

9. Five Standards of Effective Pedagogy. URL: <https://www.tolerance.org/professional-development/five-standards-of-effective-pedagogy> (дата звернення: 17.04.2020).

10. Riahi S., Riahi A. The Pedagogy of Higher Education: How to Evaluate the Quality of Training in

Morocco to Improve it. *Inter. Journal of Engineering Pedagogy*. 2018. Vol. 8, No. 1, P. 92-108. DOI: <https://doi.org/10.3991/ijep.v8i1.7984>

11. URL: <https://www.dsma.dp.ua/> (дата звернення 11.04.2020).

The article was received
2020.04.22



UDC 614.253.2:378.046-021.68:616-039.75:364-58(477.63)

<https://doi.org/10.26641/2307-0404.2020.2.206324>

*I.L. Vysochina*¹,
*S.I. Valchuk*²,
*I.V. Vasilevskaya*¹

THE FORMAT OF TRAINING FAMILY DOCTORS ON PALLIATIVE CARE IN THE DNIPROPETROVSK REGION

*SE «Dnipropetrovsk medical academy of Health Ministry of Ukraine»*¹

V. Vernadsky str., 9, Dnipro, 49044, Ukraine

e-mail: simed.dnepr@gmail.com

*Municipal non-commercial enterprise "City Clinical Hospital No. 2" DCC*²

Sergiy Nigoyan ave., 53, Dnipro, 49000, Ukraine

e-mail: gkb2dnepr@ukr.net

*ДЗ «Дніпропетровська медична академія МОЗ України»*¹

кафедра сімейної медицини ФПО

(зав. – д. мед. н., доц. І.Л. Височина)

вул. В. Вернадського, 9, Дніпро, 49044, Україна

*КНП «Міська клінічна лікарня № 2» ДМР*²

(дир. – к. мед. н. С.І. Вальчук)

пр. Сергія Нігояна, 53, Дніпро, 49000, Україна

Цитування: *Медичні перспективи*. 2020. Т. 25, № 2. С. 12-18

Cited: *Medicni perspektivi*. 2020;25(2):12-18

Key words: *primary medical care, palliative and hospice care, training of medical students in the specialty of GPFM*

Ключові слова: *первинна медична допомога, паліативна та хоспісна допомога, навчання лікарів-слухачів за фахом ЗПСМ*

Ключевые слова: *первичная медицинская помощь, паллиативная и хосписная помощь, обучение врачей-слушателей по специальности ЗПСМ*

Abstract. *The format of training family doctors on palliative care in the Dnipropetrovsk region. Vysochina I.L., Valchuk S.I., Vasilevskaya I.V. The first global palliative care resolution WHA 67.19 has been developed recently, in 2014, where the need to improve access to palliative care around the world declared is first. In the article, the authors analyzed the change trends and the state of the medical care delivery system for incurable patients in the world and Ukraine. As the civilization of the state and the humanity of society as a whole is assessed by the level of PHC provision in today's world, this problem has attracted the attention of central (Ukraine) and regional (Dnipro city) government bodies, which was reflected in the search for new medical and educational initiatives. The need of the time is the need to focus the attention of family doctors on the issue that palliative care is a qualification component of their daily work, which will help to remove incurable patients from the periphery of attention of their multicomponent work, and will also help to clearly build the interaction between the primary and secondary link, in particular, with hospice departments of specialized hospitals. In particular, the experience of implementing a joint project of a new format for training family doctors on palliative care issues, realized by the Department of Family Medicine of the SE "DMA" and the Municipal non-commercial enterprise "City Clinical Hospital No. 2" of Dnipro City Council is described. Innovative forms of conducting classes help to expand the boundaries of the possibilities of teaching problematic issues of palliative medicine, which account for only 0.6% of instructional time in the existing program of training family doctors of secondary specialization, and the multicomponent format for studying palliative care issues, implemented, inter alia, with support of Director of the Municipal non-commercial enterprise "City Clinical Hospital No. 2" of Dnipro City Council (visiting hospice and palliative departments delivering secondary level of medical care assistance, a structured regulatory unit for the provision of PHC in Ukraine, working out of patients' routing issues, interactive teaching methods, etc.) leaves in the memory of physician-trainees not only the essential content, but also a deep emotional trace, which helps to increase the motivation of the physiciantrainees, improves coordination between primary and secondary palliative care and improves the quality of training.*

Реферат. *Формат подготовки семейных врачей по вопросам паллиативной помощи в Днепропетровском регионе. Высочина И.Л., Вальчук С.И., Василевская И.В. Первая в истории глобальная резолюция по паллиативной медицинской помощи WHA 67.19 была разработана совсем недавно, в 2014 году, где впервые задекларирована необходимость улучшения доступа к паллиативной медицинской помощи во всем мире. В статье авторами проанализированы тенденции изменения и состояние системы медицинской помощи неизлечимым пациентам в мире и Украине. Показано, что сегодня интегральной составляющей развития и реформирования различных систем здравоохранения на всех уровнях оказания медицинской помощи стало прогрессивное развитие системы паллиативной и хосписной помощи (ПХП) населению во многих странах. Поскольку по уровню предоставления ПХД в сегодняшнем мире оценивают цивилизованность государства и гуманность общества в целом, эта проблема привлекла внимание центральных (Украина) и региональных (город Днепр) органов государственной власти, что нашло отражение в поиске новых медицинских и образовательных инициатив. Потребностью времени стала необходимость сосредоточить внимание семейных врачей на вопросе, что паллиативная помощь является квалификационной составляющей их повседневной работы, что позволит вывести помощь неизлечимым больным с периферии внимания их многокомпонентной работы, а также позволит четко выстроить взаимодействие между первичным и вторичным звеном, в частности, с хосписными отделениями специализированных больниц. Описан опыт реализации совместного проекта нового формата подготовки семейных врачей по вопросам паллиативной помощи, реализованный кафедрой семейной медицины ФПО ГУ «ДМА» и КНП "Городская клиническая больница № 2" Днепропетровского городского совета. Расширить границы возможностей преподавания проблемных вопросов паллиативной медицины, которые в существующей программе подготовки семейных врачей вторичной специализации составляют всего лишь 0,6% учебного времени, помогают инновационные формы проведения занятий, а многокомпонентный формат изучения вопросов паллиативной помощи, реализованный, в том числе, с поддержкой директора КНП "Городская клиническая больница № 2" Днепропетровского городского совета (посещение хосписных и паллиативных отделений вторичного уровня оказания медицинской помощи, структурированный нормативный блок по оказанию ПХП в Украине, отработка вопросов маршрутизации пациентов, интерактивные методика преподавания и т.д.) оставляет в памяти врачей-слушателей не только сущностное наполнение, но и глубокий эмоциональный след, что позволяет повысить мотивацию врачей-слушателей, улучшить координацию работы между первичным и вторичным звеном по оказанию паллиативной помощи и повысить качество преподавания.*

The reorganization of the health care system in Ukraine has been going on for more than a quarter of a century. During this time, the position of primary health care has significantly strengthened, and society, which is mainly focused on public

health has drawn attention to other urgent needs, including the presence of incurable patients.

The right to palliative care is a fundamental human right, so in accordance with the universal right to health enshrined in Article 12.1 of the

“International Pact on Economic, Social and Cultural Rights, adopted by the UN in 1966, the right of everyone to the highest human achievable level of physical and mental health” is postulated. This right is not legally imperative, but countries that have signed the Pact are expected to work to comply with it. Although there is no special mention of palliative care in the document, the Pact Monitoring Committee has issued a general note to the article on the right to health which lists the main obligations of all countries which signed the Pact, regardless of their availability of resources (2000). These obligations include access to health care facilities, goods and services on a non-discriminatory basis, the provision of essential medicines to the population as defined by the WHO, and the adoption and implementation of a national health development strategy.

In the context of palliative care, it is clear that patients with life-threatening illnesses should be provided with access to appropriate medical services, essential medicines for symptomatic therapy and terminal care; in addition, palliative care should be included in public health policy [1, 4, 8, 10, 11]. According to the UN Committee on Economic, Social and Cultural Rights, it is essential to provide "attention and care to chronically and terminally ill

patients, relieving them of pain that can be alleviated and giving them the right to a dignified death."

Today, the progressive development of palliative care is taking place across Europe, and new services and initiatives are being launched in many countries around the world. The state of palliative and hospice care (PHC) delivery to the population has become an integral part of the development and reform of the health care system at all levels of health care [4, 8, 10, 11]. In 2014, the first-ever global resolution on palliative care WHA 67.19 called on WHO and Member States to improve access to palliative care as a key component of health systems, focusing on primary health care, the provision of it at the local community level and at home.

Since the level of PHC provision in today's world evaluates the civilization of the state and the humanity of society in general, this problem has attracted the attention of central (Ukraine) and regional (Dnipro city) public authorities [4, 8]. It took time for family doctors to focus on the issue [1, 7] that palliative care is a qualifying component of their daily work (Fig. 1) and to withdraw care delivery for incurable patients from the periphery of multicomponent work, as well as to clearly build the interaction between primary and secondary, link including hospice departments of specialized hospitals.

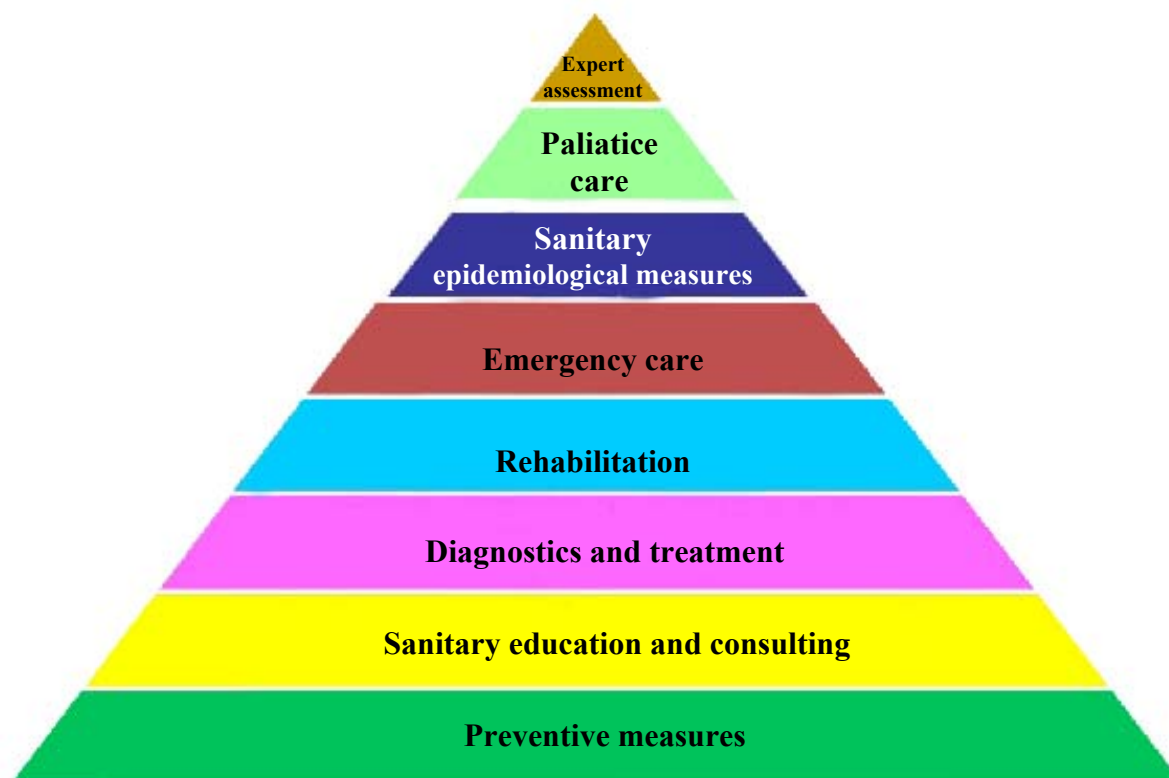


Fig. 1. Structure of family doctor services

Palliative care, still being a relatively new component of modern medicine, is gaining increasing recognition as one of the integral components of any health care system [1, 4, 7, 8, 10, 11]. At the same time, it is a well-known fact that access to hospice and palliative care does not meet global needs, and given the aging population, as the

number of the elderly with complex health problems increases, such a need will only grow [9].

Now in the city of Dnipro in the register of palliative patients there are about 1500 people who have signed a declaration with a family doctor. At the same time, the estimated need for PHC and palliative care in our region is 457093 people (Table).

Estimated need for PHC and palliative care

Age category (years)	Rate of deceased persons (men)	Approximate need for PHC by the ratio 0.8	Rate of deceased persons (women)	Approximate need for PHC by the ratio 0.8
0-9	2177	1742	1596	1277
10-19	887	710	405	324
20-29	4576	3661	1390	1112
30-39	13350	10680	4428	3542
40-49	22384	17907	8208	6566
50-59	43080	34464	17385	13908
60-69	66209	52967	38029	30423
70-79	69199	55359	79581	63665
80 і старші	58423	46738	140059	112047
Разом	280285	224228	291081	232865

Total rate of deceased (men and women) – 571366 persons

Total estimated need for PHC (by ratio 0.80) of the rate of deceased – 457093 persons, or 1078,4 per 100 000 of population

According to mathematical modeling based on WHO analysis, the estimated need for PHC for our region is 50749 people (Fig. 2) [9].

And this situation, unfortunately, exists all over the world. According to the WHO newsletter of February 19, 2018, only about 14% of people worldwide in need of palliative care receive it today, and 40 million people need palliative care annually, 78% of whom live in countries with low and average income.

According to the recommendations of the WHO (2018), to address the problem of unmet needs in palliative care around the world, it is necessary to eliminate a number of serious obstacles, namely the problems of national health policy and system, in the structure of which palliative care often is not included at all. Thus, according to a 2011 study involving 234 countries, territories and districts, it

was concluded that palliative care services were successfully integrated in only 20 countries, while in 42% of countries they are absent and in 32% of countries – casual only. On the other hand, training of health workers in palliative care in some countries is often limited or absent.

The effectiveness of PHC reform in the Dnipropetrovsk region is largely determined primarily by the attention of medical and local departments to the issue of equipment and branching of PHC at the regional and city levels, the allocation of additional sources of funding, improving equipment and living environment for palliative care and hospice departments, on the other hand, the issue of the quality of staff training, in particular primary care physicians, has become very important (since 2001, in Dnipro and the region 2678 GPFM physicians have been trained) [2, 3].

Need for palliative care in Ukraine, persons

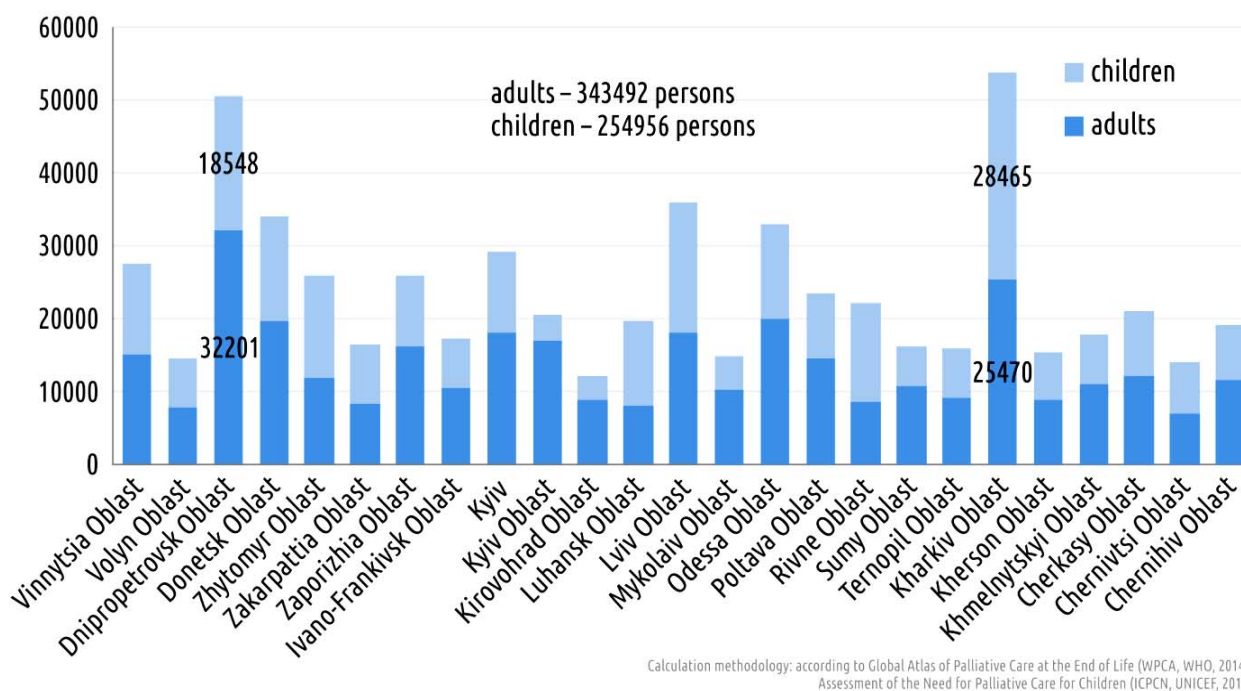


Fig. 2. Data according to [9]

Training of physicians – participants in the course in the specialty GPFM at the Department of Family Medicine of FPE SE "DMA" and mastery of relevant practical skills is regulated by the number of hours attempted by the current Curriculum of specialization (2015) in this area of training, in which the total hours attempted (936) is as follows: “Palliative care” – only 6 hours (4 – practical classes and 2 – seminars), which is less than 0.6% of the time [2, 3].

Innovative forms of classes help to expand the possibilities of teaching problematic issues of palliative medicine, both within the primary and secondary specialization, and the introduction of a 2-weeks’ cycles of thematic improvement "Gerontological aspects and palliative care in the practice of "family medicine" [6]. In addition, in the area of "Lifelong Learning" several meetings of the profile PA "Scientific and Practical Association of Family Physicians of Dnipropetrovsk region" are devoted to palliative care with the participation of palliative care experts of the Department of Health of Dnipropetrovsk Regional State Administration and the Department of Public Health of the Dnieper City Council with information on the state of palliative and hospice care in our region. Palliative care issues are also traditionally considered at the annual All-

Ukrainian April Scientific and Practical Conference on Family Medicine "From Science to Practice".

Study of the modern legal framework of palliative care in Ukraine from the section of organization of general palliative care, namely: the legal framework for the development of the PHC system in our country (articles of the Constitution of Ukraine and the Law of Ukraine "Fundamentals of Ukrainian legislation on Protection Health", Resolutions of the Cabinet of Ministers, Orders of the Ministry of Health, Orders of the Ministry of Social Policy), terms and concepts (general palliative care; palliative treatment; palliative patient; specialized palliative care and determination of the Status of palliative patient by the attending physician), at the department is conducted using elements of distance learning in on-line mode [5, 6]. E-learning opportunities are widely used to improve the assimilation of the material in a limited period of time. Useful information is available in free access on the website of our department "Courses of thematic improvement. Palliative care" [6], as well as online-services for ordering and delivery of thematic documents by the methodological service of the Dnipropetrovsk Regional Scientific and Medical Library [5].

Practical classes on "Examination and follow-up of patients" for interns and doctors specializing in GPFM is conducted at the clinical base of the department in the therapeutic department of Municipal Non-Profit Enterprise "Clinical Ambulance Care Hospital" of the Dnipro City Council. When working with patients, special attention is paid to aspects of diagnostic search which allow to distinguish critically ill patients with comorbid pathology from palliative patients with complex needs, which cannot be adequately addressed not only at the primary level of medical care, but also in general therapy departments, as they require an interdisciplinary assessment of the patient's condition, the study of numerous causes that can cause suffering, as well as the administration of analgesics in an adequate dose in a personalized format. This approach allows to increase the motivation of doctors-participants in the course, improves the coordination of work between the primary and secondary level on the provision of palliative care, to develop a further route for a palliative or hospice patient.

The practical lesson on "Visiting hospice departments" is held on the basis of specialized departments of palliative and hospice care of the municipal non-profit enterprise "City Clinical Hospital № 2" of the Dnipro City Council and includes a meeting with the hospital administration, acquaintance with the requirements for treatment referrals into palliative care units, the structure of the wards, personal contact with doctors and nonmedical staff of wards, as well as with patients undergoing treatment. Doctors-participating in the course communicate personally with palliative patients, after which each case is considered as to whether the patients were granted the status of a palliative patient in the primary care in a timely manner.

Another component of training on PHC at the Department of Family Medicine is the introduction of the topic of practical class "Practice of skills of medical symptomatic support", which is conducted on the basis of the department using sets of situational clinical tasks and role-playing teaching techniques. Doctors-participating in the course determine the place and role of family doctor, nurse, pharmacist, psychologist, physiotherapist, religious advisor, social worker, family members, volunteers, consultant in the issue of family loss and establishment and development of confidence,

psychological assistance, social support, physical care, which are aimed at creating physical, psychological, social, peace of mind of the patient as well as psychological support of relatives during the illness of a loved one and in times of grief.

For a better understanding of the psychology of incurable patients on the website of the department in free access in the section "Library" [5, 6] a selection of books is offered, acquaintance with the books allows through art to form moral and ethical and deontological components of the doctor, to develop scenarios of communication in difficult life situations, which has a special meaning and significance for young doctors with little life experience.

In the section "Independent work" [6] acquaintance with facebook resources is recommended: "Palliative care in Ukraine"; "With respect to human dignity"; "Ukrainian Association of Palliative Care for Children"; "Day Hospice"; "International Renaissance Foundation".

CONCLUSIONS

Thus, such a multi-component format of the palliative care cycle leaves in the memory of doctors-participating in the course not only the essential content, but also a deep emotional mark, and structuring the material and using innovative forms of learning helps to achieve the main goal of the cycle and awareness that palliative care is an approach to treatment aimed at improving the quality of life of patients and their families who have faced problems associated with life-threatening diseases. This approach is implemented through the prevention and alleviation of suffering through early diagnosis, accurate assessment and treatment of pain and other components of quality of life - physical, psychosocial and faith-based.

Our doctors-participating in the course complete the cycle with a deep awareness of the words of Dame S. Sanders, the founder of the modern hospice movement, to the public: "Your life matters because you are you. And your life will matter until the last moment. We will do everything possible not only for you to rest in peace, but also for you to live, not exist, until death."

Conflict of interest. The authors declare no conflict of interest.

REFERENCES

1. Bratsiun OP. [The role of the family doctor in providing general palliative care: international experience]. *Simeina Medytsyna*. 2019;2:14-17. Ukrainian. doi: <https://doi.org/10.30841/2307-5112.2.2019.174608>

2. Vasilevskaya IV. [Experience in training family doctors in palliative care]. Scientific and pedagogic internship «Challenges of modernization of medical education in Ukraine and EU countries»: Internship proceedings. Lublin, 2018:26-29.
3. Vysocina IL, Vasilevskaya IV. [New forms of conducting a palliative care cycle for doctor-trainees of the cycle "specialization" in the specialty "general practice – family medicine"]. In: Proceedings of the 15th Scientific and Practical Conference with International Participation "Topical Issues of Higher Medical Education in Ukraine"; 2018 May 17-18; Ternopil: TDMU "Ukrmedkniga"; 2018. p. 374. Ukrainian. Available from: <http://repo.dma.dp.ua/id/eprint/3271>
4. Voronenko YV, Hubs'kyi YI. [Creation of a palliative and hospital assistance system in the conditions of health reform in Ukraine: medical and social aspects]. Health and society. 2014;1(2):63-75. Ukrainian.
5. [Dnipropetrovsk Oblast Scientific and Medical Library]. [Internet]. Ukrainian. Available from: <http://medlib.dp.gov.ua/jirbis2/ua/>
6. [Department of Family Medicine FPE]. [Internet]. Ukrainian. Available from: <https://612.dsma.dp.ua/home>
7. Semidotska Z, Cherniakova I, Neffa M, Karma-zina I. [Palliative medicine and family doctor – past, present, future.] Shidnoevropeyskyi zurnal vnutrisnoi ta simeinoi medytsyny. 2017;2017(2):16-22. Russian. doi: <https://doi.org/10.15407/internalmed2017.02.016>
8. [The order of the Ministry of Health of Ukraine No. 41 dated 01/21/2013 "On organizing the work of the palliative and hospice help"]. [Internet]. Available from: <http://zakon4.rada.gov.ua/laws/show/z0229-13>
9. How many people in Ukraine are in need of palliative care? Modeling need based on official statistics. [Internet]. Available from: <https://socialdata.org.ua/en/category/topics/healthcare/>
10. Woitha K, Carrasco J, Clark D, Lynch T, Garralda E, Martin-Moreno J, et al. Policy on palliative care in the WHO European region: an overview of progress since the Council of Europe's (2003) recommendation 24. The European Journal of Public Health. 2015;26(2):230-5. doi: <https://doi.org/10.1093/eurpub/ckv201>
11. Tymoshevska V, Shapoval-Deinega K. Palliative Care Development in Ukraine. Journal of Pain and Symptom Management. 2018;55(2):S85-S91. doi: <https://doi.org/10.1016/j.jpainsymman.2017.03.031>

СПИСОК ЛІТЕРАТУРИ

1. Брацюнь О. П. Роль сімейного лікаря у наданні загальної паліативної допомоги: міжнародний досвід. *Сімейна медицина*. 2019. № 2. С. 14-17. DOI: <https://doi.org/10.30841/2307-5112.2.2019.174608>
2. Василевська І. В. Досвід підготовки сімейних лікарів з питань паліативної допомоги. Scientific and pedagogic internship «Challenges of modernization of medical education in Ukraine and EU countries»: scientific and pedagogic internship. (Lublin, 8-17 Dec. 2018. 124 pages. P. 26-29.
3. Височина І. Л., Василевська І. В. Нові форми проведення циклу паліативної допомоги для лікарів-слухачів циклу «спеціалізація» за фахом «загальна практика – сімейна медицина». *Актуальні питання вищої медичної освіти в Україні*: матеріали XV наук.-практ. конф. з міжнарод. участю. (м. Тернопіль, 17-18 трав. 2018 р.). Тернопіль ТДМУ: Укрмедкнига. 2018. С. 374.
4. Вороненко Ю. В., Губський Ю. І. Створення системи паліативної і хоспісної допомоги в умовах реформування охорони здоров'я в Україні: медичні та соціальні аспекти. *Охорона здоров'я і суспільство*. 2014. С. 63-75.
5. Дніпропетровська обласна науково-медична бібліотека. URL: <http://medlib.dp.gov.ua/jirbis2/ua/> (дата звернення: 16.03.2020).
6. Кафедра Сімейної медицини ФПО. URL: <https://612.dsma.dp.ua/home> (дата звернення: 16.03.2020).
7. Паллиативная медицина и семейный врач — прошлое, настоящее, будущее / Ж. Д. Семидоцкая и др. *Східноєвропейський журнал внутрішньої та сімейної медицини*. 2017. № 2. С. 16-22. DOI: <https://doi.org/10.15407/internalmed2017.02.016>
8. Про організацію надання паліативної та хоспісної допомоги: наказ МОЗ України від 21.01.2013 р. № 41. URL: <http://zakon4.rada.gov.ua/laws/show/z0229-13> (дата звернення: 16.03.2020).
9. How many people in Ukraine are in need of palliative care? Моделювання потреби на основі офіційної статистики. URL: <https://socialdata.org.ua/en/category/topics/healthcare/> (дата звернення: 16.03.2020).
10. Policy on palliative care in the WHO European region: an overview of progress since the Council of Europe's (2003) recommendation 24 / K. Woitha, et al. *European Journal of Public Health*. 2015. Vol. 26, No. 2. P. 230-235. DOI: <https://doi.org/10.1093/eurpub/ckv201>
11. Tymoshevska V., Shapoval-Deinega K. Palliative Care Development in Ukraine. *Journal of Pain and Symptom Management*. 2018. Vol. 55, No. 2. P. 85-91. DOI: <https://doi.org/10.1016/j.jpainsymman.2017.03.031>

The article was received
2020.09.26