

THE BUDAPEST COMMITMENTS – project document

Give a short description of maximum two pages. Write/tic grey boxes. Send the commitment to cj.furst@stockholmssjukhem.se

Background information is available on the EAPC website:

(<http://www.eapcnet.org/congresses/Budapest2007/Budapest2007Commitments.htm>)

Country **Switzerland** Date **18 Feb 2008**

Organisation **SwissEduc: Swiss Palliative Care Education Working Group, the national working group on education of the Swiss Palliative Care Society (palliative CH)**

EAPC Collective member



If not, give a short description of the organisation I am completing this form as the co-chair of this group, and am not making any commitments on behalf of the Swiss Palliative Care Society as this would be outside my mandate.

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Short description of the underlying problems that the commitments are aimed at

1. Lack of palliative care content in undergraduate medical curricula in the 5 Swiss medical schools.

2. Lack of palliative care content in medical undergraduate examinations

3. Lack of clearly defined competencies required by physicians, nurses and other disciplines to provide palliative care at a specialized level (specialized palliative care units and consult teams). Without this, it is difficult to move towards specialization when there is considerable variation in interpretation across the country as to what specialized palliative care constitutes. Some courses say they are aimed at a specialized level but omit some key issues that internationally would be viewed as being important at a specialized level.

4. Lack of quality indicators for palliative care education.

5. Some difficulties implementing the EAPC's 3 levels of education (primary, secondary, tertiary). These seem to be too broad. Does, for example, a palliative care resource nurse whose role is to champion palliative care locally in her/his institution (without being a consultant) require training at a A level or at a B level. It falls somewhere in-between.

Description of commitments (if more than one please list, please try to define clear, realistic and measurable goals for each commitment)

1. Clarify the 3 EAPC levels by further subdividing them so that there are 5 levels of education and diffusing these nationally and applying them in practice. The goal is that it is clear for educators and learners exactly what level a course is designed for.

2. Conduct a national detailed survey of each medical school and map out the palliative care content against the EAPC recommendations. Use these to effect change at each of the medical schools.

3. Implement a national a system, called the "Swiss Standards and Stars Process", for recognizing palliative care courses so that there is greater application of standards of quality and in developing and delivering palliative care education. This revolves around an auto-evaluation system whereby educators and learners self-evaluate their courses against the criteria and standards and award themselves stars if they meet the various standards. The SwissEduc group then audits these evaluations on a regular basis. It is hoped that this strategy will produce expectations for palliative care educators to meet.

4. Define regionally and nationally the competencies required for professionals to practice at a specialized level; beginning with doctors and nurses. These then guide the development of education programs at these levels, the evaluation of personnel at these levels, the auditing of practice, etc. It is also a first step towards specialization by showing to others, including licensing bodies that regulate specialties, that this work requires a broad variety of specific specialized competencies.

Goal, measurement of success and time (please list at least one outcome measurement for each commitment)

1. Completed 2007. Now being diffused nationally. National conference Feb 2008 to diffuse this.

2. Completed Sept 2007. Results fascinating. Submitted for publication in international palliative care journal. Being used to develop proposals to increase palliative care education at each of the 5 swiss medical schools.

3. First draft of process completed. Final draft to be completed by this spring. First courses to be piloted with this system have been identified (4courses) and evaluation will be done in summer.

4. First phase completed (establishment of these competencies in the cantons of Vaud and Geneva). Work now underway to validate these nationally through a consensus-based process, guided by international standards. Vaud and Geneva competencies to be made available already by end of this month at following web site: www.palliative-diffusion.ch. National competencies to be completed by the autumn of this year.

Short description of methodology and working process

see above

In collaboration or cooperation with other organisations



Names of other organisations

National projects with many partners nationally.