provides for the both Matrix templates. Turkey provides only for the first Matrix template out of three.

3. Country specific information

Belgium partner presents 16 matrixes which include variety of training programmes provided by state institutions, higher educational institutions and organisations from NGO sector from Belgium. Three of the trainings are provided for free (by the BE Employment agency, Federal palliative care federation, 1 is developed under Erasmus+ project and the rest are paid, as the enrollment fee is between €80-1200. Three of the trainings are postgraduate programmes part of the universities' and college's portfolio. Majority of the training courses are provided by organisations from non-governmental sector specialized, most of them umbrella organisations working in the field of palliative care provision. As a country with few decades experience in law making and service and care provision in the field of palliative care and euthanasia, Belgium has succeeded to establish wide network of institutions, organisations and professionals which supports and maintenances the process of development and ongoing improvement of palliative care and this becomes visible also by the variety of training programmes for specialist and

experts working with terminally ill patients provided on the territory of the country.

Bulgarian partners present information about 6 PC training programmes from Bulgaria and UK, provided by state institutions, higher educational institutions and organisations from NGO sector. As the palliative medicine and care is still very new and not well developed sector in Bulgaria, it was expected specialized PC training programmes to be missing from the BG report. In fact, palliative care appears only as a discipline or a module topic within some of the existing and presented here training programmes for caregivers.

Bulgarian partners provide data for 5 training programmes for caregivers and one for palliative caregivers. Just one of these trainings is provided for free (by the European cancer organisation), one of them presents the Bulgarian State Educational Standard for acquiring “caregiver” profession, while the rest of the trainings are paid and the enrollment fee is between €90 - €450.

Cypriot partner presents information about 12 PC training programmes and initiatives from Cyprus and Greece. Some of the trainings described exist as odd postgraduate programmes of CY and GR universities, while others are incorporated as subject/discipline within existing higher medical educational programmes or as undergraduate selective courses (“Palliative Nursing Care”, “Palliative care”). They are provided by public and private universities, mainly as disciplines, incorporated within the bachelor educational programmes of the universities and for free to the students from the concrete educational sector. NGO sector in Cyprus also provides training opportunities to the medical professionals who would like to specialize in the field of palliative medicine. Those trainings are provided also to the volunteers who would like to support the PC units in care

provision to their terminally ill patients. The trainings are usually organized and are held in the format of in-house seminars. The seminars are led by medical doctors and experts from state authorities, busy with the maintenance and ongoing development of the palliative care provision in Cyprus, and are provided for free both to the medical staff and volunteers from PC units. The seminars could be ongoing – on monthly basis, or in the format of intensive 40-hours training.

The enrollment fee for the paid training courses vary from less than €300 (NGO trainings and university courses) to up to €2200 (university graduate programmes).

Hungarian partner presents information about 5 PC training programmes from Hungary, as well as 3 additional from Albania and Romania. Majority of the training programmes described are accredited state training programs (HU) targeted mainly to nurses and medical professionals and even requires years of practice (entry requirement). The duration of the HU programmes vary from 8 hours for the narrow-specialised ones, for example the one for children palliative care, to 720 hours for the State training programme for professional qualification of “Palliative nurses”.

Romanian practices are in the field of higher education and in-house hospice training, both targeted only to nurses and provided for free. The first one is 18-postgraduate programme, the second one is 36-hours training programme for hospice care. The programmes are funded by organizations from the non-governmental sector (End-of-Life Nursing Education Consortium and Open society foundation). Most of the training programmes have enrollment fee - €30-70 to € 600-900 (State training programme).

The **Albanian** good practice is about professional training provided to nurses, social workers, personal caregivers and palliative and end-life caregivers.

The duration of the training is 36 hours and it is provided for free thanks to the funding of organizations from the non-governmental sector.

It seems that **Hungary** has established strong tradition in the field of palliative medicine during the past 25 years and this is obvious from the presented training programmes. The developmental steps and achieved results in quality arising of the hospice care for terminally ill patients have led to narrow-specialised and practice oriented training programmes which are available and affordable for the professionals working in the field of palliative and end-life care provision.

Lithuanian partner presents information for 11 PC training programmes and initiatives. The development of palliative medicine in Lithuania is at active phase, and there is a lot of specialized PC training programmes accredited so far. Some of them are provided within an academic setting in the format of graduate programmes, college and university courses, and as a separate discipline – part of nursing bachelor degree educational programme. Some of the trainings are targeted only to medical professionals, others to the social worker assistants or volunteers. For example, VET programme for acquiring “Social worker assistants” professional qualification, where the topic “Providing palliative care services” is included as a discipline which assigns to the students 8 ECTS or training course for PC provided in households. Professional trainings targeted to the volunteers, personal caregivers, etc. are provided by organisations from NGO sector and are with free access, while the trainings provided in academic setting are either part of higher educational programme, which already has been paid by the students, or as a paid postgraduate qualification course and their enrollment fees starts from € 63.

According to a research conducted in 2017 (see Emuk & Naz, 2017), palliative care services have improved remarkably in **Turkey** recently, as this also results in development of educational and training programmes in the field of palliative care for all health-care professionals by the state educational and medical authorities. The **Turkish** partner presents 3 good practices in the field of PC training for health care professionals, nurses, and palliative and end-life care givers, provided by state and governmental institutions and organisations. A Palliative Care Nursing Certificate Program is provided by a university and is the only paid training from the presented 3. Its enrollment fee is between €1000-3000, and is targeted only to nurses that have either graduated from nursing high schools or nursing departments of universities. Other two practices could be classified as initiatives that support PC medical sector's development – first one is a project in line with the accepted in 2010 Turkish National Cancer Control Programme, while the second one is a Palliative Care Pain Management Guide. Both initiatives are developed and accomplished through collaboration between Turkish government and non-governmental institutions.

4. Palliative care competences' frameworks comparison following Tuning methodology

Tuning method “understands” competences as dynamic combinations of cognitive and metacognitive skills, knowledge and understanding, interpersonal, intellectual and practical skills, and ethical values and they are developed in all course units and assessed at different stages of a programme. Some competences

are subject-area related (specific to a field of studies), while others are generic (Lokhoff, 2010)

4.1. Generic (general academic) competences comparison:

Generic skills are set of skills, knowledge, and competence that allow to complete a task in a given context, when mobilized in an integrated manner.⁷

According to the Tuning Method we will consider as generic the following competences:

- Capacity to learn and stay up-to-date with learning
- Ability to be critical and self-critical
- Ability to plan and manage time
- Ability to search for, to process and analyse information from a variety of sources
- Commitment to safety procedures
- Ability to identify, pose and resolve problems
- Ability to apply knowledge in practical situations
- Ability to make reasoned decisions
- Ability to work in a team
- Knowledge and understanding of the subject area and understanding of the profession
- Ability to act on the basis of ethical reasoning
- Ability to communicate with non-experts of one's field
- Ability for abstract thinking, analysis and synthesis

⁷ <https://www.igi-global.com/chapter/service-learning-in-higher-education/146369>

- Interpersonal and interaction skills
- Ability to work autonomously
- Skills in the use of information and communications technologies

Within the training programmes which are subject of the research and the analysis, these competences are directly or indirectly addressed in the matrixes by the following knowledge, skills and competences:

- Knowledge about the PC concept
- Knowledge and ability to apply critical thinking on the topics of human rights and personal freedom
- Knowledge and ability to apply critical thinking on the ideas of death and the fear of death;
- Knowledge about cultural characteristics of dying;
- Knowledge about the characteristics and process of loss and mourning;
- Knowledge about the styles of communication;
- Ability to optimize comfort and quality of life;
- Ability to plan care provision and collaborative practice;
- Knowledge about the philosophical concepts- loss, grief and bereavement;
- Ability to the quality standards apply in care provision
- Ability to apply professional and ethical practice in the context of palliative care.
- Ability to follow the rules for health and safety and to protect the environment during the tasks performance;
- Project work, performing situational nursing tasks related to hospice care.
- Ability to manage team dynamics;

- Ability to analyse the situation;
- Ability to work individually;
- Ability to analyse specialised literature and sources of information concerning social support policy and palliative care provision;
- Ability to appropriate response to stressful situations in an appropriate manner;
- Knowledge about the physiology and pathophysiology of the human anatomy;
- Demonstration of prosocial behaviour and empathy
- Apply Active Listening Methods;
- Apply methods of verbal-nonverbal communication;
- Knowledge about pharmacological and non-pharmacological methods to control pain and their application;
- Ability to apply active listening, counselling methods and family support;
- Knowledge about emotional burnout of specialists (causes and prevention).

4.2. Subject-specific competencies comparison:

Subject specific competencies are those competences that are subject-area related (specific to a field of studies). They are determined by: features of the professional activity; needs of society and the labour market; and trends in Education. Following list of Subject Specific Competences is not intended to cover every PC training programme, but only the important competences that we identified as addressed in most of the training programmes observed.

- Ability to manage the grief and loss
- Pain management

- Symptom control
- Knowledge about the different forms of PC provision – home based, institutional (hospice hospitals, etc.) and team members' roles
- Advance care planning abilities
- Ability to meet the patient's and his family's needs during the final hours of death
- Ability to keep documentation in palliative care
- Ability to apply the regulations in the provision of basic health care;
- Knowledge about the specific pathologies that are classified as terminal diseases;
- Application of various forms of specific care for specific pathologies;
- Performing actions related to the physiological status of the terminally ill patient and the pathological changes in the disease;
- Providing care for infectious patients in a safe and appropriate manner;
- Assisting with self-care for patients with cancer diseases;
- Assistance in patients' life and health threatening situations;
- Collection, recording and processing of medical data;
- Knowledge of the structure and organization of the medical activity;
- Ability and readiness to assisting patient with all his needs, incl. toilet and hygiene;
- Compliance with the provisions of the dietician therapeutic feeding the patient;
- Monitoring and keeping logs of the activity of secretory system;

- Tracking and keeping logs of the physical and mental condition of the patient;
- Application of the basic rules of aseptic and antiseptic;
- Performance of sanitation and disinfection of rooms, areas, items and hospital linen; involvement in the sterilization;
- Recognizing the key symptoms and signs and the patients most likely at risk of hypocalcaemia;
- Compliance with the provisions of the dietician therapeutic feeding the patient;
- Tracking and keeping logs of the physical and mental condition of the patient;
- Assess the needs of the patient and his / her family in a holistic approach;
- Prepare a supply / nursing plan for the terminally ill patient and according to the condition of the patient;
- Apply a modified supply / care plan / process;
- Apply vomiting and apply anti-emetic suppressive methods;
- To participate in the nutrition plan, to give nutrition advice, by medical methods instructions for enteral and, if necessary, parenteral feeding;
- Provide airways, remove drainage, inhalation and oxygen therapy;
- Use medical aids;
- To participate in the spiritual care of the patient, his family and the team;
- To provide support during the mourning period;
- Keep in touch with PC providers and organizations;
- Cultural aspects of end-of-life care;

- Palliative care for children;
- Palliative care of gerontological patients;
- Palliative care in the case of non-clinical diseases;
- Home care principles in palliative care;
- Psychotherapy in palliative care;
- Social work in palliative care;
- Facing in common principles of palliative care;
- The learning of effective communication, criteria for effective and ineffective communication, factors hampering communication between service specialists and relatives;
- The skill of diagnosing the psychological climate within the family of a sick child.

4.3. The role of ECTS as an accumulation system

ECTS credits represent the workload and defined learning outcomes ("what the individual knows understands and is able to do") of a given course or programme. 60 credits are the equivalent of a full year of study or work.⁸

As part of this research 23 PC vocational and educational programmes of BE, BG, CY, HU, LT and RO that were observed within this research adhere to the ECTS system - four from Belgium, one from Bulgaria, eight from Cyprus, one from Hungary, seven from Lithuania and the two from Romania.

The number of credits awarded depends on the training providers' profile. Naturally, the university programmes requires increased workload to be accomplished and their educational programmes awards students with more

⁸https://ec.europa.eu/education/resources-and-tools/european-credit-transfer-and-accumulation-system-ects_en

credits. For example, CY master graduate programme in PC assigned student with 120 credits for the following workload (hours distributed): 40h - theory, 60h – thesis preparation, 20h - practice. In LT undergraduate course for doctors assigned 90 credits to the students for 60 hours theory and 60 hours of practice. If palliative care training is provided in the format of university course (discipline) credits assigned to the students are of the order of 1.5-2 credits for workload of 36 hours (24h lectures and 12h. practice) or 37 contact hours. Erasmus Intensive Programmes assigned 3 credits, while trainings based on accredited state programmes assign up to 24 credits for 24 hours theory. In Belgium training with 75 contact hours assign students with 10 credits, as well as 50 effective hours.

4.4 Approaches to learning, teaching, and assessment

Depending on the type of the PC training programme approaches to learning, teaching, and assessment vary from offline training (theory and practice) to blended learning approach and in-house training. The same is with the assessment methods – trainings which assign more credits (90 or 120) require preparation of thesis as final exam, while those with less credits requires oral or written examination. Postgraduate programmes assigning up to 20 credits require practice-oriented assignments, presentation and paper work. PC professional trainings not adhered to the ECTS system could be completed after Self-assessment questionnaires and/or homework assignments.

4.5. The role of quality enhancement in the educational process.

Such information was not provided by the partners and could not be driven from the collected research data.



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IV. CONCLUSIONS

Quality of life is a subjective and multidimensional concept that places emphasis on self-perception of the current state of an individual. It encompasses, at least, the physical, social and psychological, as well as their state of health.

The consideration of quality of life in palliative care is a concise humanization of care for patients. The knowledge of certain characteristics, such as their motivation and personality, can have a very positive and very important influence on the quality of life related to aspects of health. Also a good social support that includes family and friends are usually essential to assist the patient in adapting to a serious chronic illness, resulting in an improvement in their psychological and well-being, which is not the case for the other patients who did not have this support when needed.

The increase in the average life expectancy and consequently of chronic diseases in the population has become a matter of concern, since it has repercussions at the social, economic and health.

In terms to reach reasonable and high quality training programmes in VET in Europe we concluded that the training provision should enable the acquisition of the following knowledge, skills and competences:

Knowledge:

- Knowledge on reflective practice
- Knowledge about the need for continuous professional development
- Understanding of how the appraisal system, professional development planning and clinical supervision can be used to enhance both professional and personal development

- Understanding own boundaries and learning needs
- Knowledge about ethical principles and their application to palliative care
- Knowledge about issues such as informed choice, mental capacity/incapacity legislation, consent, confidentiality and patient autonomy
- Knowledge about ethical and legal management issues that impact on symptom management
- Knowledge about audit and research processes and their uses to improve practice
- Knowledge about support systems available and how to access services
- Understanding how one's own personal beliefs and philosophy of life impact on the ways we act and interact with others
- Knowledge about the principles of palliative care
- Knowledge about local, regional and national policies and guidelines in relation to palliative care
- Knowledge about the components of open and sensitive communication
- Knowledge about the importance and impact of non-verbal and verbal communication within all aspects of care
- Knowledge about the range of grief responses;
- Knowledge about the use of risk assessment tools in managing grief
- Knowledge about the referral mechanisms to

- appropriate support services
- Describe the physical, psychological, social, and spiritual domains of palliative care
- Knowledge about the difference in spiritual and religious needs within palliative care
- Knowledge about the needs of individual family members, and the family as a unit
- Knowledge about the importance of clinical information to inform patient management
- Knowledge about data and tools used in planning care
- Knowledge about timely review in order to evaluate patient care
- Knowledge about interpreting clinical data and information and explain how this informs diagnosis, patient management and decision making
- Knowledge about the holistic management of patients requiring palliative care
- Knowledge about the factors that influence the dynamics of the patient/families/carer relationship
- Knowledge about available guidelines which can inform the decision to refer to specialist palliative care team or other disciplines
- Knowledge about the need for timely management and/or referral to the specialist team in suspected cases of palliative care emergency
- Knowledge about the importance of a holistic approach to symptom assessment and management

- Describe the principles of palliative symptom management for patients with advanced progressive disease
- Knowledge about how deterioration of the patient's condition can be identified within advanced disease
- Knowledge about the causes and presentation of palliative care emergencies
- Knowledge about the practical issues surrounding the death of a patient, for example, death certification and registration, coroner's cases and post-mortems
- Demonstrate knowledge of issues and policies relating to any legal, cultural, religious or health and safety requirements when caring for the patient's body

Skills:

- Undertake reflective practice and evaluates the impact
- Identify gaps in knowledge and accesses appropriate educational and development opportunities in palliative care
- Collaborate with others in the use of an ethical framework which guides decision making in the context of palliative and end of life care
- Demonstrate the application of ethical principles in palliative and end of life care
- Implement and monitor outcomes of ethical decisions
- Share and document information sensitively and while respecting confidentiality

- Contribute to, and assist with, palliative care research, practice development and audit
- Contribute to the evaluation of audit and research in order to improve practice in palliative and end-of-life care
- Be able to apply research findings to improve outcomes
- Demonstrate an appreciation of how losses in own life may impact on practice
- Ability to care for own health, including recognising and managing stressors
- Recognise the need for support for self and others in palliative and end-of-life care and utilise appropriate support systems
- Use sensitive communication skills and self-awareness to understand support
- Demonstrate sensitively respect for individual beliefs and cultural requirements
- Demonstrate appropriate leadership skills to influence the provision of quality palliative and end-of-life care
- Show understanding of the change process and how you could enable change in your practice
- Influence others through effective communication and dissemination of knowledge and information to promote positive outcomes for patients/families/ carers
- Discuss how you would apply effective leadership skills to empower patient choice

- Demonstrate that you can manage your time effectively within your role
- Demonstrate appropriate leadership skills to influence the provision of quality palliative and end-of-life care
- Demonstrate sensitive and effective verbal and non-verbal communication skills with patients/families and carers
- Interact with patients and those who matter to them in an open and empathic manner, recognising the importance of giving time where receptive or expressive communication is more difficult
- Use the four core skills of communication to develop a relationship with patients/family/carers
- Use open and sensitive communication with patients/families/carers, taking cognisance of those with diverse cultural, religious and special needs
- Prepare effectively to communicate sensitive information to patients/carers by, for example, gathering all relevant information
- Use effective communication with all appropriate members of the interdisciplinary team to determine appropriate care outcomes
- Effectively work in partnership with other specialist teams
- Ability to complete relevant documentation in a timely and responsive way
- Effectively deliver a presentation/report to a person, or group of people, using good information, interpersonal and clarification skills

- Ability to assess grief reactions and help identify beneficial support mechanisms
- Enable referral of patient, family and carer to appropriate support mechanism when necessary.
- Ability to provide support according to individual circumstances
- Demonstrate self-awareness of own limitations in supporting those who grieve
- Utilise appropriate, validated tools to inform a holistic patient assessment
- Identify from patient assessment when to refer to specialist palliative care or other agencies, taking account of available guidelines
- Identify the care needs of people from different cultural and religious backgrounds
- Ability to develop and implement operational policies and clinical care pathways in relation to the holistic needs of patients and those who matter to them
- Assess clinical situations and interpret information appropriately
- Set realistic goals in partnership with patient/carers
- Utilise current evidence to guide practice
- Ability to take into account health and safety, legal, cultural spiritual and religious requirements in palliative and end of life care
- Show sensitivity and respect to individual beliefs and cultural requirements

- Regularly review and evaluate care management plans and update appropriately
- Recognise and report gaps in care in order to improve outcomes
- Use and complete relevant documentation to record and enable evaluation of management plans
- Develop, implement and evaluate a management plan to meet identified needs in palliative and end-of-life care
- Communicate with family/carers, as appropriate, to determine anticipated care outcomes
- Recognise own limitations to manage difficult issues, and refer to faith representatives, other members of the inter-disciplinary team and/or other support, as appropriate
- Refer to other members of the inter-disciplinary team for assessment and intervention, as appropriate
- Refer in a timely and appropriate way to other agencies and services
- Refer in an appropriate and timely manner to specialist palliative care team, or other disciplines and agencies, as necessary
- Utilise appropriate skills to assess and manage symptoms
- Use professional judgment within palliative care emergency situations to inform clinical decisions
- Recognise the limitations of own expertise in palliative and end-of-life care.

- Recognise and report common and serious adverse effects and manage appropriately
- Apply appropriate judgment to inform symptom management, in meeting the palliative and end-of-life care needs of the patient
- Be able to implement and monitor outcomes of both pharmacological and non-pharmacological management plans
- Work sensitively with families and those who matter to the patient, to support them as the individual decides upon his/her preferences and wishes
- Work sensitively with families and those who matter to the patient, to support them as the individual decides upon his/her preferences and wishes
- Ability to provide information/advice to families relating to the practical issues that surround death
- Care for the patient's body after death, respecting any wishes expressed by the family and any particular religious rites
- Ensures appropriate identification/verification/ certification of death, and care of the patient's body throughout duration of care
- Complete relevant documentation relating to death
- Ensure effective communication with all relevant individuals concerned

Competences:

- Value the need for professional development
- Value the need for ethical decision making in palliative and end of life care
- Value the contribution of audit to standards of care
- Value the contribution of Research & Development to the evidence base for palliative and end-of-life care
- Respect the need for professionals to acknowledge their own stresses and limitations, when delivering palliative and end-of-life care
- Value the need for clinical supervision
- Value the need for direction and guidance in the
- management and delivery of palliative and end-of- life care
- Value the importance of establishing a rapport with the patient/carer based on openness, honesty and trust
- Show respect for cultural and religious diversity
- when communicating with the family unit
- Respect the roles, responsibilities and boundaries in multi-professional working
- Value the opinions and views of others
- Value the collaborative approach to working with other services across various sectors
- Respect the individual nature of the grief response
- Show respect for the individuality of each patient and family

- Respect the cultural diversity among patients, families, and professional
- Respect the patient's right to self-determination in decision making
- Value the input from the patient, family and carers to the overall plan of care
- Value the need for specialist referral in patient care
- Value the need for patient-centered holistic assessment
- Treat everyone with whom you come into contact with dignity, respect, humanity and compassion
- Value autonomy and the right to self-determination
- Value the ethical principles involved when planning care
- Respect the need for dignity of the patient and family at all times
- Value the need for dignity and respect towards the patient and others at and around the time of death

The above mentioned knowledge, skills and competences will be assessed via development of the self-assessment competence tool as part of PTCARE project under Intellectual output 2.

REFERENCES:

- Bolognesi, D., Brighi, N., & Muc, P.-A. (2013). Palliative Care Training and Research: The Development in Europe and the Bologna Experience. *Indian J Palliat Care*, 20–26.
- Emuk, Y., & Naz, I. (2017, September). The current situation of palliative care in Turkey. *Journal of Cancer Policy*(Vol. 13), 33-37.
- Lokhoff, J. e. (2010). *A Guide to Formulating Degree Programme Profiles*. Bilbao: Groningen, and The Hague: Universidad de Deusto, 2010.
- McCartney JJ, Trau JM. Cessation of the artificial delivery of food and fluids: defining terminal illness and care. *Death Stud*. 1990;14:435–444. [[PubMed](#)]

Online resources:

http://www.unideusto.org/tuningeu/images/stories/key_documents/SAG%20-%20NURSING.pdf

https://ec.europa.eu/education/resources-and-tools/european-credit-transfer-and-accumulation-system-ects_en

<https://www.bbc.com/news/uk-scotland-scotland-politics-43843843>

<https://www.who.int/ncds/management/palliative-care/en>

<https://www.who.int/cancer/palliative/definition/en>

ANNEX I MATRIX TEMPLATE

PTCare partner name:	
Resource n°	
Funded by:	
Costs:	Free ... EUR
Need to register?	No Yes (specify):
Authors:	
Language(s):	
IPR:	No Yes (specify):
OER:	No Yes (specify):
Link(s) to training material (if available):	No Yes (specify):
Link to competence framework (if available):	No Yes (specify):
(Revised) Blooms' taxonomy:	No Yes (specify):
Tuning model:	No Yes (specify):
ECVET (Y/N)	No Yes
<i>Describe the skills upon completion + link (if available):</i>	

<i>Describe the knowledge upon completion + link (if available):</i>	
<i>Describe the competences upon completion + link (if available):</i>	
<i>Describe the learning outcomes upon completion + link (if available):</i>	
ECTS:	No Yes (specify):
National accreditation?	No Yes (specify which country):
Type of resource (multiple selections are possible):	
<i>Curriculum + link (if available):</i>	
<i>Guidance notes for empirical skill building:</i>	
<i>Course + link (if available) Online/offline, theory and/or practice:</i>	
<i>Educational video presentation :</i>	
<i>Sponsored training on a specific product use:</i>	
<i>Conference proceedings/handouts/booklets:</i>	
<i>Article/poster + link (if available):</i>	
<i>Module + link (if available):</i>	
<i>Book + link (if available):</i>	
<i>Standard + link (if available):</i>	
<i>Code of conduct + link (if available):</i>	
<i>Other (detail) + link (if available):</i>	

Overall objective(s) / purpose(s) of the resource:	
Disciplines/Target users addressed (multiple selections are possible)	
<i>Palliative and end-life care givers</i>	
<i>Social workers</i>	
<i>Health care professionals</i>	
<i>Nurses</i>	
<i>Personal assistants</i>	
<i>Care providers</i>	
<i>Other (detail)</i>	
Domain of (generic/specific) competences upon completion (multiple selections are possible):	
<i>Principles of palliative care</i>	
<i>Communication</i>	
<i>Optimising comfort and quality of life</i>	
<i>Care planning and collaborative practice</i>	
<i>Loss, grief and bereavement</i>	
<i>Professional and ethical practice in the context of palliative care</i>	
<i>Other (detail)</i>	
Types for validation / assessment / recognition + link (if available):	
Describe the learning activities foreseen:	
Additional sources + link (if available):	
Potential to be included in the PTCare repository:	No Yes (specify):



Co-funded by the
Erasmus+ Programme
of the European Union

PT Care Project – Intellectual output 1

Contract No: 2017-1-BG01-KA202-036214

ANNEX II CONSOLIDATED MATRIXES

COUNTRY	SKILLS	KNOWLEDGE	COMPETENCES	EXISTENCE CURRICULUM	EXISTENCE COURSES	COSTS	CODE OF CONDUCT	STANDARD	NATIONAL ACCREDITATION
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ALB ANI A	n/a	n/a	<p>Work in groups; Discussion; Analysis of the situation; Individual work; Analysis of literature; Interpretation; Individual work; Execution of events. Excursion.</p> <ol style="list-style-type: none"> 1. Elements and history of hospice 2. Hungarian hospice model, forms of care 3. Human rights, ethical issues 4. Grief and loss 5. Palliative care, pain management 6. Palliative care, symptome control 7. Speciality of children hospice 8. Communications elements 9. Task of members of hospice teams 10. Advance care planing 11. Final hours at death 12. Self-knowledge- 	<p>HOSPICE CASA SPERANTEI, link: http://www.studiipaliate.ro/projects/nursing-center-of-excellence-in-palliative-care-bms/</p>	<p>Video presentation, Education films, Slide show, Situation skills.</p> <p>S.R. ConnorHospice and palliative care: The essential guide (2nd ed.), Routledge/Taylor & Francis, New York(2009).</p> <p>P. Fine, M. Kastenbaum The hospice companion (2nd ed.), Oxford University Press, New York(2012).</p> <p>WHO Library Cataloguing in Publication Data. Symptoms relief in terminal illness. ISBN 92 4 154507 0 (NLM classification: WB 310). Geneva, Switzerland:</p>	<p>The training is funded by donations and funding (eg ELNEC - End-of-Life Nursing Education Consortium). The course ends with a final exam and is attested by each participant. (Open Society Foundation)</p>	n/a	n/a	<p>National Accreditation (in Albania) and ECVET.</p>
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			<p>Communication practice</p> <p>13. Coordination knowledge</p> <p>14. Documentation in palliative care</p> <p>15. Hospice management</p> <p>16. Hospice volunteering</p> <p>17. Training-closing (final exam or exchange of experience).</p> <p>Principles of palliative care; Communication; Optimizing comfort and quality of life; Care planning and collaborative practice; Loss, grief and bereavement; Professional and ethical practice in the context of palliative care; Project work, Performing situational nursing tasks related to hospice care.</p>		<p>World Health Organization, 1998.</p> <p>WHO Library Cataloguing in Publication Data.</p> <p>Cancer pain relief: with a guide to opioid availability, 2nd ed. ISBN 924154482 (NML Classification: QZ 200). Geneva, Switzerland:</p> <p>World Health Organization, 1996.</p> <p>ELNEC training package</p> <p>Betty R. Ferrell, Nessa Coyle, Judith Paice: Oxford</p> <p>Textbook of Palliative Nursing</p>				
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<p>BELGIUM</p>	<p>(1) -Service oriented; -Discreet (also deal with confidential information that way); -Integrity (act in a fair and responsible way); -Social attitude (exhibit spontaneous interest in people); -Flexible; -Orderly (systematic clean-up and sequencing of material and classify information); -Planned work (structure in time, space</p>	<p>(1) Errands (household products); Perform common household tasks; Children help with daily activities; Prepare meals for individuals; Build trust; Applying standards of hygiene in food handling (HACCP); Notions dietetics; Oral communication about the work in Dutch; Practical social right to know (employment, social</p>	<p>(1) -Helping in leisure; -Help with walking, reading, cards etc; -Provide ADL assistance (Activity of Daily Living); -Give advice on everyday tasks (cleaning of house, compiling daily menu); -Minor repairs in the home run; -Help people with daily care and clothing; -Cleaning - seasonal maintenance; -Working with educational (game) material; -Help with medical care (help with taking medication, applying bandage, ...); -Assist in administrative operations for individuals (registration forms, various records,</p>	<p>(1) VDAB, link: https://www.vdab.be/beroepeninfo?event=algemeneFiche&clusterBeroep=276 (3) M-CARE, link: http://mcare-project.eu/wp-content/uploads/2014/01/WP3-Curriculum-Intro-EN.pdf (4) LEIF, link: http://leif.be/data/presentations/articles/LEIFopleiding_-_Schema_Najaar_2018.pdf (6) KdG, link: https://www.kdg.be/palliatieve-zorg (7) SVOZ, link: https://www.svoz.nl/opleidingen/zorgacademie/gespecialiseerde-verzorgende-palliatieve-zorg/ (8) PALLIATIEF. The content of the program: philosophy and basic principles of palliative care, exploration of the</p>	<p>(3) PCGCARE, link: https://www.pcgcare.eu/learning/login.php (15) Modules: BAS ZVP GE 18/19 - Basic course for independent nurse - Lovendegem Teacher: palliative care nurses from Palliative Care Gent-Eeklo BAS ZVP OLD 18/19 - Basic course for independent nurse - Oudenaarde (16) Modules: - Implementation of palliative care in an organization (3 days) - Communication (3 days) - Early Care Planning 'and' Legislation (1 day) - Ethics (2 days) - Pain and</p>	<p>Free to 1,200EUR</p>	<p>n/a</p>	<p>n/a</p>	<p>(1) Only National Accreditation (in Belgium); (2) Only National Accreditation (country not specified); (6) Only ECTS (20 credits); (11) Only National Accreditation (Federation Palliatieve Zorg Vlaanderen vzw); (12) Only ECTS (20 credits); (13) Only ECTS (13 credits); (14) Only ECTS; (15) Only National</p>
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<p>and priority in dealing with tasks or problems, conduct monitoring).</p>	<p>security right).</p>	<p>forms ...); -Using Braille; -Using sign language; -Manage a budget; (2) -Disability policy and care in Flanders; -Communication - Social Skills; -Skills: how to offer help when lifting and moving, personal hygiene and care, first aid, how to provide assistance with relocation (with the wheelchair, ...); -Preparation Internship; -Application Training (CV and cover letter format - computer); (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16): Principles of palliative care; (1) (2) (3) (4) (5) (6)</p>	<p>palliative landscape, pain & symptom control, person-oriented care, emotional care, spiritual care, ethical and legal aspects, communication and early care planning, medically assisted dying, mourning and loss experience and caring for the worried. The methodology main focus is on information transfer, interaction, group work, experiential exercises and reflection. After obtaining a basic or core program, students can transfer to a refresher training or postgraduate course. The training offer of the networks focuses mainly on A (basic) and B (advanced) competences and is aimed at care providers working in</p>	<p>symptom control (3 days) - Supervision (6 half-day sessions of 3 hours) - Self-care (1 day) - Supervised internship (2 half-day sessions of 4 hours) - Presentation paper (1 day).</p>				<p>Accreditation (country not specified); (16) Only National Accreditation (country not specified).</p>
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			<p>(7) (8) (9) (10) (11) (12) (13) (14) (15) (16): Communication; (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16): Optimising comfort and quality of life; (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) Care planning and collaborative practice; (5) (10) (12) (13) (14) (15): Loss, grief and bereavement; (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16): Professional and ethical practice in the context of palliative care.</p>	<p>general nursing departments and palliative experts in palliative settings. (10) PALLIATIEF. After a general introduction on palliative care in the psychiatric context come in this 8-day training the following topics: physical pain and (psychological) suffering, the legislative framework, ethical themes, presence and spirituality, mourning and loss, euthanasia, suicide, scientific findings. The training is a combination of theoretical explanations, case discussion and exchange group with a lot of attention for personal input and questioning. Because of the interactive design the number of participants is limited</p>					
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				<p>to 20 participants. (11) PALLIATIEF. In this in-depth and specialized training the following topics are discussed:</p> <ul style="list-style-type: none"> - Supplement and deepening pain control; - Assessment of pain in non-responsive patients; - Pain in non-cancer patients; - Medicare therapy: special topics; - Interventional pain management techniques; - Complementary therapy: the scientific evidence; - Non-pain related symptomatology and symptom control; - Respiratory, gastrointestinal, urological and psychological symptoms, anorexia cachexia...; - Medical decisions in palliative care: doing 					
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				<p>or abstaining?;</p> <ul style="list-style-type: none"> - Ethical and legal aspects in complex situations at the end of life; - Non-treatment decisions and discontinuation of disease therapy; - Palliative approach in vulnerable groups; - Illnesses with loss of integrity of personality; - Polypathology of the geriatric patient; - Psychiatric disorders; - Culture-sensitive care; - Mourning care, self-care and contextual care; - Take care of the terminal patient with special attention to spiritual care and symptom control. <p>The content is provided by experts with years of clinical experience. During the training there will</p>					
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				<p>be actively started with exercises, casuistry, own input and questions. In addition, there is a lot opportunity for exchange of experience with the participants and teachers. Because of this interactive design the number of places limited to a maximum of 30 participants.</p> <p>(12) HIVSET. Basic modules:</p> <ul style="list-style-type: none"> • Palliative care concept; • Pain and symptom control; • Mourning and loss; • Comfort care; • Communication; <p>Additional modules:</p> <ul style="list-style-type: none"> • Nutrition and oral care; • Relaxation and aromatherapy; • Spirituality; • Care ethics; • Organization of palliative care; 					
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				<ul style="list-style-type: none"> • Social care aspects; • Legal care aspects; • Interdisciplinary collaboration; • Take care of the carer. <p>(13) UCLL. Modules:</p> <ul style="list-style-type: none"> • The refresher training in palliative care; • Customized palliative approach for every age and in every healthcare sector; • Pain and symptom control; • Interdisciplinary organization of palliative care; • Use of practice-oriented scientific research in palliative care; • Ethical and deontological approach to palliative care; • Neoplastic and chronic pathologies; • Psychosocial approach of the 					
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				<p>patient and his environment;</p> <ul style="list-style-type: none"> • Existential and spiritual approach to palliative care and the end of life; • Medical-psychosocial approach to the suffering of the care provider. Link: https://www.ucll.be/vorderstudereren/postgraadaat-palliatieve-zorg/inschrijving <p>(14) UCLL. Themes that will be discussed include: history, philosophy and basic principles of palliative care, palliative care structures, basic principles of pain and symptom control and comfort care, basic principles of communication with patient and environment and dealing with truth, dealing with emotions and psycho-social , emotional and</p>					
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				<p>spiritual care, caring for the worried, farewell and mourning. Link: https://www.ucll.be/vorderstudereren/postgraadaat-palliatieve-zorg/inschrijving</p> <p>(15) PALLIATIEVE. Pain control; Use of the spray actuator; Comfort care; Palliative sedation and euthanasia; Communication and interdisciplinary cooperation. Link: http://zovl.palliatieve.org/opleiding/detail/86/basiccursus-palliatieve-zorg-voor-zelfstandig-verpleegkundigen-2018-2019</p> <p>(16) Topics that will be discussed are: Organizational culture and bringing about cultural change; communication and interaction within the institution, conflict</p>					
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				<p>management and dealing with resistances; teamwork, inter- and multidisciplinary work; Legal aspects; recognizing training needs and translating them into training offer; early care planning; pain and symptom control and ethics.</p>					
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<p>BUL GAR IA</p>	<p>(4) - Describe how palliative care fits in to the care of a patient with cancer; -Describe the key things you need to think about when looking after someone with an incurable condition; -Discuss with a colleague the main priorities for the care of a patient who is in the last days of life; -Discuss with a new member of your team</p>	<p>(1) In carrying out activities supporting nutrition and fluid intake, depending on the condition and the patient's disease caregiver: • Prepare the food in a suitable consistency (diluted, grind, pureeing, etc.) • Puts the patient in the proper position; • Prepare liquids as directed. Caregiver assist patients to take medication</p>	<p>(1) • Following the rules for health and safety and protect the environment in performance of their duties • Application of regulations in the provision of basic health care • Effective communication with the patient • Effective communication in the team work • Provision of care in accordance with the quality standards • Appropriate response in stressful situations • Readiness to upgrade their professional competence and develop their personal qualities • Knowledge of physiology and pathophysiology of the human anatomy • Knowledge of the symptoms of the most common acute surgical conditions • Knowledge of the symptoms of</p>	<p>(6) (1) Link: https://www.navet.government.bg/bg/media/723020-naredba-doi-bolnogledach.pdf (4) Link: https://ecancer.org/education/course/1-palliative-care-e-learning-course-for-healthcare-professionals-in-africa.php (5) Module 1 – Advance Care Planning Module 2 – Assessment Module 3 – Communication Skills Module 4 – Symptom Management Module 5 – Integrated Learning Module 6 – Social Care Module 7 – Bereavement Module 8 – Spirituality Link: https://www.eintegrity.org/e-learning-</p>	<p>(2) Link: http://www.teletask.org/?home&lang=1 (3) Link: http://www.bytsyz.co.uk/elearning/accruited-online-courses/end-of-life-care-accruited/72/ (4) Link: https://ecancer.org/education/course/1-palliative-care-e-learning-course-for-healthcare-professionals-in-africa.php (5) Link: https://www.eintegrity.org/e-learning-healthcare-course/end-of-life-care.html (6) Link: http://remote.harmonia1.com/</p>	<p>Free to 450EUR</p>	<p>n/a</p>	<p>(1) Link: https://www.navet.government.bg/bg/media/723020-naredba-doi-bolnogledach.pdf</p>	<p>(1) National Accreditation (in Bulgaria), ECTS (90 credits); (3) Only National Accreditation on (Training Qualifications UK);</p>
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<p>the usual ways to support and address the physical symptoms at the end of life; -Lead a team review of the usual issues for a patient and their family in all domains (psychological, social and spiritual) in the last few days of life; -Describe the key points of the grief reaction; -Describe the key features of a complicated or delayed grief</p>	<p>orally, monitor for: • Determination and timely adoption (by the doctor); • Proper storage; • The occurrence of side effects. In the performance of their daily professional duties caregivers are responsible for: • Safety and quality of the activities, compliance and proper implementation of the appointment</p>	<p>orthopaedic and traumatology conditions • Knowledge of the most common diseases of internal organs • Performing activities in health care • Knowledge about specific diseases of internal organs • Knowledge of the physiological condition of the child and the pathological changes in various diseases • Performing actions related to the physiological status of the child and the pathological changes in disease • Providing care for infectious patients • Assisting with self-care for patients with cancer diseases • Assistance in situations threatening the life and health of the patient • Collection, recording and processing of medical data • Knowledge of the structure and</p>	<p>healthcare-course/end-of-life-care.html (6) Link: https://harmonia1.com/sites/default/files/7230201.pdf</p>				
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<p>reaction and their consequences for the individual; -Discuss with those working with or alongside you how best to support those grieving in your community or your place of work; -List and explain the 5 key elements of a sound ethical framework; -Discuss with an overseas visiting colleague the practical</p>	<p>s of medical specialists; • Compliance with the rules of good practice in the care of the patient; • Compliance with the rules of internal code of the institution, where s/he works; • The activities of a complex nature carried out under varying conditions; • Damage caused by unlawful acts or omissions; • The</p>	<p>organization of medical activity • Application of regulations and standards for the provision of good health care • Assisting with toilet needs • Turning patient on care bed • Compliance with the provisions of the dietician therapeutic feeding the patient • Monitoring and keeping logs of the activity of secretory system • Application of various forms of specific care for specific pathologies • Tracking and keeping logs of the physical and mental condition of the patient • Application of the basic rules of aseptic and antiseptic • Performance of sanitation and disinfection of rooms, areas, items and hospital linen • Involvement in the</p>						
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	<p>difference between personal and communal autonomy; -Outline to a new colleague how an ethical framework helps in a difficult collusion or confidentiality situation; -Outline to a new colleague how an ethical framework helps in managing changing symptoms in a patient with advancing cancer; -Outline to a colleague</p>	<p>protection of designated equipment and apparatus; • Effective use of materials and supplies; • Compliance with approved health and safety rules and fire safety; • The protection of official and confidential information of a personal nature that could impair the patient's dignity, the manager or employee of the hospital, where s/he</p>	<p>sterilization • Involvement in the process of disinfection • Participation in activities for the prevention of nosocomial infections • Compliance with the rules and norms of medical ethics • Adhering to the rules of medical psychology. (2) The training covers basic topics for the profession, including: - first aid - basic care - efficient communication - infection control - crisis intervention The course has 2 parts – theory (online) and practice. (3) Course Modules: The Dimensions Of Care; Care Of The Person Facing Death; Supporting Families and Carers; Self-Care. (4) Recognise the key symptoms and signs and the patients most</p>						
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<p>what is meant by psychosocial care; -List 4 common areas of concerns that patients may express; -List at least 4 core skills for psychosocial care workers.</p>	<p>works. The operational environment suggests the presence of known risk factors: • Physical risks when lifting, lowering and carrying patients, work in an upright position to sit in one place, repeating identical movements, weight-bearing (bags of linen, sterilization containers, tools, etc.) • Touch risks; • Biological risks;</p>	<p>likely at risk of: • Hypercalcaemia • Neutropenic sepsis • Superior vena cava obstruction • Spinal cord compression • Catastrophic hemorrhage Also: • Basic Principles of Palliative Care • Palliative Care Emergencies • End of Life Care • Communication and Counselling skills • Grief and Bereavement • Ethics in Palliative Care • Spiritual care • Psychosocial Care (1) (2) (3) (4) (5) (6) Principles of palliative care; (1) (3) (4) (5) (6) Communication; (1) (2) (4) (5) (6) Optimising comfort and quality of life; (1) (3) (4) (5) (6) Care planning and collaborative practice; (4) (5) (6) Loss, grief and bereavement;</p>						
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		<ul style="list-style-type: none"> Psychological risks. (4) State the definition of palliative care to a colleague; List 6 points to consider to help effective; communication. -Describe to a new colleague the key elements to breaking bad news; -Describe to a new colleague why people may use ‘denial’ and ‘collusion’ as communication strategies and suggest 	<p>(1) (4) (5) (6)</p> <p>Professional and ethical practice in the context of palliative care.</p>						
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		<p>ways to manage such a situation; -List some of the barriers in your area/locality to effective communication; -Discuss with your team effective ways of talking with children about grief and bereavement .</p>							
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<p>CYP RUS</p>	<p>(1) NA - Improved PC capacity for all aspects of the 24H palliative care at home service; (5) Monthly seminars and discussion with participation of all staff and volunteers. Themes on support, psychology, skills, case studies, medical etc.</p>	<p>n/a</p>	<p>(3) By the end of the course, the students should be able to: 1. Explain: the characteristics of cancer cells, how carcinogenesis takes place, the differences between cancer cells and normal cells, the predisposing factors, the preventive measures, the way metastasis takes place, the staging of cancer, what is cancer screening, the diagnostic exams. 2. Describe the main treatment modalities, what is radiotherapy and chemotherapy, how they work, when and how they are applied and measured, the main side effects and the nursing care offered to the patients receiving external and internal radiotherapy and chemotherapy, the main chemotherapeutic drug categories and the way they work, the main surgical procedures for the main cancer types</p>	<p>(2) Link: https://goo.gl/eNi1Xy (4) Link: https://www.unic.ac.cy//ECTS_Syllabi/NURS-537.pdf (7) Link (p.117): http://www.nurs.uoa.gr/fileadmin/nurs.uoa.gr/uploads/Metaptixiak/Anakoinoseis/1_Symbatiko/2014/Metaptixiaka/2016/Odigos_Spoydon_PMS_2016-2017__efi_papanikolaou_s_conflicted_copy_2017-01-23_.pdf (9) Link: http://www.ncu.gr/mod/page/view.php?id=6 (11) Link: http://eclass.teiep.gr/courses/LOGO139/ (12) Links: http://www.galilee.gr/ekpaideusi http://www.galilee.gr/ekpaideusi/seminaria http://www.galilee.gr/ekpaideusi?id=233:leadership&catid=3:ekpaideush (For Transformational</p>	<p>(1) Poster: http://www.worldcancercongress.org/sites/congress/files/atoms/files/Pre0131-Philippou%20Nicolas.pdf (2) E-learning for the course, accessible only by authorised CUT users: https://elearning.cut.ac.cy/course/info.php?id=916 (3) Courses: Cancer; Cancer treatment; Main Cancer types; Palliative Care Link: http://www.frederick.ac.cy/internationalstudents/el/bsc-in-general-nursing-%CE%B4%CE%B5%CE%BC%CE%AE-%CF%80%CF%81%CE</p>	<p>Free to 2,200EUR</p>	<p>n/a</p>	<p>n/a</p>	<p>(1) NA - staff is already accredited and sanctioned for their professions. (2) National Accreditation (in Cyprus) and ECTS (3 credits); (3) National Accreditation (in Cyprus) and ECTS (3 credits); (4) National Accreditation (Course part of accredited M.Sc. degree in Contemporary Nursing) and ECTS</p>
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		<p>and the side effects, what are the alternative treatments used in cancer care.</p> <p>3. Explain what is palliative care, what are the main symptoms of patients in palliative care and the nursing interventions, what is pain and how is presented in cancer, how pain can be alleviated and what is the nursing care of patient with cancer pain, what are the feelings of the dying patient, the nursing care of the dying patient, supportive care for the relatives of a dying patient.</p> <p>Link: http://www.frederick.ac.cy/internationalstudents/el/bsc-in-general-nursing-%CE%B4%CE%BF%CE%BC%CE%AE-%CF%80%CF%81%CE%BF%CE%B3%CF%81%CE%AC%CE%BC%CE%BC%CE%B1%CF%84%CE%BF%CF%82?option=c</p>	<p>Leadership Programme) http://www.galilee.gr/ethelontes/ethelontismos (information on volunteers’ training for the Unit)</p> <p>(13) Link: http://merimna.org.gr/wp-content/uploads/2018/02/B-kyklos-katartisisThessaloniki.pdf</p>	<p>%AC%CE%BC%CE%BC%CE%B1%CF%84%CE%BF%CF%82?option=com_content&view=article&id=1069&Itemid=726&subject=2112</p> <p>(4) Course Scope link: https://www.unic.ac.cy//ECTS_Syllabi/NURS-537.pdf</p> <p>(5) Guidance is offered on the field for new-entrants and Monthly seminars;</p> <p>(6) Course: University-level undergraduate selective course (“Palliative Nursing Care”) in Nursing Faculty;</p> <p>(8) Course link: http://grammateia.med.uoa.gr/new/viewforum.php?f=159&sid=9a51f46b3e7ccdb3a2b5e098da4ca7e5</p> <p>(9) Guidance notes</p>			<p>(10 credits); (5) Staff and volunteers are already accredited. All volunteers are retired/former nurses/medical staff. If needed, before volunteers join FoH, volunteers receive PA training from elsewhere FoH; (6) National Accreditation (in Greece) and ECTS (2 credits); (7) National Accreditation (in Greece) and</p>
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		<p>om_content&view=article&id=1069&Itemid=726&subject=2112 (2) (3) (4) (5) (6) (7) (8) (9) (10) (12) Principles of palliative care; (2) (4) (5) (7) (8) (9) (10) (11) Communication; (4) (5) (7) (8) (9) (10) (11) Optimising comfort and quality of life; (4) (5) (7) (8) (10) (12) Care planning and collaborative practice; (2) (3) (4) (5) (7) (8) (10) (11) (13) Loss, grief and bereavement; (2) (5) (7) (8) (10) Professional and ethical practice in the context of palliative care (3) Other: Cancer, cancer treatment, main types of cancer (5) Other: FoH operations (11) Other: In the course, emphasis is placed on the experience of chronic illness, as well as on the psychological</p>		<p>for empirical skill building: http://repository.edulll.gr/edulll/handle/10795/2179 http://repository.edulll.gr/edulll/handle/10795/2172 http://repository.edulll.gr/edulll/handle/10795/2173 and Course link: http://www.ncu.gr/ and Module links: http://repository.edulll.gr/edulll/handle/10795/2179 http://repository.edulll.gr/edulll/handle/10795/2172 http://repository.edulll.gr/edulll/handle/10795/2173 (11) Courses: - “Health Psychology” link: http://eclass.teiep.gr/courses/LOGO139/ -The whole course is designed to be useful for PC, and the modules</p>			<p>ECTS (5 credits); (8) National Accreditation (in Greece) and ECTS (120 credits); (9) Only National Accreditation (in Greece); (10) National Accreditation (in Greece) and ECTS; (11) National Accreditation (in Greece) and ECTS (5 credits);</p>
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		<p>issues raised in the terminal illness. It also describes the context in which therapist and therapist communication takes place and the factors that are an obstacle to this communication, as well as those who form a qualitative therapeutic relationship, are developed. Finally, reference is made to occupational fatigue syndrome, to factors contributing to its occurrence, but also to interventions that aim to prevent and treat it.</p> <p>(12) Other:- Palliative Care Leadership (http://www.galilee.gr/ekpaideusi?id=232:leadership&catid=3:ekpaideush)</p> <ul style="list-style-type: none"> - Transformational Leadership Programme) - Applied Pharmacology - Definition, forms and principles of treatment of pain - Psychosocial problems 		<p>focusing more on PC are:</p> <ul style="list-style-type: none"> - Emotional reactions and needs of patients with chronic and / or threatening illness - http://eclass.teiep.gr/modules/units/?course=LOGO139&id=394 - Approaching end-stage patients - http://eclass.teiep.gr/modules/units/?course=LOGO139&id=395 - The bereavement in children - http://eclass.teiep.gr/modules/units/?course=LOGO139&id=397 - Fatigue syndrome (burnout) in health professionals - http://eclass.teiep.gr/modules/units/?course=LOGO139&id=874 				
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					<p>The multimedia and video lectures section, for each of (the above) modules in the course: http://eclass.teiep.gr/modules/video/?course=LOGO139 (12) Seminar link: http://www.galileo.gr/ekpaideusi/seminaria and Poster link: http://www.galileo.gr/ekpaideusi?id=233:leafletleadership&catid=3:ekpaideush</p>				
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<p>HUN GAR Y</p>	<p>n/a</p>	<p>n/a</p>	<p>(1) - to participate in the enrolment of patients, to carry out environmental studies - assess the needs of the patient and his / her family in a holistic approach - prepare a supply / nursing plan for the terminal patient and according to the condition of the patient apply a modified supply / care plan / process - use palliative, supportive therapy as part of teamwork according to the physician's instructions - according to the doctor's instructions, special care and specialized hospice nursing tasks - medical instructions for male and female patients for catheterization, catheter replacement, permanently inserted catheters, probes nursing care - Observe fluid</p>	<p>(1) Link: https://www.nive.hu/Downloads/Szakkepzesi_dokumentumok/Szakmai_es_vizsgakovetelmenyek/2016/DL.php?f=55_723_09_Hospice_szakapolo_2016.pdf&tip=szvk&evszam=2016. (2) Link: https://hospice.hu/kepzesek/szakdolgozo/2018-06-08_40_oras_hospice-palliativ_alaptanfolyam (3) Link: http://www.meszk.hu/kongresszus.aspx?web_id&cid=15144&p=0 (4) Link: https://hospice.hu/kepzesek/onkentes/2017-11-24_40_oras_hospice_onkentes_kepzes (5) Link: https://hospice.hu/kepzesek/szakdolgozo/2017-01-01_Team_Dream</p>	<p>(1) Theoretical training time: 40%, Practical training time: 60% and demonstration education (role games, situational tasks). (2) Theoretical training time: 30%, Practical training time: 10% (1) (2) Recommended literature: - Dr. Katalin Hegedűs: Theory of hospice care - ELNEC training package - Betty R. Ferrell, Nessa Coyle, Judith Paice: Oxford Textbook of Palliative Nursing (3) Theoretical training time and educational films, presentations, slide shows, situational tasks; (4) Recommended</p>	<p>Free to 900EUR</p>	<p>n/a</p>	<p>n/a</p>	<p>(1) National Accreditation (in Hungary), ECTS, ECVET; (2) Only National Accreditation (in Hungary) and ECVET; (3) Only National Accreditation (in Hungary) and ECVET; (4) Only ECVET; (5) Only National Accreditation (country not specified) and ECVET.</p>
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			<p>circulation or fluid replacement for medical instructions.</p> <p>Infusion therapy application</p> <ul style="list-style-type: none"> - apply vomiting and apply anti-emetic suppressive methods - drunk, perform stomatology care, educate the patient and his family - to carry out preventive activities in constipation, passage-disruption problems to be solved - Medical instructions include cancerous ulcers, decubitus, proliferating tumours, chronic and operative to prevent, treat, and care for wounds by protocol - to participate in the nutrition plan, to give nutrition advice, by medical methods <p>instructions for enteral and, if necessary, parenteral feeding</p> <ul style="list-style-type: none"> - to evaluate pain and to use medication, non-medication and alternative analgesics and its medicines to be 		<p>literature:</p> <ul style="list-style-type: none"> - Dr. Katalin Hegedűs: Theory of hospice care - ELNEC training package 				
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			<p>used, to assist in the implementation of invasive analgesics</p> <ul style="list-style-type: none"> - provide airways, remove drainage, inhalation and oxygen therapy - use medical aids and their educational activities - to participate in motion therapy - to support the patient and his family at various stages of dying on the basis of his / her knowledge of theology - to participate in the spiritual care of the patient, his family and the team - to provide support during the mourning period - organize and coordinate the activities of the hospice palliative care team - keep in touch with other providers and organizations - to assist in the search for resources, resource development, and decision preparation 						
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			<p>tasks</p> <ul style="list-style-type: none"> - to promote awareness raising activities (PR) related to hospice work with death for a change of view - Regularly participate in stress-treating individual or group exercises - keep the activities carried out professionally and continuously with the activities based reports - to provide training for patients, relatives and healthcare professionals (2) - hospice history - hospice's domestic system, forms of care - hospice team and their responsibilities - ethical and legal issues - basics of palliative care, nursing aspects of pain and other symptomatic care - last hours - loss, mourning cultural aspects of end-of-life care - basics of palliative 						
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			<p>care, medical aspects of pain and other symptomatic treatment - communication, self-knowledge (theoretical and practical classes in groups)</p> <p>(3) Children Palliative – Hospice supply bases; The fundamental flexibility bases; Fertilizer in the environment of children; Palliative- Hospice child love; Presentation of child hospital resources with cases; Restaurant table for children for little families.</p> <p>(4) -Death Issues in Death in Society; -Visit to the Institution; -What is hospice? Hospice's philosophy and purpose, hospice principles. Hospice care in Hungary; -Child Hospice Care; -Hospice care forms and team members; -Expectations, Ethics,</p>						
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			<p>Patient Rights; -The philosophy and goal of volunteer help; -Self-experience group: self-knowledge, situational exercises, difficult situations solving strategies, communication; -Management, non-profit organizations; -Basic care knowledge; -Volunteering beside the crib, institutional and home options Patient movement; -Volunteer experiences; -The ideas of death and the fear of death. - The cultural characteristics of dying The characteristics and process of loss, mourning; -Psychological phases of dying and communicating with serious patients Situational Exercises, Case Discussion; -Communication Block: Situational Exercises, Case</p>						
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			<p>Conferences. (5) Themes: - work, family, me; - for a common purpose effectively; - own experiences. (1) (2) (3) (4) (5): Principles of palliative care; (1) (2) (3) (4) (5): Communication; (1) (2) (3) (4) (5): Optimising comfort and quality of life; (1) (2) (3) (4) (5): Care planning and collaborative practice; (2) (3) (4) (5): Loss, grief and bereavement; (1) (2) (3) (4) (5): Professional and ethical practice in the context of palliative care.</p>						
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<p>LIT HUA NIA</p>	<p>n/a</p>	<p>n/a</p>	<p>(1) - Knowledge of the concept, objectives and principles of palliative care; - Knowledge of communication with the dying person and his relatives; - Apply the principles of Christian assistance to the dying person and his/her relatives; - Communication skills with the dying person and their close relatives; - Provide palliative care for sick or non-curable ill patients. (2) -Treatment of serious and palliative care patient; -The operational characteristics of the work and the principles of teamwork; -The development of existing competences and new competencies (subject competences - activity expertise and social competence-personality). (9) Renew and supplement professional</p>	<p>(1) Link: http://www.kpmmpc.lt/kpmmpc/wp-content/uploads/2016/08/Socialinio_darbuotojo_padejejas_M44092001.pdf</p>	<p>(1) Course: “Providing palliative care services”. (2) Course: Operating and palliative nursing. Theory: 100 contact hours. Link: https://www.aikos.smm.lt/paieska/_layouts/15/Asw.Aikos.RegisterSearch/ObjectFormResult.aspx?o=KTP&f=KTPProg&key=73111&pt=of&ctx_sbfr=sbfr (3) Offline course: Palliative care (theory) 2 courses: 36 and 24 hours. Link: http://www.mf.vu.lt/sites/default/files/docs/studijos/2018_m_sps_tobulinimo_temos_naujas.pdf (4) Offline course: Palliative care - theory and</p>	<p>Free to 62.28EUR</p>	<p>n/a</p>	<p>n/a</p>	<p>(1) National Accreditation (in Lithuania), ECTS (8 Credits), ECVET; (2) National Accreditation (in Lithuania) and ECVET; (3) National Accreditation (in Lithuania) and ECTS (2 Credits); (4) National Accreditation (in Lithuania) and ECTS (2 Credits); (5) National Accreditation (in Lithuania) and ECTS (1.50 Credits); (9) National</p>
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		<p>knowledge and skills of specialists from different specialties working in palliative care: Interpretation and significance of laboratory, cytological, histological analysis, X-ray, US, MR, endoscopic and scintigraphic examinations; pain syndrome; principles of treatment (gastrointestinal tract, respiratory, skeletal, skin, urinary tract, fever and infection, nausea and hydration, fatigue, metabolic complications, neurological and psychiatric problems, chemotherapy and radiotherapy-related adverse reactions); palliative care for children; palliative care of gerontological patients; palliative care in the case of non-clinical diseases; home care principles in palliative care; psychotherapy in palliative care; social</p>		<p>practice. Link: http://www.lsmuni.lt/media/dynamic/files/13347/nursing_fullprogramme2018-2019y.pdf (5) Offline course: Palliative care (36h) - Theory (24h) and practice (12h). (6) Offline course: Palliative care - theory and practice (42 hours). Link: http://maltieciai.lt/savanoryste/kodel-savanoriauti/ (7) Offline course: Palliative care theory. Link: http://www.sidmc.org/senior/index.php?q=material&lang=en (8) Offline course: Palliative care - theory and practice. Link: http://www.pmcentras.lt/paslaugos-savanoriai.html (9) Offline course:</p>			<p>Accreditation (in Latvia), ECTS (90 Credits), ECVET; (10) National Accreditation (in Latvia) and ECTS (24 Credits); (11) National Accreditation (in Belgium, Greece, Lithuania, Norway, Estonia, Portugal, Czech Republic) and ECTS (3 Credits);</p>
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		<p>work in palliative care.</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)</p> <p>Principles of palliative care;</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)</p> <p>(12) Communication;</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)</p> <p>(12) Optimising comfort and quality of life;</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)</p> <p>Care planning and collaborative practice;</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)</p> <p>(12) Loss, grief and bereavement;</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)</p> <p>(12) Professional and ethical practice in the context of palliative care.</p> <p>(5) Other: Indications for palliative care. Quality of life model. Management of symptoms, pain control and assistance. Peculiarities of communication with children and paediatric</p>		<p>Palliative care. Theory - 60 hours; practice - 60 hours. Link: https://talakizglitiba.lv/programmas/personaloprofesionalozinasanu-unprasmjupilnveide/paliativas-aprupes-programma-arstu-p</p> <p>(10) Offline course: Palliative care – theory. Link: https://www.aprupes-birojs.lv/talakizglitiba/</p> <p>(11) Offline course: Palliative care - theory and practice. Link: https://ttk.ee/en/interdisciplinary-program-palliative-and-end-life-care-ippe-1092008-31082009</p> <p>(12) Offline</p>				
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			<p>palliative care. Functions and tasks of social work in palliative care. Peculiarities of palliative care for patients with heart failure.</p> <p>(6) Other: Aging process. Meeting the physiological needs of the patient. Meeting the patient's hygiene needs. Meet the needs concerning mobility (correct lifting of the patient). Proper care for disabled and elderly people. Dying patient care. Helping close relatives of a person in palliative care.</p> <p>(7) Other: Ethical principles, Spiritual and religious aspects, Psychological aspects, organizational aspects Communication skills.</p> <p>(11) Other: cooperation in the international, intercultural and interdisciplinary teams on the care of clients in the last part of their</p>		<p>course: Palliative care for children - theory and practice. Link: https://www.deti39.com/seminar-psihologicheskie-aspekty-palliativnoj-pomoshhi-detyam-projdet-v-kaliningradskoj-oblasti/#.WqVJDOfLjIU</p>				
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			<p>lives; pain and symptom control, complementary care, spiritual and existential pain; Medical Decisions on End of Life (MDEL), bereavement and mourning; patient’s rights.</p> <p>(12) Other: Effective communication. Criteria for effective and ineffective communication. Factors hampering communication between service specialists and relatives. The skill of diagnosing the psychological climate within the family of a sick child. Working with psychological protections. What should a specialist do if a relative is aggressive, hysterical, avoids communication, seeks rational explanation in different sources and does not trust specialists?; Emotional burnout of specialists. Causes and</p>						
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			prevention.						
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<p>RO MA NIA</p>	<p>n/a</p>	<p>n/a</p>	<p>(6) The subjects included in the specialty program for nurses with the corresponding hours for each subject: -Hospice presentation. Hospice philosophy - 2 hours -General oncology - 2 hours -Special oncology - 2 hours -Medication in palliative medicine - 2 hours -Ethics I - Benefits, Benefit, Non-Maleficence, Autonomy, Justice, Confidentiality, Informed Consent - 2 Hours -Ethics II - Ethical Decisions, Euthanasia, Transfusion, Organized Support Devices. - 2 hours -Communication I - Active Listening, Listening Lock - 2 Hours -Communication II - Communication of bad news - 2 hours -Communication III - Difficult Questions,</p>	<p>(6) (7) Link: http://www.studiipaliative.ro/projects/nursing-center-of-excellence-in-palliative-care-bms/</p>	<p>(6) (7) - ELNEC training package - Betty R. Ferrell, Nessa Coyle, Judith Paice: Oxford Textbook of Palliative Nursing - Training platform with videos and brochures for targeted patients and families.</p>	<p>The training is funded by donations and funding (eg ELNEC - End-of-Life Nursing Education Consortium). The course ends with a final exam and is attested by each participant.</p>	<p>n/a</p>	<p>n/a</p>	<p>(6) National Accreditation (in Romania), ECTS, ECVET; (7) National Accreditation (in Romania), ECTS, ECVET.</p>
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			<p>How to Cooperate with an Antipathy Patient - 2 Hours</p> <ul style="list-style-type: none"> -Communication with the dying child - 2 hours -Evaluation of pain and other symptoms in children - 2 hours -Game therapy - 2 hours -Emotional reactions to death - 2 hours -The last 48 hours - 2 hours -Valley - 3 hours -Spiritual assistance - 2 hours -Support for the family - 2 hours -Support for medical staff - 2 hours -HIV-AIDS - 2 hours -Team work -2 hours -Body Image Alteration, Sexuality - 2 hours -SV genitourinary disorders, condoms, anuria urinary retention, urinary tract infections, IR, urinary incontinence, hematuria, urinary tract obstruction - 2 hours -Pain I - Pain 						
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			<p>Perception, Total Pain Concept, Theories of Pain Perception, Distinction between Acute and Chronic Pain - 2 Hours</p> <p>-Pain II - Evaluation of Pain, VAS methods, Steps WHO, medication steps</p> <p>Coanalgezie, non-pharmacological methods TNS, nerve block, relaxing massage 4:00</p> <p>-Pain III - Equivalent Dosage, Methods of Administration, Automatic Syringe, S.C.I.P.R.I.P.O.S., Adverse Reactions, Combinations, Morphine Myth - 2 Hours</p> <p>-Emergencies in palliative medicine - hypercalcemia, massive bleeding, superior vena cava syndrome, intracranial pressure, hypoglycemia, spinal cord compression, Section muscular fractures, obstruction, syncope, seizures, aggressive and violent</p>						
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			behavior, confusion, - Halucinatii- 8:00 -Insomnia, agitation, panic attack - 2 hours -Dyspnoea, Cough, Pleurisy, Malignant Hemoptizie -2 hours -Dysphagia, Dyspepsia, Sughit - 2 hours -Constipation, Diarrhea - 2 hours -Nausea, vomiting - 2 hours -Icter, Ascita, Pruritus - 2 hours -Limfedem - 2 hours -Escare, Exorcatated Tumors - 2 hours -Stoma - Colostomy, Tracheostomy, Gastrostome, Urostome, SNG Nutrition - 3 hours -Fistula - 2 hours -Nutrition, Casexia, Anorexia - 2 hours -Oral care - Halitosis, Xerostomia, Stomatitis, Candidiasis - 2 hours -Pediatric sessions - 16 hours -Mobilization and transport - 2 hours -Case studies - 8 hours -Final evaluation -					
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			<p>grid tests - 8 hours</p> <p>The list of maneuvers nurses should be able to perform in their clinical practice: Maneuvers / techniques / practical activities:</p> <ol style="list-style-type: none"> 1. Understand the role of the multidisciplinary team 2. Demonstrate teamwork 3. Demonstrate respect for the attitude and faith of the patient and family 4. Keep confidentiality 5. Demonstrate respect for the autonomy of the cancer patient 6. Evaluate various psychological issues 7. Evaluate various social issues 8. Evaluate various spiritual issues 9. Apply Active Listening Methods 10. Apply methods of verbal-nonverbal communication 11. Describe and recognize the emotional reactions that the patient goes 						
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			<p>through to the Kubler-Ross classification</p> <p>12. Evaluate and monitor various symptoms occurring in cancer</p> <p>13. Apply methods to prevent escape</p> <p>14. Apply the wet dressing method in spreading the drains</p> <p>15. Differentiate types of special dressings</p> <p>16. Decide which type of dressing should be applied depending on the degree of the spill</p> <p>17. Apply massage methods to reduce lymphedema in volume</p> <p>18. Make care of the exudated tumors</p> <p>19. Treat gastrostomy</p> <p>20. Treat tracheostomy</p> <p>21. Bear the bladder probe</p> <p>22. Use the automatic syringe to administer major analgesia</p> <p>23. Make ileo-colouro stomach care</p> <p>24. Make proper care of the oral cavity</p> <p>25. Describe how to administer major</p>						
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			<p>analgesia</p> <p>26. Name the post-analgesia side effects</p> <p>27. Apply non-pharmacological methods to control pain</p> <p>28. Apply counseling methods and family support</p> <p>29. Family and patient education</p> <p>30. Establish a care plan, implement it and monitor it.</p> <p>(7)1. Elements and history of hospice</p> <p>2. Hungarian hospice model, forms of care</p> <p>3. Human right, ethical issues</p> <p>4. Grief and loss</p> <p>5. Palliative care, pain management</p> <p>6. Palliative care, symptome controll</p> <p>7. Speciality of children hospice</p> <p>8. Communicatoin elements</p> <p>9. Task of members of hospice teams</p> <p>10. Advance care planing</p> <p>11. Final hours at death</p> <p>12. Selfknowledge-</p>					
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			<p>Communication practice</p> <p>13. Coordination knowledge</p> <p>14. Documentation in palliative care</p> <p>15. Hospice management</p> <p>16. Hospice volunteering</p> <p>17. Training-closing (final exam or exchange of experience)</p> <p>(6) (7) Principles of palliative care;</p> <p>(6) (7) Communication;</p> <p>(6) (7) Optimising comfort and quality of life;</p> <p>(6) (7) Care planning and collaborative practice;</p> <p>(6) (7) Loss, grief and bereavement;</p> <p>(6) (7) Professional and ethical practice in the context of palliative care.</p>						
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<p>TUR KEY</p>	<p>(3) - Increase capacity in palliative care team. - Use roles and responsibilities effectively. - Effective communication with patient and family in palliative care. - Greater understanding of the importance of spiritual care for the patient and family in palliative care.</p>	<p>(3) - Know the purpose of palliative care, philosophy and principles. It recognizes the role and responsibilities of the palliative care nurse.</p>	<p>(3) - Effective work for patients in need of palliative care manage pain, dyspnoea, fatigue, vomiting, delirium and other symptoms. - Methods of delivering best care to patients receiving palliative care - Guide to increase nurses' awareness of palliative care - Evidence-based applications. (1) (2) (3): Principles of palliative care; (1): Communication; (1) (3): Optimising comfort and quality of life; (1) (3): Care planning and collaborative practice; (1) (3): Professional and ethical practice in the context of palliative care.</p>	<p>(1) The Pallia-Turk Project has three levels of organization: Primary, Secondary and Tertiary Palliative Care Centres. 1. Primary Level. Primary Level Organization includes family physicians, home care teams, NGOs and local governors. Patients who cannot be managed at this level are referred to secondary and tertiary level centres. Home Care Team: Each ministerial hospital in Turkey has a home care team. The total number of home care teams is more than 600. Each team is composed of one general practitioner, three nurses, one driver and one car. Any patient who is in need of home care can</p>	<p>(2) Book: http://kanser.gov.tr/Dosya/PBAgriYonetimiKilavuzu2017.pdf</p>	<p>Free to 3000EUR</p>	<p>n/a</p>	<p>n/a</p>	<p>(1) Only National Accreditation (in Turkey).</p>
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				<p>directly call on to these teams, or if any family physician or any specialist doctor (e.g. general surgeon, internal medicine) needs home care for their patients, they can get in touch and involve the team in patient care. Home care teams will be responsible for simple acute measures such as pain relief, constipation, wound dressing and parenteral drug administration. They will take care for the patients who are not sufficiently mobile. Each home care team can also support patients economically in case of need which will be covered by the hospital circulating capital.</p> <p>Family Physicians: Currently, Turkey has more than 25 000</p>					
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				<p>family physicians. Each Turkish citizen has one family physician that will take care of him or her. All family physicians will be trained by the end of 2013. If family physicians were incorporated into palliative care, they can help their patients and their relatives how to handle future fear and anxiety due to disease-related symptoms and avoid unnecessary hospital admissions.</p> <p>2. Secondary and Tertiary Level Centres. These are responsible to take care for patients with severe symptoms and for patients who are in need of acute-sub acute and chronic palliation that cannot be managed by family physicians [7]. These</p>					
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				<p>centres are the centres of excellence. Teams include physicians (internal medicine, medical oncology, cardiology, thoracic diseases, anesthesiology or algology, general practitioners), experienced oncology nurses (one for two patients), social workers, physiotherapists, nutrition experts, psychologists and religious people. These centres will also plan research activities within time.</p>					
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