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REGION

Impact of education: challenges and recommendations

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The role of education

- Key factor to promote the integration at clinical and organisational levels
- In line with recommendations from experts, stakeholders and professional health organisations
- However, the need for basic as well as specialist competences in palliative care (PC) is unmet at all levels of health care

Hui et al. Ann Oncol 2015.
Lynch et al. J Pain Symptom Manage 2013.
Abraham. J Natl Compr Canc Netw 2012.

Requirements for integration

- Close collaboration and information exchange between primary, secondary, and tertiary PC providers

- Tertiary PC specialists responsibility to upskill primary and secondary providers through:
 - Education and mentorship programs
 - Research
 - Clinical care

Challenges for the panelists

- Very few reports, policy statements, or articles at an international level that **specifically** addressed how educational programs can promote integration

- Available information:
 - International/national educational strategies
 - Recommendations in PC
 - Contents of oncology and PC curricula
 - Papers on educational barriers and facilitators

- We focused on medical education; however, principles and content are also considered of value for education of other health-care providers

Sources for the panelists

- Supplement EAPC Atlas of Palliative Care in Europe 2014
- EAPC Atlas of Palliative Care in Latin America 2012
- Global Directory of Education in Palliative Care of the IAHP
- Medical society papers/websites

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- Systematic review of literature = 23 articles
 - 12 informative articles (consensus, panels, recommendations, etc.)
 - 4 descriptions of multidisciplinary curriculum or specialist education
 - 4 professional perspectives or opinions
 - 2 surveys focused on guidelines and service management
 - 1 systematic review about early integration

International educational strategies

WHO (2014)	National actions are necessary to strengthen PC	"ensuring that education about PC is offered to students in undergraduate medical and nursing schools and health care providers at all levels"
EAPC (de Viegler et al 2004, Gamondi et al 2013)	Levels of PC education	A) Basic B) Advanced C) Specialist
ESMO (2018)	Designated centres of integrated oncology and PC	216 centres from 41 countries following rigorous criteria across clinical, research, and educational domains, promoting both secondary and tertiary PC provision

Educational Strategies

- Accreditation of palliative medicine
 - Specialty
 - Subspecialty
 - Certificate of competence

- PC and oncology curricula
 - Undergraduate
 - Postgraduate
 - Continuing education
 - Lectures, courses
 - Conferences
 - Rotation of trainees/fellows

Accreditation of palliative medicine

Country	Accreditation	Clinical practice in years	Theoretical training	Research project
Australia/New Zealand	Specialty	3	6/12 months	1-3
Canada	Subspecialty	2	350 hours	1
Czech Republic	Subspecialty	1	12 months	-
Denmark	Special denomination	2	6 weeks	1
Finland	Special denomination	2	150-270h	1
France	Special denomination	2	170 hours	1
Georgia	Subspecialty	0-5	75 hours	-
Germany	Subspecialty	1	40 hours	Not required
Hungary	Subspecialty	1	80 hours	-
Ireland	Specialty	4	Varying	Not required
Israel	Subspecialty	2	-	-
Italy	Special denomination	0-5	1500 hours	1
Latvia	Special denomination	2	400 hours	80h
Malta	Specialty	Most abroad	Most abroad	Not required
Norway	Special denomination	2	180 hours	1
Poland	Specialty	2	NS	1
Portugal	Special denomination	1	400 hours	3
Romania	Subspecialty	0-25	2 months	-
Slovakia	Special denomination	0-5	NS	-
Sweden	Subspecialty	2-5	120 hours	Not required
United Kingdom	Specialty	4	Varying	Not required
United States	Subspecialty	1	Varying	Varying

Adapted from Bolognesi et al., 2014 and Centeno et al., 2015

Medical School Curricula

Domains

1. Palliative care, palliative medicine
2. Pain
3. Neuro-psychological symptoms
4. Management of other symptoms
5. Ethics and law
6. Patient, family, non-clinical caregivers perspectives
7. Clinical communication skills

Syllabus sections

1. Basics of palliative care
2. Pain and symptom management
3. Psychosocial and spiritual aspects
4. Ethical and legal issues
5. Communication
6. Teamwork and self-reflection

- > 40 hours in total
- Topics included in examinations
- Teaching by PC specialists and multi-professional group
- PC care should be taught as an independent subject

EAPC Steering Group on Medical Education and Training 2013

Suggested educational strategies to improve integration

Strategies	Levy et al 2014	Gamondi et al 2013	Hui, Bruera 2015, 2016; Hui et al 2015
PC in undergraduate curricula	X	X	
Lectures and curricula on PC for oncology professionals	X		X
Oncology rotations for PC fellows	X		X
PC rotations for oncology fellows			X
Conferences on PC for professionals	X		
Continuation education for practicing oncology professionals	X	X	X
PC skills formal examinations	X		
Combined PC and oncological educational activities for fellows and trainees			X
Post-graduation in PC		X	

Postgraduate palliative care programmes in Europe

Specialist palliative care curricula should include the following oncology sections:

- Clinical detection, emergency management and referral to specialists for spinal cord compression (eg, radiotherapy and neurosurgery)
- Pathological fractures, raised intracranial pressure, superior vena cava obstruction, and hypercalcemia.
- Prognostication of different cancer diseases, chemotherapy lines, and radiation therapy

Bolognesi et al., Palliat Med 2014

Main objectives of PC recommendations for a global core curriculum in medical oncology

- To screen, assess, prevent and manage symptoms of patients with cancer
- To communicate effectively with patients and families about illness understanding and coping with it, prognosis, difficult decisions, end-of-life and its preparation including psychosocial and existential dimensions
- To recognize the role of cancer rehabilitation, including physical therapy and nutrition
- To recognize the importance of culturally competent, multidisciplinary care including families
- To understand how to integrate palliative interventions in routine multidisciplinary cancer care
- To recognize the difference between burnout, compassion fatigue and depression
- To ensure timely referral to specialist palliative care teams

Dittrich et al., ESMO Open 2016

Educational barriers in PC

- Workforce constraints in the fastest growing speciality/subspecialty worldwide
- Lack of education and training
- Heterogeneity of educational programs
- Budget constraints and absence of administrative/leader support
- Attitudes and beliefs among health professional
- Immaturity of PC

Wentlandt et al. J Clin Oncol 2012.
Wong et al. J Oncol Pract 2016

Undergraduate medical education in Europe (43 countries)

- Low investments in PC education
- 30% taught PC
- 14% compulsory course
- 40% have a full professorship in PC

Carrasco et al., JPSM 2015

Recommendations

- **Ensure palliative medicine is accredited in all countries** by encouraging public awareness of the needs and **adapting the accreditation from successful countries**
- **Ensure mandatory teaching of PC subjects in medical, radiation, clinical and surgical oncology specialization programs**
- Develop a set of **minimum volume and content requirements for use in these programs including mandatory clinical rotation in PC**
- **Develop international teaching programs on when and how to integrate oncology and PC** by requiring program development at the level of the health-care provider and from professional organisations, **and applying indicators for program development and implementation**
- **Encourage continuous education of multidisciplinary teams in early integration** and in teamwork by requiring education for oncologists and PC specialists in patient-centered care and early integration