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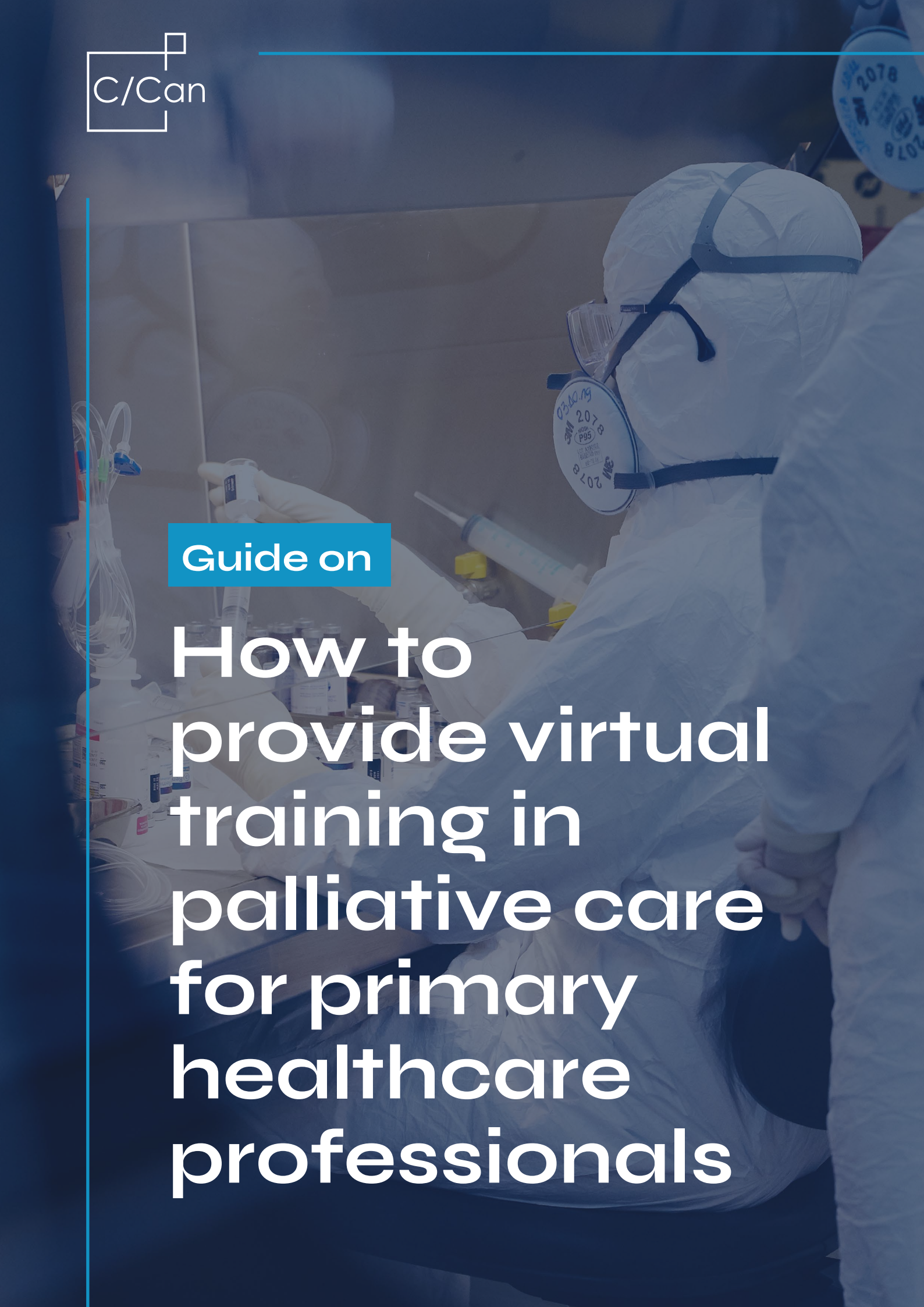

Guide on

How to provide virtual training in palliative care for primary healthcare professionals

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Purpose of the guide

This guide summarises the steps and procedures required to design a palliative care education plan for the first level of healthcare by applying existing evidence in the area to the diverse situations in low- and middle-income countries within the framework of the City Cancer Challenge Foundation (C/Can) project in response to the urgent need to reduce inequalities in accessing quality palliative care in selected cities. The recommendations made in this document are the result of a technical review carried out by an external expert in palliative care nominated by the Latin American Association for Palliative Care (ALCP), Patricia Bonilla, in consultation with the C/Can Technical Cooperation team, Tania Ximena Pastrana Uruena and Sofia Bunge, members of the education commission of the ALCP, and based on the experiences and outputs developed by the palliative care groups in C/Can's cities: Tamar Rukhadze and Rodrigo Kappel Castilho. This guide is expected to be interpreted, analysed and adapted on the basis of the local context and the need to build a multisectoral consultative process within the city.

1. Introduction

In 2020, it was estimated that more than 58 million people have serious health suffering and an aging of the population will likely cause a greater number of patients with cancer and other incurable diseases that require palliative care. Unfortunately, palliative care services do not meet demand, especially in developing countries, for example barely 7.6% of the needs of the Latin American population are covered.

The World Health Assembly 2014 adopted Resolution WHA 67.19, on the "Strengthening of Palliative Care as an integral part throughout life" and recommends including Palliative Care in Primary Health Care (PHC), in the same way as the Astana Declaration does. In addition, the WHO recognises the importance of education, the need for undergraduate integration, and continuous training in palliative care for care providers.

However, to achieve this goal and reduce patient suffering, PHC personnel must receive basic training in palliative care, since most patients can be given a timely response at the primary level.

Virtual education has proven to be quality education, with greater coverage, highlighting great advantages such as flexibility in the administration of time and place of study, immediate access to information, autonomy, and the use of multiple training tools.

This document summarises the process of implementing virtual training in palliative care for primary health care professionals, improving the training of health professionals so that they can provide care of the highest quality standards to patients and families.

The process should be followed the following steps:

1. Situational analysis
2. Implementation planning
3. Monitoring, evaluation, and reporting design

2. Situational Analysis

Step 1

Compile the basic data of the geographical area through a situational analysis of the target area where the course will be taught. This means identifying:

- The geographical area where the program will be developed;
- The number of inhabitants;
- The morbidity-mortality of the study area;
- Health care system;
- The number of primary care health centres;
- The number of primary care professionals including doctors, nursing professionals, psychologists, pharmacists, physiotherapists, and primary care technicians who perform activities in PHC;
- Internet availability in health institutions and/or homes.

This information can be obtained from the country's statistical office, the regional directorate of the Ministry of Public Health and the leaders of palliative care in the area.

Step 2

Identification of local programs that have training in basic palliative care for the first level of care:

- Through local governments, information related to care centres and teams trained in PC that provide home PC and PHC will be obtained;
- Local programmes that have training in basic palliative care for the first level of care;
- The existence of palliative care units in cancer hospitals, number of professionals with specialised training, or in primary palliative care;
- The laws or regulations related to education in palliative care;
- The presence of NGOs that support continuing medical education.

Step 3

Identification of training needs in basic palliative care for the first level of care:

- Recognise the number of health sciences faculties in the country, region, and/or city that teach PC in undergraduate courses, the number of hours dedicated to PC in the career, and the type of theoretical, practical, and mixed training. Topics included in the training.

Step 4

Identify the degree of knowledge of palliative care in the first level of care in the target city

For this, a survey will be programmed that includes the degree of knowledge of PC, hours of training, knowledge of local laws and regulations, knowledge of the existence of clinical guidelines, and history of national, regional, or local palliative care. Knowledge about the most relevant topics in PC in PHC to all primary care health providers as well as to the directors of the care centres.

3. Planning and Implementation

Step 1

Request local, regional or national support from the academy for its endorsement.

Define the content of the virtual course for the first level of care:

- Based on the results of the survey, a virtual training program on palliative care will be carried out for all health personnel, managers, pharmacists, public health officials, and leaders of the health ministry of the cities.
- A working group can be created to prepare and review the most important issues. The working group must have leaders in the management of health centres, doctors, nursing, psychology, and pharmacy.

Step 2

It is suggested to include the following topics adapted to the identified need:

MODULE 1

- Epidemiology: a breakdown of the burden of cancer in the country/city, cancer mortality.
- Description of the situation of palliative care in the world, in the Latin American region, in each country and city if possible.

MODULE 2

- Need for palliative care in the country or region.
- Models of intervention in Palliative Care.
- Suffering: multidimensional nature (physical, social, psychological, and existential).
- Ethical framework of palliative care practice.
- Multidimensional evaluation. Evaluation instruments.
- Communication with the patient and the family: principles and effective communication strategies in the patient-family-care team relationship.
- Communicating difficult situations or bad news.

MODULE 3

- Pain: Epidemiology. Pathophysiology. Mechanisms. Aetiology.
- WHO analgesic ladder. Pharmacological and non-pharmacological treatment.
- Opioids: generalities, routes of administration, undesirable effects. Equianalgesic dose. rescue dose. Myths, tolerance, physical dependence, addiction.
- Opioid-induced neurotoxicity (OIN). Opioid rotation.
- Prescription rules in the country where the course is taught.
- Adjuvants and co-analgesics.

MODULE 4

- Gastrointestinal symptoms.
- Asthenia-anorexia-cachexia syndrome: evaluation, causes, and treatment.
- Respiratory symptoms.
- Delirium.

MODULE 5

- Subcutaneous route.
- End-of-life care.
- Duel.
- Emergencies.

MODULE 6

- Teamwork.
- Self-care of palliative care providers.

Step 3

Request local, regional or national support from the academy for its endorsement.

Step 4

Course methodology: to deliver an accessible easy to carry out course that adapts to each person, a virtual course is proposed with the Blended-learning method combining synchronous and asynchronous method on the platform with updated supporting bibliographic material. At the end of each module, there will be an evaluation to continue with the next module and peer-reviewed clinical cases will be presented, which will be discussed in groups on the virtual platform in a synchronous manner, and finally, as approval, a group project will be developed that responds to the local problems.

Step 5

Determine the financial resources and funding sources for your programme.

The budget for the development of the survey must be determined to identify the degree of knowledge of palliative care in the first level of care in the target city, the course quality evaluation survey, the virtual platform, and the fees of the teaching staff in activities synchronous and asynchronous. Dissemination of the course.

The optimal design of the budget is essential for the success of the programme.

Step 6

Campaign to raise awareness about the program at the local level, so as to achieve the highest percentage of trained people per care centre and achieve the general objective of the project.

Step 7

Beginning of the virtual course of basic palliative care in PHC centres by sectors of the city, region, or locality.

4. Monitoring, evaluation, and reporting

There must be a follow-up, evaluation, and presentation of reports at the end of the training and every six months, presented to the ministry of the public, district, and zonal health.

Possible indicators for monitoring and evaluation include:

- The number of managers, doctors, nurses, pharmacists, and psychologists who have completed the course at the city, region, or country level;
- The number of PHC workers with basic training in palliative care;
- The percentage of primary care centres with all staff trained in basic palliative care;
- The number of managers, doctors, nurses, pharmacists, and psychologists who identify, evaluate and manage the most frequent symptoms in cancer palliative care;
- Number of doctors, nurses, pharmacists, and psychologists who provide comprehensive management including physical, psychological, and social aspects;
- The number of patients and relatives who attended, and were satisfied with palliative care;
- The number of virtual courses on basic palliative care taught annually.

All information must be documented to give published results.

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