

Education Programs and In-Service Training in Palliative Care in Israel - Current Situation

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The study was funded with the assistance of the Ministry of Health

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Jerusalem

February 2018

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Abstract

Background

Although policymakers, key professionals, providers and funders of health services are gradually recognizing the advantages of palliative care, its provision remains low. One reason is the shortage of specialists and trained personnel with knowledge and skills in palliative care. A basic prerequisite for decision-makers regarding the development of education programs is to have comprehensive, consistent and reliable information about the existing programs. The study is intended to identify and describe all the educational activity on palliative care that has been conducted in Israel in the past decade, and try to classify the programs in separate categories.

Method

The study was conducted at the end of 2017, using qualitative and quantitative methods including open interviews to identify the frameworks that provide palliative programs, as well as interviews with their directors using a self-report structured questionnaire.

Findings

Enormous variance was found among the palliative care education and training frameworks, and we therefore classified them in three distinct categories according to the number of study hours:

- **Palliative education programs:** 40 or more hours of formal study over 6 or more study days
- **In-service training:** 8-24 hours of study (we did not find any in-service training programs outside of this range), over 2-4 study days
- **Seminars and workshops:** 2-6 hours in a single day.
- We found 9 frameworks that conduct palliative education programs, 8 of them in general hospitals or affiliated branches and one in the community. Altogether, they have conducted 84 courses of between 43 and 112 hours. Most of the courses charge a participation fee but their activity is also based on other sources of funding. Seven of the courses are recognized by employers for remuneration.
- Altogether, as of the end of December 2017, 2,241 people had participated in these programs, 85% of them women. The average age was 40; 67% of the participants were nurses, 17% physicians, 8% social workers, and 8% other health professionals. Six of the programs were for multidisciplinary professionals and three were for nurses only. Of all the participants, 45% worked in general hospitals, 38% in geriatric centers and nursing homes and only 17% in the community.
- In addition to the education programs, the hospitals and health plans held in-service training programs and seminars in palliative care of varying intensity.

Discussion and Conclusions

Given the paucity of palliative care training frameworks, the number of frameworks and specialist professionals has to be increased. It is therefore recommended:

- To define the extent, contents and core components of palliative education programs and to prepare and follow an agreed-upon basic course outline
- To increase the number of participants, particularly among the professionals working in the community
- To allocate resources and examine the possibility of remunerating graduates who will work fulltime in the field.

In conclusion, given the small number of professionals with knowledge, training and skills in palliative care and the anticipated increase in the number of people who will be requiring care, there is a palpable, urgent need to increase the amount of training and the number of professionals who will be able to provide palliative care in the future.

Executive Summary

Introduction

Policymakers, key professionals, providers and funders of health services are gradually recognizing the advantages of palliative care and the right of patients with life-threatening illnesses to receive this care along with regular medical treatment.

Medical organizations recommend that palliative elements be incorporated from the start of treatment of patients with serious illnesses. Studies have shown the contribution made both in positive outcomes and in cost savings. Nevertheless, the provision of palliative care remains low.

One reason for this is the shortage of specialists and trained personnel with knowledge and skills in palliative care. A basic prerequisite for decision-makers regarding the development of education programs is to have comprehensive, consistent and reliable information about the existing programs. The study is intended to identify and describe all the educational activities on palliative care that have been conducted in Israel in the past decade, and classify them in separate categories.

Study Design

The study was conducted at the end of 2017 using qualitative and quantitative methods:

1. Interviews with informants familiar with palliative care in Israel, to identify the frameworks that provide palliative care educational activity; and
2. Interviews with directors of those frameworks, by means of a self-report structured questionnaire.

Findings

The main characteristic of the information obtained was the enormous variance among the palliative care educational frameworks: There is little similarity among the different educational activities and different professionals understand and define "educational activity in palliative care" in different ways. In order to present the findings in a clear and relevant manner, we classified the frameworks into three distinct categories based on the number of study hours and educational sessions, as follows:

- **Palliative education programs:** 40 or more hours of formal study over 6 or more study days
- **In-service training:** 8-24 hours of study (we did not find any in-service training programs outside of this range), over 2-4 study days
- **Seminars and workshops:** 2-6 hours in a single day.

Palliative Education Programs

- We found 9 frameworks that have conducted palliative education programs (at least 40 hours) in the past decade, 8 of them in general hospitals or in medical/nursing schools or external programs affiliated with them, and only one distinctly in the community. However, all of them accept students from the community, geriatric hospitals and nursing homes.

- Altogether, by the end of December 2017, the frameworks had conducted 84 palliative education programs (51 courses were conducted by one of them) of between 43 and 112 hours. Most of the programs charged a participation fee but their activity was also based on other sources of funding, such as research foundations or from the hospital, university, or professional NGOs budget. Seven of the courses are recognized by employers for remuneration.
- Altogether, by the end of December 2017, 2,241 people had participated in these programs, 85% of them women. The average age was 40; 67% of the participants were nurses, 17% physicians, 8% social workers, and 8% other health professionals. Forty-five percent worked in general hospitals, 38% in geriatric centers and nursing homes and only 17% in the community.

In-Service Training programs

In addition to the education programs, the hospitals held in-service programs in palliative care ranging from 8 to 24 hours, but it was impossible to obtain information about the number of participants. In addition, they offer seminars and workshops on the subject of palliative care. These are taught by professionals working in the hospitals, and again, in these activities there are great differences among the hospitals.

- The four health plans attribute great importance to education and training in palliative care. In two of the plans, the responsibility lies with their director of nursing, in one with its home care service, and in the fourth with the chief geriatrician.. Most of the in-service training was conducted at the district rather than national level.

Workshops and Seminars on Palliative Care and End-of-Life Situations

- All the hospitals and health plan districts organize workshops and seminars on palliative care, lasting from 2-6 hours. The activities are conducted in the workplace or district, but we were unable to obtain complete and reliable information about the extent of these activities.
- Some of the hospitals and health plans sent staff members to programs at MSR, the Israel Center for Medical Simulation at Sheba Medical Center, which offers workshops that include elements of palliative care.

Discussion and Conclusion

In this report, we have presented the palliative care educational activities in Israel, and the findings show that there is such activity, but it is insufficient. As in other Western countries, the scale of palliative care educational activities in Israel is far from meeting the needs and there is a shortage of staff. Consequently, it is necessary to increase significantly the extent of palliative training and staffing.

- It is important to define what a palliative education program is with regard to requirements, extent and contents
- It is necessary to draft an agreed-upon basic course outline, examine it and require programs to adhere to the outlines.

- There is an urgent need to increase the number of program participants and it is appropriate to encourage personnel working with the seriously ill to take part in the courses.
- It is worth paying particular attention to increasing the number of participants who work in the community.
- It is necessary to allocate the resources required to increase the number of programs and program participants.
- It is worth considering remunerating professionals who will be employed fulltime in palliative care after completing the program.

Notwithstanding, it is important to note the limitations of the study. Despite our efforts to identify palliative care education programs in the country, it is possible that we have not found all of the frameworks.

In conclusion, given the small number of professionals with knowledge, training and skills in palliative care and the anticipated increase in the number of people who will be requiring care, there is a palpable, urgent need to increase the number of professionals who will train and be able to provide care in the future. It is particularly urgent therefore to increase the number of programs as well as the number of participants, and of paramount importance to increase the number of those who will work in the community.

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