

Outcome of Palliative Care Initiators Course held at Ibadan Nigeria

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Abstract

This paper reports the first Palliative Care Initiators course held in Nigeria in 2013, the content and importance of such training in the country is also discussed. Palliative care is an emerging specialist discipline, introduced to health professionals in Nigeria in the 1990's. However, the coverage of this specialty has been slow and available in just few health institutions in Nigeria; hence the need for a training for health professionals to create awareness, educate and encourage the establishment of more Palliative Care Centers across the country to meet the needs of estimated millions of suffering patients who require these services. 17 health and allied professionals from different parts of the country underwent a 5 week program organized by the Center for Palliative Care Nigeria (CPCN) in conjunction with Hospice Africa Uganda. Didactic lectures, clinical placements and training of trainers were employed in this program. Knowledge gained from the program was evaluated through pre and posttest.

There was a significant increase in knowledge gain of participants with mean overall scores at pretest being 64 % (SD 14.98%) and 84.5 % (SD 8.74) at posttest. 14 (82.4%) passed the pretest and 3 (17.6%) failed the pretest; however 17 (100%) passed the post test.

These findings highlight the need for continued education of health professionals about palliative care. The minimal number that attended the program suggest a need for a more intensive approach to disseminate information about the availability of the program so that more health professionals can avail themselves of this opportunity, as there are currently less than 200 trained palliative care professionals practicing in Nigeria.

Keywords: Palliative care initiators course; training; health professionals

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Introduction

The aim of modern medicine was to cure diseases with available different treatment modalities such as surgery, drugs and other forms of treatments. With time, emphasis shifted to prevention, and set about putting in place public health measures, vaccination programs and health education. Most of our health services are designed for treatment and prevention of diseases. But what do we do for patients with chronic incurable illnesses like cancer and HIV-AIDS who frequently present late in our environment? This is what Palliative care is about; looking after people with incurable illnesses, relieving their suffering and supporting them through difficult times. World Health Organization (WHO) defined Palliative care as ‘an approach that improves the quality of life patients and their families facing the problems associated with life –threatening illness, through prevention and relief of sufferings by means of early identification and impeccable assessment of pain and other problems, physical, psychosocial and spiritual¹.’

Palliative Care Initiators Course is a special 5 weeks training course for all levels of health care professionals with interest in palliative care. The course was designed to help health professionals and allied professionals to initiate and integrate appropriate and culturally suitable palliative care services in their domain. This course was originally designed by Hospice Africa Uganda and it is aimed at bring palliative care services in to Sub Saharan African countries. Hospice Africa Uganda has successfully organized seven editions of this 5 week course at different times in Kampala, Uganda and was well attended by participants from African countries, Nigeria inclusive.

Nigeria’s first Palliative Care Initiator course was organized by Centre for Palliative Care, Nigeria (CPCN) in collaboration with Hospice Africa Uganda (HAU). The course was held at the University College Hospital (UCH), Ibadan between 6th January and 8th February, 2013. The course was organized to partially address the dearth of trained health professionals in the area of palliative care to meet with the country’s Federal Ministry of Health five- year Strategic Cancer Control Plan flagged off in 2008.

World Health Organization (WHO) advocates palliative care service as an essential part of a good and standard health care programme².

The course which drew resource persons from Nigeria, UK, Uganda and some visitors from Netherlands was kicked started with a key note address by a representative of the Federal Ministry of Health (FMOH), emphasizing the importance of the course towards ministry's effort to upscale cancer control program in the nation.

The international facilitators to the course were Prof. Anne Merriman (Founder, Hospice Africa Uganda), Ms. Catherine Nawangi also from Uganda, Mr Tunji Odelola a fellow of Global Access to Pain Relief Initiative (GAPRI) working with the Director, Food and Drug Services Department of the FMOH and Dr. Nick Rose (UK). Nick Rose is a consultant in psychiatry and family therapy, Oxford UK. There were seventeen local facilitators consisting of anesthesiologists, radiation oncologists, surgeon, pharmacist, social worker, palliative care doctors and nurses.

The course was composed of an introduction to palliative care concepts with two weeks of didactic lectures, covering all areas of palliative care, pain and symptoms assessment and

management, two weeks of Clinical skills placements and one week of Training of Trainers course. The two weeks didactic lecture involved the use of the following teaching methodologies for adult: Praxis, Group work, Brain storming Communication, Role play and Audio visuals.

The two weeks clinical placement provided an opportunity for course participants to apply the knowledge and skills gained in class. During the clinical placement participants were exposed to different palliative care models used within the hospital, hospice sites, Day care and Home base care. Participants also got opportunity to study how palliative care services are organized within Nigeria, other parts of the globe and the role of other stakeholders such as the Ministry of Health.

An important goal set out to achieve during the clinical placement was constructivism that is learners' ability to act on new Knowledge Based Information gained from the two weeks lectures received.

The main course objective was to impart knowledge and skills in palliative care for participants to be able to initiate and establish palliative care service in their different health care centers. The course serves also as advocacy for the spread of palliative care amongst health care providers and across the entire country. Training of health professionals adapted to suit local situations which has been one of WHO recommendations for establishing and/ or integrating palliative care into a country should be vigorously pursued by the African nations³.

Methods

There were three parts to the course namely, didactic lectures, practical/clinical placement and Training of Trainers (TOT) session.

Didactic Lectures: First two weeks were devoted to intensive didactic lectures, 36 lecture topics in all, covering the different areas of palliative care, pain and symptom assessment and control, counseling, palliative care ethics, psychosocial, spiritual and sexual issues, communication skills, palliative care development and implementation were covered.

Practical session: was a two week program packed with activities such as ward rounds, patient clerking, case scenarios and role plays, discussions on difficult and challenging cases and patients. Other activities included attending adult and pediatric day care forum, visits to psycho-oncology clinic, PEPFAR clinic and home visits.

Training of Trainers: was reserved for the last one week of the program. The participants had training in teaching methods, e-learning, leadership styles, goal setting and monitoring and evaluation.

Course materials provided were: Health Professional Manual, Blue book (5th edition, 2012)⁴, Training of trainers Manual, Freedom from pain (second edition 2012)⁵ and the lecture CD. The wealth of experience from the international resource persons added much flavor.

This course was evaluated using a two way process, that is, assessment of participants by course coordinators and participants assessment of course content and delivery and an overall end of course rating using standardized evaluation forms. The participants were assessed with the aid of

pretest and posttest, clinical skill assessment and learning and teaching skills assessment using locally adapted assessment tools.

The pretest was to test participants' knowledge of palliative care before the course while the post test was based on the teachings and their clinical experience from the program.

A special Terminal Care Questionnaire (TCQ) was administered at the beginning and end of course to evaluate participants' view on death and perception on own's death. End of course TCQ was to determine the impact of the course on participants' perception of the subject of death.

All participants completed the pre and post tests and all of them also rated the course. A four months post course follow up was also done using questionnaire for feedback from participants on their post training activities in their various centers.

Results

The course had a total of 17 participants with 5 (29.4%) males and 12(70.6%) females in attendance from four out of the six geopolitical regions in Nigeria. The group was composed of five medical doctors, five pharmacists, six nurses and a social worker. Seven (41.1%) participants were from Federal Teaching Hospitals, five (29.4%) from Federal Medical Centers and five (29.4%) from State teaching hospitals.

Eight participants (47%) had never attended a course/workshop on Palliative Care.

Table 1 below gives a summary of the pre and post test scores as a means of assessing the knowledge gained by participants during the during the training.

The mean scores at the pretest was 64% (SD 14.98) while the mean scores at the posttest rose to 84.5% (8.74%) which indicates an increase in the level of knowledge of participants on the various topics covered during the training. At the pretest, 14 (82.4%) of the participants passed the test scoring above 50 (with 50 being the pass mark, zero being the lowest score possible out of a total possible 100 marks). While 3 (17.6%) participants had scores lower than 50 out of a total of 100 in the pretest. At the posttest all the participants 17 (100%) had scores greater than 50 and no participant failed. This indicates that all the participants gained knowledge on the topics in Palliative Care that were covered during the training.

Table 1: Participants' Pre and Post Test Score

	Pretest	Posttest
Mean Score	64.0% (SD 14.98)	84.5% (SD 8.74)
Passed Test	14 (82.4%)	17 (100%)
Failed Test	3 (17.6%)	-

Passing test score was 50, with lowest possible score 0 and highest possible score 100.

P value 0.00 pretest versus posttest

The evaluation of the training also involved the participants rating the overall program and resource persons. The Participants' index of satisfaction for the aspects of the course evaluated by them regarding the Organization of the training was 76.0%, while the index of satisfaction of the participants regarding the Quality of the resource persons was 83.0%. The Lecture presentations were rated 83.0% by the participants on their index of satisfaction. This indicates that while the program was highly rated, there is still room for improvement in all the highlighted areas. The training was the first of its kind in Nigeria and may have had some logistics setbacks; but subsequent courses are expected to be better organized and impactful drawing from lessons learnt at this training.

Post course follow up gave 67% feedback with commencement of palliative care service in three centers and 3 institutions. Another important outcome of the initiators course was the development of a Model Clinical Placement Participant Performance evaluation tool by a committee of trainers headed by Nick Rose. The model performance tool was designed to address gaps in existing tool provided by HAU.

Conclusion

Overall, the five weeks palliative care initiator course was adjudged successful. The participants expressed full satisfaction and strong desire to establish and promote palliative care in their various centers. Though there was an initial anxiety about inadequate number of participants who confirmed to attend the course, because only five participants confirmed attendance forty eight hours to the commencement of the course, however seventeen participants eventually took part. Lack of sponsorship for some health professionals and inadequate publicity contributed to the low attendance. A lot of advocacy work is required to convince our policy makers and chief executive of our health institutions to sponsor more of their staff for this course in future.

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Representative Global Access to Pain Relief Initiative (GAPRI)

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