

PROJECT DESIGN AND IMPLEMENTATION OF MASTER DEGREE IN PALLIATIVE CARE PROGRAMME (DSGN-PALL-CARE)



University of Maribor



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DESIGN AND IMPLEMENTATION OF MASTER'S DEGREE IN PALLIATIVE CARE

Dissemination of the
project results and the
study program



Dear Colleagues,

The brochure in front of you has been prepared within the framework of the project “Design and Implementation of master’s degree in Palliative Care”, implemented by the Faculty of Dental Medicine and Health Osijek. The Faculty of Dental Medicine and Health Osijek, in cooperation with the University of Maribor, Faculty of Health Sciences, and the University of Sarajevo, Faculty of Health Studies and Faculty of Dentistry with Dental Clinical Center, launched an initiative to develop a graduate study program in Palliative Care. The project was funded by the European Commission within the framework of the call for proposals ERASMUS-EDU -2021- EMJM-DESIGN, for which 148 projects in the field of higher education from institutions from the Member States of the European Union applied. The total budget of the project is 55,000€.

Given the growing need for palliative care services, there is also a growing need for well-trained professionals to provide these services. The goal of the project was to develop a graduate degree program aimed at creating standardized knowledge and skills of palliative care providers and their competencies based on modern scientific knowledge in accordance with ethical and integrative principles. Implementation of the program will help increase the number of professionals competent to care for palliative patients and raise awareness among students and the public about the importance of palliative care in order to improve the quality of care.

On behalf of the project team,

Prof. Aleksandar Včev,
Dean of the Faculty of Dental Medicine and
Health Osijek

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PROJECT PRESENTATION

The Design and Implementation of Master Degree in Palliative Care (acronym DSGN-PALL-CARE) is an Erasmus Mundus project aimed at designing and developing a fully integrated and sustainable joint Master study programme in palliative care proposal providing state-of-the-art transnational education and training practices in palliative care, answering the growing need for palliative care providers and raising the awareness on the importance and necessity of palliative care among the general public in the EU and broader.

Project number	101050613
Call	ERASMUS-EDU-2021-EMJM-DESIGN
Type of action	ERASMUS Lump Sum Grants
Granting authority	European Education and Culture Executive Agency
Project duration	15 months
Lump sum	€ 55 000,00

Project background aim and objectives

The DSGN-PALL-CARE project aimed to strengthen the capacities of partnering organisations to provide state-of-the-art transnational education and training practices in palliative care.

Three higher education institutions implement the project: the Faculty of Dental Medicine and Health Osijek (Croatia), the University of Maribor Faculty of Health Sciences (Slovenia) and the University of Sarajevo (Bosnia and Herzegovina). With the Faculty of Dental Medicine and Health Osijek as the project coordinator, the partners designed and developed a fully integrated and sustainable joint Master study programme in palliative care proposal. Given the rising need for palliative care services, there is also a growing need for highly educated professionals who will provide those services. As Master level university education in palliative care is available

in a few countries, the project explored the best practices and innovations abroad and encouraged students to seize the mobility opportunities. It allowed the partners to identify the need to improve the knowledge and competencies of teaching staff for the development, implementation and continuous improvement of learning by working to acquire the necessary competencies during the 15 months of project implementation and allowed their further development after the project end. The partners exchanged knowledge and best practices through regular communication, meetings and a study visit.

PROJECT PARTNERS

The University of Osijek, Faculty of Dental Medicine and Health Osijek (Croatia)



Faculty of Dental Medicine and Health Osijek was founded in 2017. The following study programmes are conducted at the Faculty: Integrated undergraduate and graduate university study of Dental Medicine, Undergraduate university study of Nursing, Undergraduate university study of Physiotherapy, Undergraduate university study of Dental Hygiene, Graduate university study of Nursing and Ophthalmology with optometry (in cooperation with the Faculty of Medicine Osijek). The mission of the Faculty of Dental Medicine and Health Osijek is to educate future dentists, dental hygienists, nurses (technicians), physiotherapists and other medical professionals, teachers and scientists to encourage scientific research and conduct research. The Faculty of Dental Medicine and Health strives for excellence in education and research, especially in biomedicine and health, and is based on modern teaching techniques, humanity and strict ethical principles. It systematically encourages future and current medical professionals to learn throughout life and create and apply evidence-based medicine. Acquiring new knowledge through biomedical research and the education of teachers and scientists is the basis for maintaining health and improving the community's prevention, diagnosis and treatment of diseases.

The vision is to be a current faculty with high-quality standards equated with similar faculties in the European area of education and knowledge where satisfied and highly motivated students and teachers will work, look to the future, and be open to international cooperation and respect for diversity. The Faculty wants to become known for its scientific research results, efficient transfer of knowledge and skills, excellent working and living conditions, and openness to new ideas, initiatives and aspirations. It focuses on interfaculty cooperation in the country and abroad to establish partnerships with other faculties and medical institutions to provide students and teachers with special professional development and scientific advancement through an exchange. The number of published papers of employees of the Faculty of Dental Medicine and Health Osijek in 2022 and quartiles of journals in which they were published, according to Journal Citation Reports, i.e., SCImago Journal Rank, is 150. Q1 - 55; Q2-42; Q3- 41; Q4- 12. The Faculty of Dental Medicine and Health has also launched its Nursing Education and Science journal. In 5 years, it has organised several international and domestic congresses and symposia for teachers and students. Since the Faculty's founding, 249 peer-reviewed abstracts have been published in scientific and professional conference proceedings and 46 complete papers in conference proceedings. Teachers actively participated in the work of organisational and scientific committees at more than 400 national and international conferences and held over 1350 invited lectures. The number of net citations in the previous five years is 1868, and the h-index in the last ten years is 18.

Website: <https://www.fdmz.hr/index.php/hr/>



The University of Maribor, Faculty of Health Sciences (Slovenia)



The University of Maribor (UM) is an educational and research organisation striving for academic excellence and expanding knowledge through basic and applied research. With over 1100 researchers and teaching staff collaborates with economic partners, civil society, public administration and other institutions and thus supports research and art with a focus on the well-being and development of society. The Slovenian Parliament established the UM Faculty of Health Sciences (FHS) in 1993 as a university college. The Faculty is actively involved in international education and research and participates as a coordinator or partner in many European projects. UM FHS introduces the latest technology, innovation, creativity and interactivity to achieve student competencies. The main goal is to achieve holistic patient care. UM FHS offers five study programmes: an undergraduate programme in Nursing Care, a postgraduate master's programme in Nursing



Care, Management in Health and Social Organizations and Bioinformatics. UM FHS was the first in Slovenia to offer a Postgraduate 2nd and 3rd-degree study programme in Nursing Care. UM, FHS is constantly updating its study programmes and curricula as it strives to respond to the latest needs in society. With scientific research work and with included domestic and foreign renowned higher education teachers and clinical experts, it takes care of the nursing care discipline in Slovenia and abroad. Excellent study conditions, good results of graduates, modern didactic methods and approaches, variety choice of study contents, guest appearances of renowned domestic and foreign higher education teachers, diverse student pulse and extracurricular activities, a high percentage of employability of graduates and home and abroad, international student exchange, education supported by state-of-the-art information communication technology and a state-of-the-art simulation centre and classrooms are just some of the reasons that convince students to choose their study and career path at the UM FHS. With excellence in education, research and international cooperation with many reputable universities and institutions, UM FHS has gained a reputation and recognition in the domestic and international arena.

Website: <https://www.fzv.um.si/en>



University of Sarajevo Faculty of Health Studies and Faculty of Dentistry with Dental Clinical Center (Bosnia and Herzegovina)



The University of Sarajevo remains determined to continue to be the leader in higher education in Bosnia and Herzegovina in terms of the quality of its teaching and research, the number of students and faculty members. The University of Sarajevo has been established in 1949 and enjoys partnerships with over 300+ universities around the world, bilateral or through programme collaboration. The University of Sarajevo is an equal partner in mobility programs for students and members of staff, and is open for study and research activities: TEMPUS (103 TEMPUS projects in cooperation with 135 European universities - 83 as a partner, 16 as academic coordinator and 4 as grant-holder), FP7 (with 38 FP7 projects), Erasmus+ (with signed and approved inter-institutional agreements with 190+ universities), Erasmus Mundus (19 ERASMUS MUNDUS projects in cooperation with 55 EU universities), Horizon 2020 (with 8 projects), CEEPUS, Mevlana, Fulbright, DAAD, and others. This public institution offers study and research opportunities at 25 Faculties, 5 Institutes, 5 Centers, with National and University Library, Gazi Husrevbey Library, National Museum of Bosnia and Herzegovina, Student Parliament, with over 200 study programmes and over 200 departments. Today, having around 27,000 enrolled students, it ranks among the largest universities in the region. Trying to become an equal partner to universities of superb standing in Europe and beyond, as well as to scientific and research organisations, in compliance with European principles of creating a single higher education area, the University of Sarajevo pays considerable attention to different forms of international cooperation. Internationalisation is the chosen road of the University concerning all segments of teaching and research: education and knowledge transfer, scientific research, artistic production, acquisition and recognition of competencies, building academic solidarity, etc. The two constituents of the University of Sarajevo that will be involved in the implementation of this project are The Faculty of Health Studies (FZS) and The Faculty of Dentistry with Dental Clinical Centre.



The Faculty of Health Studies (FZS) belongs to the group of faculties of the medical group. In May 2012, the Faculty was certified according to ISO 9001:2008 by the world's leading certification company Bureau Veritas. Its vision is to improve the excellence of the healthcare profession by uniting instructional, scientific research and professional activities to accomplish optimal knowledge and skills and ethics of the students who are the future health workers in service of their community. The Faculty of Dentistry with Dental Clinical Center of the University of Sarajevo is the first dental faculty in Bosnia and Herzegovina. It was founded in 1960. From the very beginning, its vision has been to set a standard of excellence in defining the future of dental education, practice and research. The mission of the The Faculty of Dentistry with Dental Clinical Center is to promote excellence in dental education and research, as well as oral health protection through community work, all to improve the oral health of the entire population. The Faculty aims to educate students who will be able to apply their knowledge with confidence at all stages of comprehensive dental care. The mobility of students and teachers following the requirements of the European higher education system is a basic part of education. The Faculty provides the most modern working conditions for students, patients, staff and fellow dentists as part of continuing education. Through its commitment and constant improvement of its knowledge, the use of innovative technologies in work and education, the Faculty shapes future dentists, promoting critical thinking and lifelong learning.

Website: <http://www.fzs.unsa.ba/>



DEFINITION AND PRINCIPLES OF PALLIATIVE CARE

What is palliative care?

Palliative care is comprehensive care given to patients (adults and children) suffering from chronic or non-communicable diseases with distressing symptoms that negatively impact their quality of life.¹⁻⁶

It enhances the well-being of individuals confronting difficulties related to life-threatening conditions and supports their loved ones. Palliative care reduces all types of suffering, including physical, emotional, social, or spiritual. The objective is to prevent and relieve pain and other symptoms by promptly identifying, evaluating, and treating them. It prioritises dignity, quality of life, and coping with progressive health problems based on the most current and reliable research available.⁷⁻⁸

Early integration of palliative care in the course of an illness is crucial. This approach not only enhances the quality of life for patients but also decreases the number of unnecessary hospitalisations and the use of healthcare services.⁸

Palliative care encompasses a variety of services provided by professionals with different roles, such as physicians, nurses, support workers, paramedics, pharmacists, physiotherapists, and volunteers. These professionals play a crucial role in supporting the patient and their family.⁸

Who needs palliative care?

Many conditions may require palliative care. Patients with chronic illnesses such as cardiovascular disease, cancer, chronic obstructive lung disease, acquired immunodeficiency syndrome (AIDS), diabetes and many other conditions can benefit from palliative care.⁹⁻¹² Patients who require palliative care often experience two of the most serious and common symptoms: pain and difficulty breathing.⁸

Where is palliative care provided?

Palliative care can be provided in various locations, including at home, in a long-term care facility, in a hospice, or in a hospital. It encompasses a variety of services provided by professionals with different roles, such as physicians, nurses, support workers, paramedics, pharmacists, physiotherapists, and

volunteers. These professionals play a crucial role in supporting the patient and their family.⁷⁻⁸

Barriers to access to palliative care

Several significant barriers must be addressed to meet the unfulfilled demand for palliative care.¹³ There are three main barriers to providing adequate palliative care worldwide: first, many national health policies and systems fail to incorporate palliative care; second, health professionals often receive inadequate or no training on palliative care; and third, access to opioid pain relief for the population is insufficient and does not meet international standards for access to essential medicines.⁸ Other barriers include cultural and social barriers, such as beliefs about death and dying, misconceptions about palliative care and attitudes and beliefs about palliative care, late involvement of inpatient palliative care and financial barriers, etc.^{8,13}

Need for education

The European Association for Palliative Care (EAPC) recommends that all universities offering nursing qualifications teach general palliative care training. Such generic training should provide the minimum knowledge needed to provide effective care in the clinical scenarios commonly found for these patients and their care partners at any level of care. The EAPC defines five general areas of knowledge: principles of palliative care, communication skills, symptom management and specific care plans, coping with loss and death, and ethical and legal issues. In addition, care is based on acquired knowledge, which is reflected in actions taken or implemented.¹⁴

The EAPC emphasises adequate training for all healthcare professionals involved in palliative care.¹⁵ MSc programmes in palliative care are important for several reasons: increased demand for specialised care, improved patient and care outcomes, interdisciplinary collaboration, research and innovation.

Research conducted by DSGN-PALL-CARE project partners on a sample of 304 nursing students showed the importance of including wider aspects of palliative care in education. Students assess they need to improve palliative care knowledge, skills, beliefs and attitudes.



MAIN RESULTS OF THE SURVEY CONDUCTED AMONG THE STUDENTS OF ALL THREE HIGHER EDUCATION INSTITUTIONS INVOLVED IN THE PROJECT

Up to 25% of nursing students surveyed felt that formal education during their studies on palliative care was incomplete.

The content of current palliative and end-of-life care education is considered good by 78% of student respondents, while 13% consider it very poor.

More than 90% of the students surveyed believe that the content of palliative care end-of-life education is very useful to them, and almost 90% of them believe that the palliative care and end-of-life care competencies will be necessary for their future careers.

Students would like to learn more about the following palliative care content during their studies: end-of-life care and the dying patient (52% of respondents), psychosocial support (52%), communication in palliative care (48%), pharmacological and non-pharmacological pain management (47%), support of people close to the patient (34%), psychological symptoms in palliative care (28%), existential and ethical issues in palliative care (25%), multidisciplinary teamwork in palliative care (19% of respondents), etc.

70% to 80% of the surveyed students consider their own competencies in certain areas of palliative care to be good, but for certain areas of palliative care the students are not considered sufficiently competent: for example, multiculturalism in palliative care (38.6% of respondents), existential issues (38% of respondents), pharmacological pain management (35% of respondents), setting goals or boundaries in palliative care (33% of respondents), non-pharmacological pain management (32% of respondents), ethical issues (31% of respondents), and psychological symptoms in palliative care (30 of respondents”).

Meeting a patient who was in palliative care during their studies was mentioned by 72% of the students surveyed, while as many as 64% of them said they had not cared for a patient who was in palliative or end-of-life care.

Student nurses make the following statements about the content that should be taught in palliative care nursing education:

- they should start learning about palliative care while still in school
- less theory and more practice in palliative care units
- introduce more examples from practice
- constant education about palliative care
- learn through case presentations
- introduce a course that fully covers palliative care and all its aspects
- introduce a specific direction in the course of study
- focus on technology and innovations from the Ps field in the world.
- offer more content on spiritual care and multicultural differences
- pay more attention to supporting patients and families
- devote more attention to non-pharmacological and pharmacological treatment

Caring and person-centeredness

Caring and person-centredness are two essential components of palliative care that aim to provide holistic and compassionate care to patients. Caring is essential to providing comfort and support to patients and their families, while person-centredness ensures that care is tailored to their needs, decision making and preferences.

Caring is a holistic approach that addresses patients' physical, emotional, social, and spiritual needs. This approach is characterised by compassion, trust, empathy, respect, dignity and attentiveness towards the patient's needs and concerns. Building caring interpersonal relationships with patients and their family assures human dignity, fosters trust and helps alleviate the patient's suffering.¹⁶⁻¹⁸ This relationship helps alleviate anxiety, distress, and suffering, which is common in patients with serious illnesses. Caring in palliative care helps patients achieve the best possible quality of life during a challenging time.¹⁷⁻¹⁸

A person-centred approach can change healthcare practices into inclusive care and raise the standard of treatment.^{6,19-21} A comprehensive approach helps healthcare professionals to put the patient's beliefs and values at the



centre of their decision-making. In doing so, healthcare professionals must work compassionately with the patient as their care partners.^{6,19,21-23} It also frames all aspects of person-centred healthcare provision, from the macro-perspective of policies and organisational practices to the micro-perspective of compassionate, personal engagement and healthcare experience (either as a professional or as a patient/care partner).^{6,21-22,24}

Key facts

- Palliative care enhances the quality of life for patients and their families dealing with challenges associated with non-communicable diseases, including physical, psychological, social, and spiritual concerns. Care partners also experience an improved quality of life.
- Palliative care professionals help patients achieve their best quality of life for the rest of their life.
- Palliative care is appropriate at any stage of serious non-communicable diseases.
- Palliative care can be provided in various locations and involves working together as a team.
- Palliative care can face several barriers preventing patients from receiving adequate care and support; lack of trained palliative care providers is one of them.
- MSc study programmes in palliative care are an important investment in the future of healthcare, helping to ensure that patients with serious illnesses receive the specialised care they need to improve their quality of life, leadership knowledge to coordinate the work and involvement the family members and volunteers in the treatment of the person at home or in institutional care.
- Caring and person-centredness are essential components of palliative that need to be also incorporated into palliative care providers' education.

Useful resources

- <https://www.health.nsw.gov.au/palliativecare/Pages/easy-read-resources.aspx>
- <https://getpalliativecare.org/>
- <https://palliativedoctors.org/start/resources>
- <https://www.capc.org/about/patient-and-family-resources/>
- <https://www.capc.org/about/patient-and-family-resources/>
- <https://paliativnaoskrba.si/>
- <https://paliativnaoskrba.si/>

MSC STUDY PROGRAMME

About the programme

Title: Palliative Care

Type: Master's

Cycle: Second

Duration: 2 years

Scope: 120 ECTS

The second cycle study programme

The MSc study programme aims to enhance health professionals' knowledge, skills and competencies to provide high-quality palliative care to patients and their families. The programme lasts two years, consists of 120 ECTS and offers both obligatory and elective subjects.

The programme is based on an analysis of 20 similar study programmes, core competencies in palliative care identified by the European Association for Palliative Care, and research involving BSc nursing students from three partner institutions to determine their knowledge, attitudes, and self-competence in palliative care.

By enrolling in this programme, students can understand the principles and practices of palliative care, enabling them to provide holistic, person-centred, and caring palliative care while keeping up with the latest advancements and best practices in palliative care.

Syllabus

FIRST-YEAR WINTER SEMESTER

Lecturer	SUBJECT	ECTS
Prof. Majda Pajnkihar	Research and Research Methodology	10
Assoc. Prof. Štefica Mikšić	Theories, Concepts and Practice of Nursing	5
Assist. Prof. Dominika Vrbnjak	Evidence-Based Practice	5
Prof. Branko Dmitrović	Anatomy, Physiology and Pathophysiology	5
Assoc. Prof. Štefica Mikšić, Assoc. Prof. Robert Lovrić	Palliative care	5
Total		30

FIRST-YEAR SUMMER SEMESTER

Lecturer	SUBJECT	ECTS
Assist. Prof. Ivana Barać	Communication in Palliative care	5
Prof. Jasmina Mahmutović	End of Life Care	5
Prof. Martina Smolić	Pharmacology and Therapeutic interventions	10
	Elective Course 1	5
	Elective Course 2	5
Total		30
1st year total		60



ELECTIVE COURSES (1st year)

Lecturer	SUBJECT	ECTS
Prof. Arzija Pašalić	Nutritional therapy	5
Assoc. Prof. Robert Lovrić	Palliative care in paediatric nursing	5
Assoc. Prof. Štefica Mikšić	Palliative care in gerontological nursing	5
Assist. Prof. Nataša Mlinar Reljić	Spiritual care	5
Prof. Vedran Đido	Ethics and Law	5
Assist. Prof. Ivana Barač	Psychology in palliative care	5
Assoc. Prof. Mateja Lorber	Leadership, management and quality of care	5
Prof. Majda Pajnkihar, Assist. Prof. Dominika Vrbnjak	Intrapersonal, interpersonal relationships and teamwork	5

SECOND-YEAR WINTER SEMESTER

Lecturer	SUBJECT	ECTS
Prof. Majda Pajnkihar	Early Palliative Care	10
Prof. Vedran Đido	Advanced health assessment and clinical decision making	5
Prof. Jasmina Mahmutović, Prof. Vedran Đido	Symptom management	5
Prof. Martina Smolić	Pain management	5
	Elective course 1	5
Total		30

SECOND-YEAR SUMMER SEMESTER

Lecturer	SUBJECT	ECTS
Assoc. Prof. Štefca Mikšič	Clinical Practicum Palliative Care	10
	Elective course 1	5
	Master Thesis	15
Total		30
Total 2nd year		60

ELECTIVE COURSES (2ND YEAR)

Lecturer	SUBJECT	ECTS
Assist. Prof. Dominika Vrbnjak, Prof. Roger Watson	Writing, publishing and promotion of scientific research work	5
Prof. Majda Pajnkihar, Assist. Prof. Dominika Vrbnjak	Advanced qualitative research	5
Prof. Gregor Štiglic	Advanced quantitative research	5
Assist. Prof. Dominika Vrbnjak	Mixed-Methods research	5
Prof. Majda Pajnkihar, Assist. Prof. Dominika Vrbnjak	Caring Science for palliative care	5
Prof. Majda Pajnkihar	Person-centered care	5
Prof. Emina Berbić Kolar	Bibliotherapy	5
Assoc. Prof. Štefca Mikšič	Palliative care of patients with malignant diseases	5



COMPETENCIES

1. Valorise the theories, concepts and scientific evidence that support palliative care.
2. Conduct research in palliative care using modern research approaches and methods.
3. Critically judge the application of ethical and legal principles in the field of palliative care.
4. Argue the values in professional and inter-professional collaboration while providing safe and quality evidence-based palliative care.
5. To provide individualized, holistic, and family-oriented palliative care and end-of-life care.
6. Apply effective communication skills and skills to develop emotional and interpersonal relationships in the palliative care environment.
7. Evaluate therapeutic procedures and symptom management procedures in palliative care.
8. Make clinical decisions based on critical judgments and comprehensive assessments in the palliative care environment.

FUTURE RESEARCH AND EDUCATION DEVELOPMENT FOR THE SAFETY AND QUALITY OF PALLIATIVE CARE

In order to further improve the safety, productivity and quality of palliative care, future research and education development should focus on several key areas:

- **Service Models and Continuity of Care**

The development of innovative models for delivering palliative care to community-dwelling patients is needed. Different models' efficacy in outcomes and cost-effectiveness is also recognised as an important area for research as well as efficacy of the combination of models according to the needs of patients. It is necessary to develop standards for palliative care interventions for home-based palliative care.

Research should also focus on improving continuity of care by examining the impact of designated case coordinators, effective partnerships with other providers, and improved communication between primary care and hospitals, early recognition of patients with palliative needs and the influence of relational, informational and management continuity of care on outcomes of palliative care.

- **Training and Education**

Identifying the training needs of healthcare providers in palliative care, especially primary care providers and non-hospital-based providers, is necessary. Despite plenty of evidence on how early palliative care can improve care and overall outcomes, there is a need for research to inform the content and implementation of training programs on early integration of palliative care and development of education for health professionals involved in the treatment of palliative patients including communication skills and strategies for implementing the principles of palliative care. Further training for hospice staff and palliative care specialists is also deemed important, focusing on improving practices related to palliative



care for dementia and engaging staff in further training. There is a need to develop and test training and education programs for non-professionals such as families carers and volunteers.

- **Improving Access to Palliative Care and Address Inequalities**

There is a need to research how to address inequalities of access to palliative care services across different diagnosis groups, socio-economic status and geographical locations. It is necessary to develop and evaluate strategies to enhance access to palliative care services in settings with limited resources and to integrate palliative care into the broader healthcare system.

- **Caring and Empathic Communication**

In addition to patient-family, patient-provider and family-provider communication, research should also focus on improving communication between services in palliative care including non-professionals participating in palliative patient care. It is necessary to understand how to facilitate communication during the transition from active treatment to palliative care to ensure continuity of care. Specific areas for improvement include helping health professionals foster caring relationships and empathic communication to understand patients better and establishing adequate interprofessional communication.

- **Patient Preference and Experience**

Palliative care research should address the specific knowledge, needs, the impact of treatment side effects on quality of life, decisions on further treatments, place of care, preferences and outcomes of patients (as well as their family) including the management of symptoms and psychological well-being. It is important to balance healthcare professionals' and family involvement, patients' autonomy and dignity, prioritise individual patient goal-setting by developing advanced care plans and understand the impact of palliative care on patients' lives. Additionally, research is needed to

develop better pain and symptom management strategies and minimise the toxic effects of experimental cancer treatments and strategies for providing psychological support.

- **Recognising the Needs and Importance of Family Carer**

Research should focus on the needs of families and caregivers of palliative care patients, including need for their involvement in decision-making process and need for bereavement and psychological support. Effective strategies should be identified to improve their involvement and support their training and education needs. The research should also consider the support system provided to patients by families/carers and their knowledge of the patient. In addition, it is essential to investigate the experience of family members/caregivers responsible for monitoring patient changes and adjusting medications at home. Strategies to prevent burnout need to be developed.



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