

Beyond the generalist

Towards Consensus on Specialist Expertise in Palliative Care in the Netherlands

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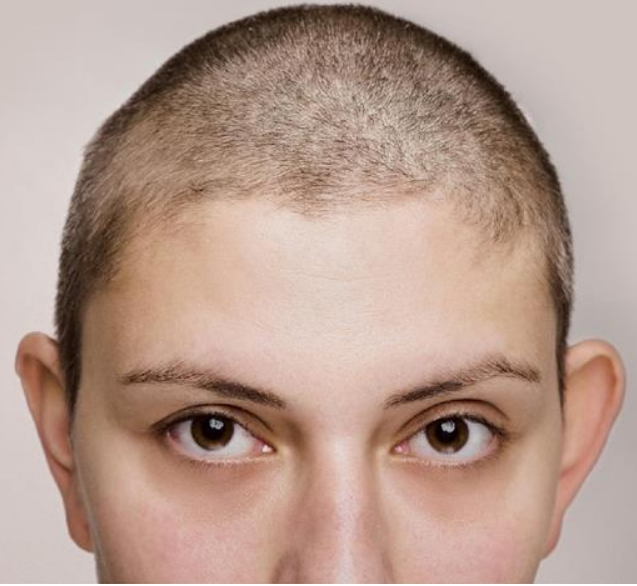
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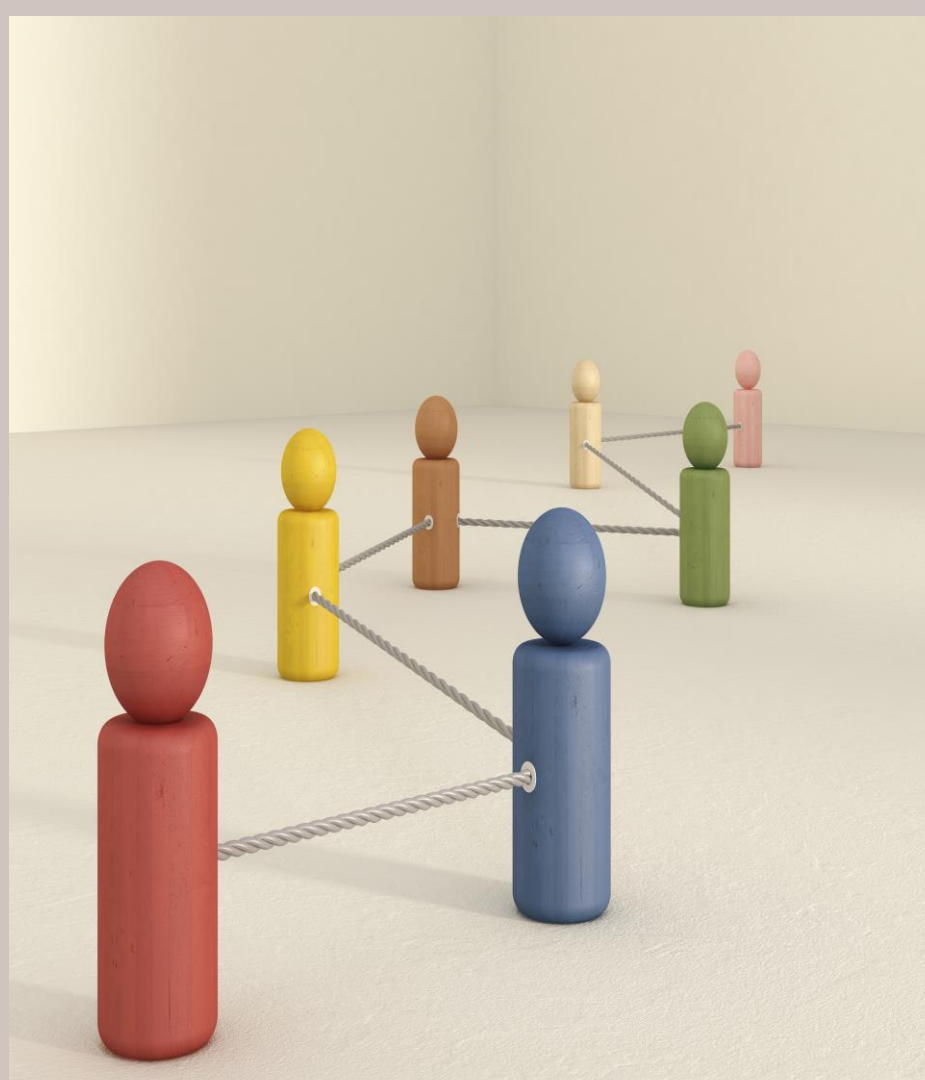
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In the Netherlands we have a mixed model of generalist and specialist palliative care.

Next to **generalists** and **specialists**, we also recognize the role of palliative care **experts**.

(IKNL/Palliactief, 2017), (Boddaert, 2022).





Unclear
description role
specialist and
expert

Confusion, what
can be expected
from a specialist or
an expert?

HCPs specialized in
PC are consulted
late, this leads to
inappropriate
palliative care.

Brief difference

Dutch Quality Framework Palliative Care (IKNL/Palliactief, 2017).

GENERALIST:	SPECIALIST:	EXPERT:
<ul style="list-style-type: none">• Basic knowledge and basic skills in palliative care.• Generalist palliative care has his own limitations and consults a palliative care specialist if necessary.	<ul style="list-style-type: none">• Recognized training and specific knowledge/skills in more complex palliative care.• PC is frequently part of daily practice.• Embedded in a specialized palliative care team.• Has his own limitations and consults a palliative care expert if necessary.	<ul style="list-style-type: none">• Recognized training in palliative care, work experience and substantive deepening and broadening, and specific knowledge and skills in complex palliative care and crisis situations.• Works from his position in a field where palliative care is the only focus of the work.• The palliative care expert is preferably embedded in a specialized palliative care team.

Main question: What is the distinction between generalist, specialist, and expert palliative care?

- What training or education is needed to become a specialist or an expert in palliative care?
- What is the role of a specialist and expert in palliative care practice?
- Which competencies should specialists and experts have?

Applies to all nursing and medical professions.





SURVEY

HOW DO HEALTHCARE PROFESSIONALS **DESCRIBE THEMSELVES** IN THE DUTCH MODEL OF GENERALIST, SPECIALIST, AND EXPERT PALLIATIVE CARE?



SCOPING REVIEW

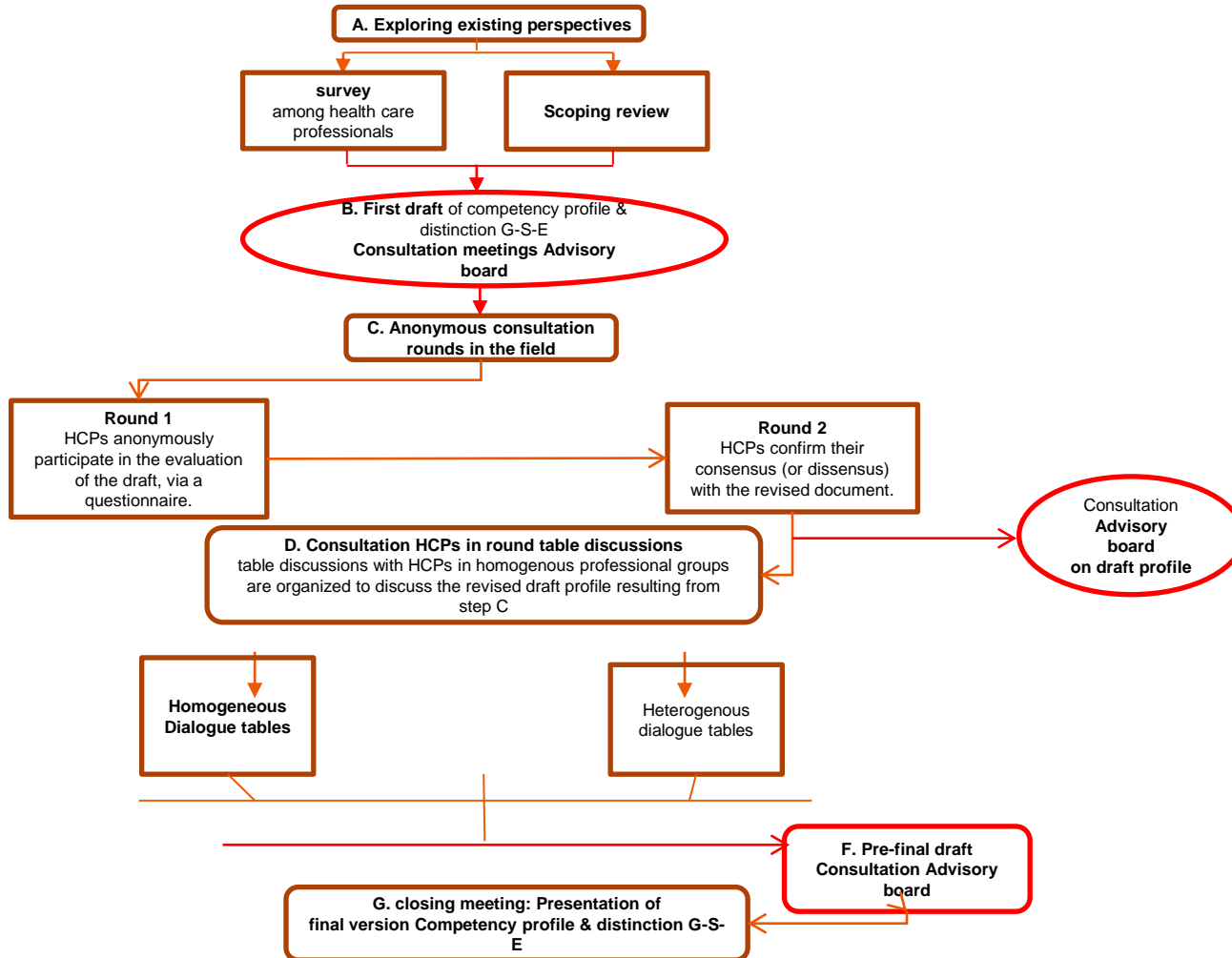
HOW IS SPECIALIZED EXPERTISE DESCRIBED IN THE **INTERNATIONAL** (PEER REVIEWED) **LITERATURE**?



MODIFIED DELPHI STUDY

IS THERE **CONSENSUS** ABOUT A SPECIALIST AND AN EXPERT AMONG HCPS IN THE NETHERLANDS?

Proposed modified delphi technique: *Voorbij de generalist (2021 – 2024)*





SURVEY

HOW DO HEALTHCARE PROFESSIONALS **DESCRIBE THEMSELVES** IN THE DUTCH MODEL OF GENERALIST, SPECIALIST, AND EXPERT PALLIATIVE CARE?

Key message Survey (N = 863)

HCPs described themselves as a generalist, specialist and expert on very **diverse grounds**.

HCPs (76%) find it important that there both specialists and experts in palliative care.

HCPs wish more **clarity** about:

What **defines** a specialist or an expert,

How to **become** a specialist or expert,

When you **need** a specialist or an expert.



SCOPING REVIEW
HOW IS SPECIALIZED
EXPERTISE DESCRIBED IN THE
**INTERNATIONAL (PEER
REVIEWED) LITERATURE?**

Key message Scoping Review

The role of **the expert** is not described in international literature.

The role of **the specialist** is defined by palliative care advanced competencies and by providing palliative care as main professional focus.

Advanced **competencies** of specialists include:

- **Providing complex PC**
- **(complex bereavement) Support for patients & family**
- **Co-education of colleagues**
- **Leading/guiding PC team**
- **Advocacy for PC**

Interprofessional cooperation & communication

and

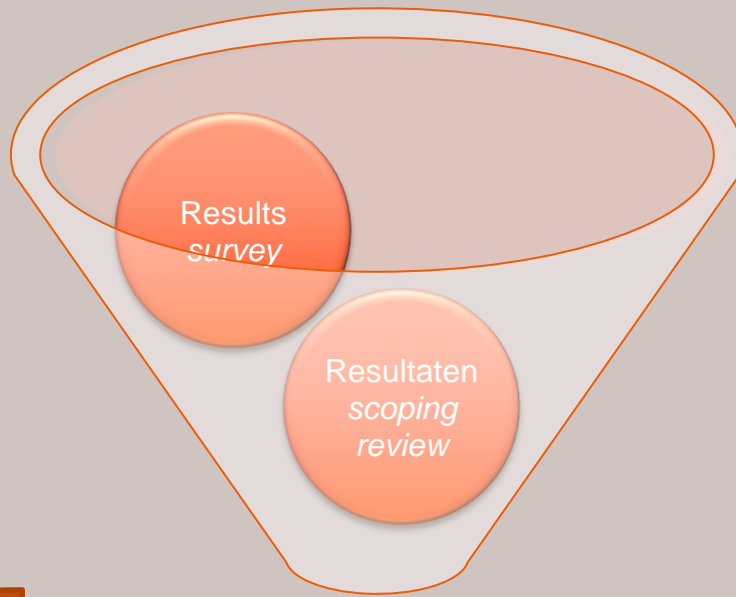
timely-referral of patients

form key elements of specialized palliative care organization



MODIFIED DELPHI STUDY

IS THERE **CONSENSUS** ABOUT A
SPECIALIST AND AN EXPERT
AMONG HCPS IN THE
NETHERLANDS?



(Modified) Delphi study



2 written rounds and **dialogue
tables** (homogeneous and
heterogeneous)



Advisory board

Statements 1st anonymous round Delphi study

General statements for **all HCPs** about **profile** specialists and experts, for example:

Any healthcare provider can become a PC specialist.

Statements for **specific HCPs** about **conditions** specialists and palliative care experts, for example:

A post-graduate course in palliative care (minimum 21 teaching days) trains you to become a palliative care nurse.

Statements for **specific HCPs** about **competencies** specialists and palliative care experts, for example:

Indicates the need for palliative care in complex physical, psychological, social, and spiritual situations based on evidence-based practice.

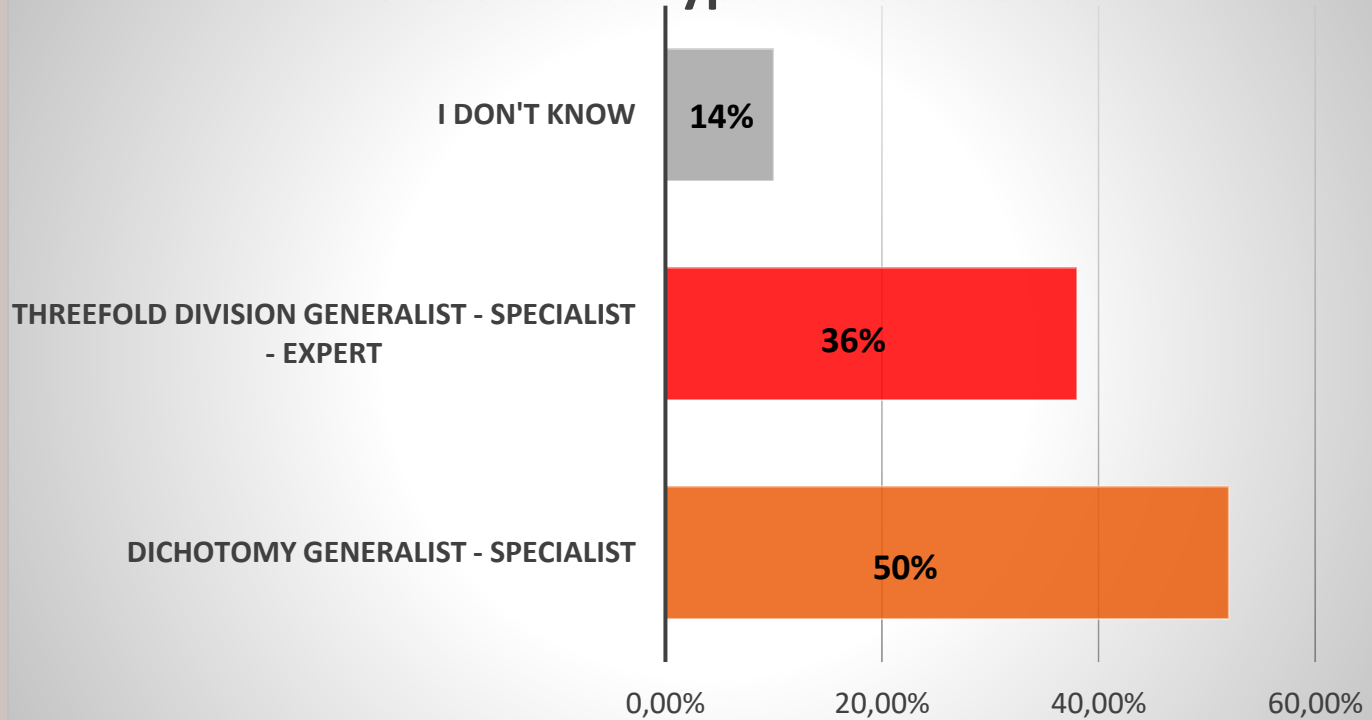
For each statement: Consensus $\geq 75\%$

Response 1st anonymous round Delphi study:

- N = 466
- Response from all HCPs, especially Bachelor Nurses and physicians in all work settings
- 53% want to participate in 2nd Delphi round

Example statements	Agree	Important
You are a palliative care specialist only on the basis of relevant work experience.	29%	68%
You are a palliative care specialist based on both additional education and relevant work experience.	94% (= Consensus)	91% (= Consensus)

Preference of type mixed model





Consensus of **70%** on **conditions**
for becoming specialist **MANP-
PA- Physician PC**



Consensus of **80%** on **conditions**
for becoming specialist **nurses PC**



Consensus on (almost) all
competencies of all HCPs
specialist PC! (98%)

Key messages

- The role of specialist and expert is unclear
- There is no consensus about the role of specialist and expert
- Wish for clarity
- More clarity and consensus about requirements and competencies is emergent.



Thank you for your attention

More information ?

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Optimaliseren Onderwijs Palliatieve Zorg



Dit programma wordt mogelijk gemaakt door

