

**Open Access** 

# Capacity Building in Palliative Care

#### Abdul Rahman Jazieh\*

King Saud University for Health Sciences, National Guards health Affairs, Riyadh, Saudi Arabia

As a new discipline of medicine, Palliative Care (PC) field is facing major challenges such as lack of awareness of Health Care Professionals (HCP) and the public about its value in minimizing sufferings and improving the quality of life of patients with various ailments. However, a major challenge for the dissemination of palliative care as a main stream discipline of health care is the serious shortage of qualified and well trained health care professionals and support staff [1]. The structured programs to train PC professionals are young and scarce worldwide and the interest to pursue this sub-specialty is timid.

The shortage of qualified and well trained manpower is not limited to physicians but it involves all other health care professionals such as nurses, pharmacists, educators, psychologists, social workers and other members of multidisciplinary teams. Therefore, a systematic approach to build capacity in this field is direly needed. This overview may help those who are interested in addressing the important need at least to think about it in comprehensive and strategic way. The approach to build capacity should address the following categories: The targeted health care professions, required skills and knowledge, and the methods of education.

# Health Care Professionals

It is very important to keep in mind the following points about HCP involved in palliative care

- 1. It is critical for all health care professionals to understand the concept of palliative care as each health care professional's deals with patients will encounter issues relevant to palliation and symptom management [2].
- 2. While PC education should start as early as possible in graduate school, it is not too late for practicing HCP to have specific education and training in their area of interest.
- 3. Subspecialists should assume their full responsibilities in contributing to the palliation of patients and not refusing interventions just because "patient is palliative"

## **Required Skills and Knowledge**

All HCPs who are involved in patient care should have essential knowledge and skills in palliative care (Table 1).

The education in PC should start with the students to incorporate the principles of PC into their education and training. Physicians of all specialties should maintain adequate knowledge and skills of PC based on their area of expertise (Table 2).

Multidisciplinary team members should also get educated in various aspects of PC based on their scope of service

### Methods of Capacity Building

- 1. Incorporation of PC in the academic curricula of all HCP schools.
- 2. Incorporate the principles of PC in all residency and fellowship trainings.
- 3. Create more fully accredited PC fellowship programs to train experts in the fields.
- 4. Offer focused short duration tailored training about certain aspects of palliative care.
- 5. Develop train the trainers' workshops to develop local expertise in capacity building.
- 6. Use remote education, remote consultation on line training to access available resources and expertise [3].

#### References

- Grant M, Elk R, Ferrell B, Morrison RS, von Gunten CF (2009) Current Status of Palliative Care, Education, and Research. CA Cancer J Clin 59: 327-335.
- Schneider N, Mitchell GK, Murray SA (2010) Palliative care in urgent need of recognition and development in general practice: the example of Germany BMC Fam Pract 11: 66.
- Pelayo M, Cebrián D, Areosa A, Agra Y, Izquierdo JV (2011) Effects of online palliative care training on knowledge, attitude and satisfaction of primary care physicians BMC Family Practice 12: 37.

\*Corresponding author: Abdul-Rahman Jazieh, King Saud University for Health Sciences, National Guards Health Affairs, Riyadh, Saudi Arabia, E-mail: jazieha@ngha.med.sa

Received Februay 11, 2013; Accepted Februay 16, 2013; Published Februay 18, 2013

Citation: Jazieh AR (2013) Capacity Building in Palliative Care. J Palliative Care Med 3: 138. doi:10.4172/2165-7386.1000138

**Copyright:** © 2013 Jazieh AR. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Page 2 of 2

Requirements for all Health Care Professionals	Type of Health Care Professionals	Special Requirements
<ul> <li>Understanding the discipline</li> <li>Identifying symptoms and need for evaluations</li> <li>Recognizing the importance of multidisciplinary team</li> <li>Communications skills with patients (e.g. Breaking bad news) and other workers</li> <li>Conflict resolutions</li> <li>Self-preservation and burn-out recognition</li> </ul>	Students	<ul> <li>Getting acquainted with the discipline as early as possible</li> <li>Learn how to approach palliative care patients.</li> </ul>
	All physicians	<ul> <li>Identifying symptoms</li> <li>Assessing symptoms</li> <li>Ability to manage common simple symptoms</li> </ul>
	All sub-specialists	<ul> <li>In depth knowledge and expertise in symptoms management, palliation and counseling within specialty</li> </ul>
	Palliative Care Specialists	<ul> <li>In depth knowledge and expertise in various symptoms management, palliation and counseling.</li> </ul>
	Nurses	<ul> <li>Skills in various patient care techniques and procedures</li> </ul>
	Pharmacists	Adequate knowledge about     Pharmacological interventions
	Social Workers	<ul> <li>Knowledge on how to involve the family address needs and continuation of home care</li> </ul>
	Psychologists	<ul> <li>Knowledge of mental health role in palliative care</li> <li>Burnout management for family members and co-workers</li> </ul>
	Educators	Proper education and communication     about relevant issues to palliative care

 Table 1: Requirements for palliative care training for different health care professionals.

Physicians	Scope of care	Examples
General Physicians	General mild to moderate symptoms management	Mild to moderate pain management
Palliative Care Physicians	In depth and comprehensive care plans for the whole patient or for specific symptoms	End of life care Severe pain
Subspecialty Physicians (examples)	Anesthesia and pain service	Nerve block
	Interventional Radiology	Stenting hollow organs, stenting SVC
	Gastroenterologist	Management of gastrointestinal tract symptoms: severe constipation, nausea, vomiting, stenting obstructive organ
	Pulmonary	Respiratory symptoms management such as shortness of breath and cough
	Surgeon	Surgical intervention with palliative nature: fixing fracture, deflating colostomy

 Table 2: Examples of palliative care services based on scope of practice.