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Opinion

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Challenges in Palliative Care Postgraduate Education in Latin America – Time for Collaboration

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On May 24th, 2014, the World Health Assembly (WHA) issued the resolution 67.19: "Strengthening of palliative care (PC) as a component of comprehensive care throughout the life course",[1] which crowned the efforts of hundreds of professionals who have worked to extending the field of PC and making it available to everyone, throughout the continuum of care and across all levels. The ultimate goal of this resolution was to promote the relief of people´s suffering due to illness, as an integral part of health care, and to provide the human, physical and economic resources in order to attain this objective. To achieve this aim, the assembly encouraged the State Members, among other initiatives, to include PC as an integral component of education and training offered to health care providers (HCP), according to whether the educational need is basic, intermediate or specialty level. Therefore, providing better PC education in all three levels is an essential step to extend PC and to alleviate the suffering of people around the globe.

PC is an evolving discipline. A core set of learning domains have been identified as part of the PC competencies that HCP should have in order to provide relief of suffering.[2] These competencies include symptom management, assessment and treatment of psychological, social and spiritual needs, decision making and communication with patients and families, among others and should be acquired by HCP according to the level of training and to the type of specialty that they will work on.[3,4] Although these competencies have a cognitive component, most of them also include a practical component. This practical component includes acquiring skills, attitudes and values as an essential part of the learning process in order to favor behavioral change. These abilities need to be taught not only through standard lessons, but through clinical modeling, including critical observation with feedback, role playing, mentoring and reflective practice.[5] Guiding trainees in the process of reviewing and applying the evidence, learning how to communicate better and becoming clinical experts in this particularly sensitive field is now an extremely interesting, complex and demanding process for trainers.

In order to achieve the goal of extending PC proposed by the WHA, countries need trained HCP to deliver high quality PC and to teach the aforementioned competencies to both undergraduate and graduate students.[1] However, there is a lack of trained PC providers in Latin America and there are insufficient educational programs both at the undergraduate and graduate levels.[6] Countries, national and international palliative care associations and NGOs have developed different strategies to deliver education in PC for HCP in this context. Some countries in the region are developing undergraduate PC programs to promote education at this

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level, although it is unclear which educational strategies are the best ones.[7,8] Other countries have developed Fellowships or Subspecialty clinical training programs, Masters Degrees, Diplomas and on-line programs, many of which lack a hands-on component. Although this breadth of strategies provides different alternatives for HCP interested in acquiring PC skills, the quality of these programs are varied and the level of competencies developed by the trainees among these programs are extremely heterogeneous. Moreover, if we consider that teaching PC skills have an essential practical component, the fact that many of the training programs are only theoretical, implies that some trainees are obtaining sub-optimal education in PC.

The problem of getting high quality postgraduate PC training for HCP is particularly relevant for developing countries in Latin America. Most of the best programs are offered by institutions from developed countries with a long history and experience in the field of PC, with only few alternatives in our region (Colombia, Costa Rica and Venezuela among others). The current available local programs are unable to train the required number of HCP to supply the needs for the region.[6,9] Usually the high quality programs in developed countries are mainly available for clinicians from the same country or region and are not always available for foreign clinicians. Some of the difficulties for international HCP in being admitted to the top PC clinical programs in developed countries include obtaining prior training certification, language and cultural barriers and lack of funding. Therefore, today most HCP from developing countries can aim to get only on-line training as their best option to learn competencies and skills in PC. The problem of limited training opportunities could be a potential barrier for achieving the goals proposed by the WHA in Latin America and could increase the inequality of the delivery of PC services between developed and developing countries.

A possible solution to overcome this gap could be to encourage and to facilitate the training in PC of HCP from Latin America at high quality institutions from developed countries which have the experience, knowledge and skills to provide this kind of advanced training. These recognized institutions could also offer mentorship, training and recognition or accreditation to develop clinical modeling programs in developing world centers. WHO, State members, local academic institutions and NGOs should work as facilitators to overcoming the certification, language, cultural and financial barriers and to promoting academic exchange. Another possibility could be to develop few high quality PC education centers in Latin America with the support of NGOs, local universities and internationally recognized academic leaders and institutions. These centers could take the leadership to educate HCP in PC within the region. Favoring international collaboration and enhancing academic exchange is an essential step to improve the training of regional PC providers. This exchange could also enhance mutual understanding of the different realities of illness related suffering around the world and to expand the knowledge of global palliative care. All these alternatives could be feasible and effective strategies to overcome the inequality in training that currently HCP from countries in Latin America are getting and to throughout better education achieve the goal of strengthening PC as a component of comprehensive care throughout the life course in our region.

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CONFLICTS OF INTEREST

The authors have no conflicts of interests to declare.

REFERENCES

1. WHO. Resolution WHA 67/19. Strengthening of palliative care as a component of comprehensive care throughout the life course. 2014. Web site. http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R19-en.pdf. Accessed April 25, 2016

2. Gamondi C, Larkin P, Payne S. Core competencies in palliative care: an EAPC White Paper on palliative care education – part 1. *J Palliat Care*. 2013; 20(2): 86-91. Web site. http://www.eapcnet.eu/LinkClick.aspx?fileticket=xc-tl28Ttfk=&tabid=194. Accessed April 25, 2016

3. Hanne C. *Educación Superior en América Latina: reflexiones y perspectivas en Medicina.* Bilbao, España: Universidad de Deusto; 2013.

4. Quill TE, Abernethy AP. Generalist plus specialist palliative care--creating a more sustainable model. *N Engl J Med*. 2013; 368(13): 1173-1175. doi: 10.1056/NEJMp1215620

5. Finlay IGN, Simon IR. Chapter 17 - Graduate education. In: Bruera E, ed. *Textbook of palliative medicine*. London, New York; Hodder Arnold Distributed by Oxford University Press; 2006: 1095.

6. Pastrana T, De Lima L, Wenk R, et al. Atlas of Palliative Care in Latin America [In Spanish]. 1st ed. Houston, TX, USA: IAHPC Press; 2012. Web site. http://cuidadospaliativos.org/uploads/2012/10/atlas/Atlas%20de%20Cuidados%20Paliativos%20en%20Latinoamerica.pdf. Accessed April 25, 2016

7. Pastrana T, Wenk R, De Lima L. Consensus-based palliative care competencies for undergraduate nurses and physicians: a demonstrative process with Colombian universities. *J Palliat Med*. 2016; 19(1): 76-82. doi: 10.1089/jpm.2015.0202

8. Centeno C, Rodriguez-Nunez A. The contribution of undergraduate palliative care education: does it influence the clinical patient's care? *Curr Opin Support Palliat Care.* 2015; 9(4): 375-391. doi: 10.1097/SPC.0000000000000169

ISSN 2377-8393 Open Journal http://dx.doi.org/10.17140/PMHCOJ-2-112

9. International Association for Hospice and Palliative Care; Global Directory of Education in Palliative Care. *International Association for Hospice and Palliative Care* 2016. Web site. http://hospicecare.com/global-directory-of-education-programs/. Accessed April 25, 2016