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ABSTRACT

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With an ageing population and increasing prevalence of life-limiting chronic conditions the demand for palliative care is expected to increase significantly. This has prompted many groups to define palliative care as everyone's business. In line with this the role of palliative care education for providers of care has become more important. It has also come under increasing scrutiny as the spotlight turns to the effectiveness of different approaches. With an evolving evidence base, we highlight some recent reviews providing new insights into different approaches.

Need for palliative care education

Traditional training models in health care often focus on cure and survival, with limited if any time devoted to skill development in palliative care.

Unsurprisingly, many health care professionals consider themselves to be under-prepared for the task of supporting people at the end of life. Formal carers providing community-based care to older people also receive minimal or no training in palliative care yet most of their clients are approaching their end of life.

Education across the community will be needed if palliative care is to be taken up as everyone's business. Given the varied roles, contexts, and educational backgrounds of those providing palliative care a single generic approach to education is unlikely to meet this growing need.

Delivery of education

The [National Palliative Care Strategy](#) notes that a 'national framework for workforce development will assist in strengthening consistency of both availability and quality

of services across jurisdictions in Australia'. Development of the [Whole of Workforce Framework](#) will provide guidance for individual health care and education providers, health service managers and policymakers to ensure all health care professionals are equipped with capabilities relevant to their context to provide care for people who are dying.

For rural and remote care providers and time-poor providers elsewhere flexible online options are likely to play a major role in delivery of education. Support for development and access to online resources and education for health care professionals is a major feature of the Australian government's National Palliative Care Program.

It is also important to recognise that capacity in palliative care is needed across aged care and community services involved in supporting people at home wherever that may be. Many of those involved in providing this care are not health professionals. Understanding what works and what doesn't for each group is important both to develop capacity and to ensure resources are invested wisely.

Education facilitators and barriers

A recent systematic review examining education among home-care workers caring for people with cancer and dementia identified face-to-face and group based education as successful approaches. [1]

Barriers to learning included motivation, cost, location, distance, travel and technical (computer) abilities. Limited educational experience, lower qualification levels and skills also impacted on attitude, confidence and motivation to complete education.

Recent meta-analysis of randomised controlled trials of undergraduate education in palliative care across health care professions found support for the impact of education on knowledge and understanding but not skills development. [2] Although a wide range of approaches to training were included, a two-hour seminar and printed material/readings were sufficient to improve knowledge and attitude. Assessment of student and patient satisfaction post education was only reported by one study and showed significant improvement for students but not patients.

A review of education in end of life communication for fellows and interns in intensive care units identified a range of approaches including lectures, simulation, online learning, and role-playing. [3] Training was found to improve confidence although the impact on communication skills was uncertain and the overall level of evidence weak. This led the authors to suggest programs be based on established educational methods matched to intended outcomes. For example, use of printed materials, lectures and online modules aligns with knowledge building. While skills development might be optimally achieved with role playing, simulation and supervised family meetings. [3] Recent commentary on use of simulation suggested that palliative medicine has been slow to adapt to this educational method compared to other healthcare areas despite its positive impact on skills development. [4]

Measuring need and impact

Evaluation of approaches to education is required to ensure money is well invested, and this should include assessment of need for education as well as assessment of impact. A recently reported Australian instrument, PANA (Palliative Approach for Nursing Assistants) assesses the knowledge, skills and attitudes of nursing assistants in residential aged care. [5] Although further validation is required the three-part instrument provides a promising measure to guide course choice and development. Additional tailored approaches to evaluation of education will be needed to assess any impact on knowledge, skills and practice change.

Conclusion

Providers of palliative care support have varied needs and capacity for education and training. Tailored packages should clearly distinguish between outcomes related to knowledge building, skills development, and practice change. Reviews are now focusing on measurement of outcomes and this may require development of new tools.

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