

**賽馬會安寧頌**  
**JCECC**  
 Jockey Club End-of-Life Community Care Project

**提升医护人员的纾缓照顾能力、知识及态度—香港培训项目经验分享**

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**全球的银龄海啸**

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- 全球人口老化；2050年，22%的人口为60岁以上

2050

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**死亡发生的原因**

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- 2011年，全球共有5460万的死亡个案，其中66%死因为非传染性疾病，如癌症及长期疾病

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**安宁照顾的需要**

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Global Atlas of Palliative Care at the End of Life

The Lancet Commissions

**Alleviating the access abyss in palliative care and pain relief— an imperative of universal health coverage: the Lancet Commission report**

基于18种病类的疼痛出现率

基于20种病类的健康相关痛苦出现率

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**安宁照顾的需要**

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- 估计有70%的晚期病人需要安宁照顾 (2040万人)
- 69%为60岁以上
- 需要安宁照顾的长期病人人数估计为两至三倍 (4000-6000万)

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**安宁照顾的需要**

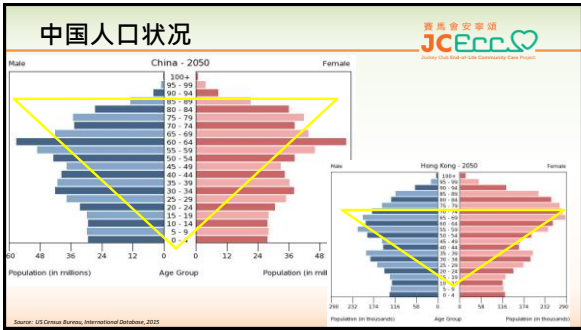
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The Lancet Commissions

**Alleviating the access abyss in palliative care and pain relief— an imperative of universal health coverage: the Lancet Commission report**

- 估计2015年有2550万死亡个案45%个案需要安宁照顾 (=45%全球死亡个案)
- 多于6100万人出现健康相关痛苦25.5 million people

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### 中国人口状况

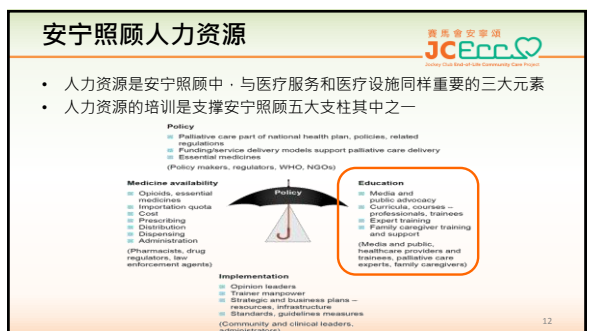
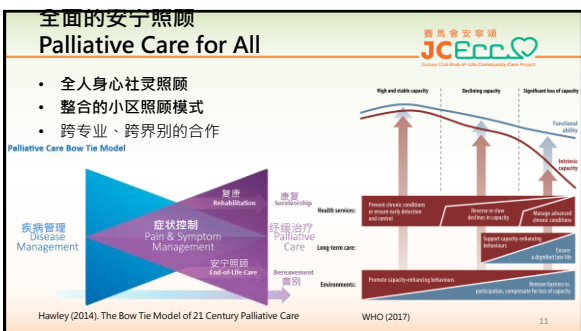
	全球	中国	香港
平均寿命	男: 75.1 女: 79.1	男: 81.7 女: 83.4	男: 88.7 女: 91.3
65岁以上人口	由8.3% 升至16%	由9.6% 升至27.6%	由15.1% 升至34.5%
生育率	微跌: 2.47跌至2.25	维持1.6	微升: 1.18升至1.4
老人供养比率	由12.6升至25 (每100个15-64岁人口)	由13 升至46.7 (每100个15-64岁人口)	由20.6 升至64.6 (每100个15-64岁人口)

Source: UN, Interactive Data, 2015


### 全面的安宁照顾

#### Palliative Care for All

- 渥太华宪章: 「健康是由个人以至整个小区的参与·需要每一个人因应自己的健康状况主导和决定生活·并创造促进健康的条件。」
- 促进健康的安宁照顾模式: 全民参与·包括政府、医护及社会服务机构·以至于整个小区·目的是为晚期病人及家人提升健全健康·改善生活质素。



### 安宁照顾人力资源



家居安宁照顾：

- 每100,000 人口需要3位医生、12位护士和6位照顾同工

住院照顾：

- 每10位病人需要1.5位医生、15.5位护士和4位照顾同工

还有...额外25%的行政和管理同工

小区=???

Gomez-Batiste & Connor (2017) 13

### 人力资源的培训



谁  
提供照顾？

何时？


怎样


内容？

谁  
应该接受培训？

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### 安宁照顾专业培训框架






A Review of Palliative Care Competence Frameworks  
Prepared for  
The Palliative Care Competency Framework  
Development Project Steering Group

- 回顾29份安宁照顾专业培训框架
- 切合需要的专业培训模式，订明培训的目标、对象、程度和培训方法；针对工作人员的工作范畴、专业、岗位、职责和参与程度
- 跨专业的专业培训和对个别专业范畴的培训

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### 安宁照顾专业培训框架

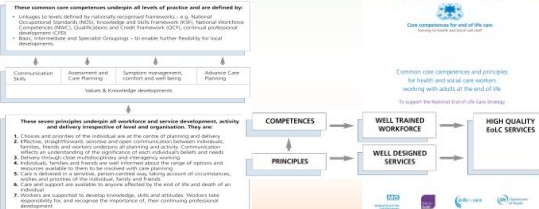


跨专业的专业培训：核心培训范畴

End of Life core competences and principles - overview

These common core competences underpin all levels of practice and are defined by:

- 1. Examples in these defined by national occupational frameworks, e.g. National Occupational Standards (NOS), Knowledge and Skills Framework (KSF), National Occupational Competency (NOC), Qualifications and Credit Framework (QCF) and national professional Regulation (RPS)
- 2. Basic, Intermediate and Specialist Groupings - to enable further flexibility for local developments



Communication Skills, Assessment and Care Planning, Symptom management, control and wellbeing, Values & Knowledge development, Advance Care Planning

These seven pillars underpin all workforce and service development, activity and delivery irrespective of level and organisation. They are:

1. Choice and control of the individual in all aspects of planning and delivery
2. Effective inter-professional practice and collaboration across disciplines, services, levels and worker undertakes all planning and activity. Communication reflects an understanding of the individual's unique needs and needs of their family, carers and community
3. Individuals, families and friends are well informed about the range of options and choices available in order to personalise end-of-life planning, care, assessment, choice and provision of the individual, family and friends
4. Care and support are available to anyone affected by the end of life and death of an individual
5. Workers are supported to develop knowledge, skills and attitudes. Workers take responsibility for, and enhance the experience of, their continuous professional development

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### 安宁照顾专业培训框架





End of Life Care  
Core Skills Education and  
Training Framework

- 3个程度 X 14个主题
- 明确指出学习目标、相关的指引和法律条文，以及参考数据

Target audience

Tier 1: Those that require general end of life care awareness, focusing on a community development, asset based approach to care

Tier 2: Health and social care professionals who require some knowledge of how to provide person-centred, high quality end of life care as they often encounter individuals who need such support within their working environment.

Tier 3: Health and social care professionals who require in-depth knowledge of how to provide care and support for an individual approaching the end of life because they work in services that primarily offer care and support for individuals approaching the end of life, their family and carers.

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14个主题	层次1	层次2	层次3	等级
person-centered care 病人为本的照顾	✓	✓	✓	
communication 沟通	✓	✓	✓	
equality, diversity and inclusion 平等、多样性和包容性	✓	✓	✓	
community skills development 小区发展	✓	✓	✓	
practical and emotional support 实务和情感支援	✓	✓	✓	
assessment and care planning 评估和照顾计划	✓	✓	✓	
symptom management 症状管理	✓	✓	✓	
working in partnership 伙伴合作	✓	✓	✓	
support for carers 照顾者支援	✓	✓	✓	
maintaining own health and well being 自我照顾	✓	✓	✓	
care after death 死后照顾	✓	✓	✓	
law ethics and safeguarding 维护法律和伦理	✓	✓	✓	
leading services and organizations 服务和机构的发展	✓	✓	✓	
improving quality through policy, evidence and reflective practice 政策、实证研究和临床服务的质素	✓	✓	✓	

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### 安宁照顾专业培训框架

• 专业 X 培训范畴 X 程度

**Palliative Care Competence Framework**

Competencies are for "ALL" health and social care professionals irrespective of the care setting or the staff grade. The goal is competence to provide care using a palliative care approach.

Specific Competencies are for "SOME" health and social care professionals irrespective of the care setting or the staff grade. The goal is the provision of care applying the principles of palliative care and using a palliative care approach.

Training Specialist Competencies are for "FEW" health and social care professionals with complete and advanced specialist skills.

**Domains of Competence**  
The Domains of Competence are:

- Domain of Competence 1: Principles of palliative care
- Domain of Competence 2: Communication
- Domain of Competence 3: Optimising comfort and quality of life
- Domain of Competence 4: Care planning and collaborative practice
- Domain of Competence 5: Loss, grief and bereavement
- Domain of Competence 6: Professional and ethical practice in the context of palliative care

### 安宁照顾专业培训框架

• 安宁照顾专业培训的目标对象的息息相关：我们想要改变甚么？

• 四个目标：态度、知识、技巧和行为

• 四个程度：基础、针对个别情况、进深、专科、和特定群组

### 安宁照顾专业培训框架

• 专业培训范畴受个人价值观、机构文化和发展、社会和政治环境影响

Values and behaviors: hospitality, empathy, compassion, commitment, openness, honesty, congruence

Core of essential needs: Spirituality, dignity, autonomy, relations, hope

Essentials: Clinical care assessment, symptoms, medicines; Communication / Emotional / Counselling; Ethics / Advance Care Planning; Continuity / Care Management / Integrated Care

Personal values: Education and respect

Organisational Context: Values / Leadership / Team approach / Networking

Social values & Policy context: Human rights, Universal Health Coverage, Access, Equity, Quality

### 安宁照顾专业培训框架

Level	Targets	Aims & Competences	Preferred method	Preferred time
<b>Special targets</b>	Clinical and organizational palliative care leaders	Leadership, managerial issues, training for trainers, research, planning, evaluation, quality assessment and improvement	Organizational stages, workshops, and courses	Crucial in the initial phases, and/or when required
<b>Specialist</b>	Professionals willing to work in specialist services, and reference professionals	Knowledge and skills to respond to complex situations	Specialty formal 3-year fellowship, sub-specialty 1-year fellowship after training in other related specialties, and master degree	Postgraduate as any other specialty, after other specialties
<b>Inter-mediate</b>	Professionals dealing with high prevalence of patients in need, in chronic care specialties, long term care facilities, and reference professionals	Knowledge and skills to respond to common and specific situations	Fellowship in specialist service, intermediate and postgraduate courses, and workshops	Training specialty period
<b>Specific training (for special situations)</b>	Professionals dealing with impact situations (policemen, firemen, rescue, etc)	To response to specific issues	Workshops, courses, and short stays	When required
<b>Basic</b>	All care professionals	Attitude and basic knowledge	Basic courses, sessions in services and online materials	Postgraduate or any time after

### 安宁照顾专业培训框架：时间及策略

AIMS	TARGETS	METHODS	ACTIVITIES	EXPECTED OUTCOMES	COMMENTS
Start the process Create a core nucleus of national, organizational	Decision-makers Champions Clinical leaders	Advocacy, awareness Attitudes Showing experiences	Meetings Basic and introductory courses Clinical leadership	National plans approved and going on	Pre-graduate training and a priority activity design
0-2年	2-5年	5年+			

- 动员主要持分者
- 建立安宁照顾专业培训框架和照顾模范
- 优化和扩展安宁专业培训框架和照顾模范
- 逐步将安宁专业培训框架融入常规教育课程
- 全面扩展安宁专业培训框架和照顾模范

### 安宁照顾专业培训八个步骤

- 第一个步骤：分析人口及小区状况
- 第二个步骤：展开专业培训活动
- 第三个步骤：辨别国家、小区、机构和服务领袖
- 第四个步骤：建立安宁照顾照顾模范
- 第五个步骤：建立安宁照顾专业培训框架
- 第六个步骤：设计及发展短期、中期及长期的实践策略
- 第七个步骤：订立统一的专业培训规范
- 第八个步骤：辨别培训对象、挑战和障碍，并寻求相应对策

### 赛马会安宁颂计划

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網站：<http://foss.hku.hk/jcecc/zh/>

### 赛马会安宁颂计划

分析人口及小区状况：

- 人口老化及健康状况
- 地区安宁服务发展策略

透過內科及腫瘤科的舒緩治療專科團隊的合作，發展以帶癌為本的舒緩治療服務，提升服務的質素

### 赛马会安宁颂计划

分析人口及小区状况：

- 人口老化及健康状况
- 地区安宁服务发展策略

### 赛马会安宁颂计划

展开专业培训活动：

- 专业培训范畴

### 赛马会安宁颂计划

展开专业培训活动：

- 需要为本：了解工作人员的培训需要

### 赛马会安宁颂计划

展开专业培训活动：

- 需要为本：了解工作人员的培训需要

Average competence in seven domains (by professions)

### 赛马会安宁颂计划

展开专业培训活动：

- 对象
  - 领导：政策及行政领导、机构领导和服务领导
  - 长者服务及安宁照顾相关的医护及社会工作人员
  - 所有医护及社会工作人员

### 赛马会安宁颂计划的专业及领袖培训

国际学术会议

专业培训工作坊及讲座

基础培训课程

领袖培训

圆桌会议及论坛

出版物：书籍、游戏咕

医护及社会工作人员

机构领导和服务领导

政策及行政领导

### 国际学术会议

- 2017: 390位参加者
- 2018: 500+位参加者

### 圆桌会议及论坛

- 建立交流平台，动员安宁照顾服务的主要持分者
- 内容包括：安宁照顾的发展方向、未来挑战和解决方案

### 领袖培训 2016

- 一年的培训计划，共24位小区安宁照顾服务领导
- 模式：3天培训+9个学习小组（每月一次）
- 学习小组：组员就不同题目作出口头报告，并参与个案讨论
- 题目：实证为本的心理社交照顾、专业倦怠、小区参与、癌症及非癌症晚期照顾、安宁照顾的沟通、特别群组的安宁照顾、家庭互动、哀伤处理和预设照顾等

### 领袖培训 2017

- 为安宁照顾服务机构领导提供的一年的培训计划
- 筛选条件：主管提名、工作经验、兴趣和个人期望
- 在34位报名的工作人员中选取24位
- 内容：知识提升课堂、与海外学者交流、导师小组指导



### 领袖培训 2017

• 工作经验 (以年计): 平均=18.92 (范围: 7-36年)  
 • 安宁照顾工作经验 (以年计): 平均= 5.45 (范围: 0-18 years)

Proportion fo Work in EoLC

- A small proportion (below 1/3 of his/her practice)
- A substantial proportion (between 1/3and 2/3 of his/her practice)
- Most of his/ her practice (more than 2/3 of his / her practice)

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### 领袖培训 2017

End of Life Care Project for People with Mental Disability	Project Compassion
Advance Care Planning Project for Persons with Dementia	My Wishes: An End-of-Life Platform for Record Keeping
Preparing for a Better Future That Includes Ageing Parents – East Programme	Dysphagia diet for frail elders
Communication of ACP with Mentally Disabled Persons	Good Death Movement: Everyone in the Church Can Play a Role
Communicating Advance Care Planning with Older Married Couple	Evaluation of Spiritual Needs in Chinese Patients and Caregivers under Palliative Care in Hong Kong
Dying in Place	An introduction of JCCRC: what we are doing here in the last 10 years
Promotion Death in Nursing Home	Family-based programme as a caring intervention for the elders with terminal illness and their families in community
Advance Care Plan Programme: Promoting Advance Care Planning for Older Adults in Nursing Home	Life Story Photography
The Implementation of Advance Care Planning in the Residential Home for the Elderly	See Life Message in Horticultural Therapy
Development Programme for Staff in Residential Home for Elderly on Advance Care Planning	An Evaluation Study On the Effectiveness of “Be-with” Service to Alleviate the Grief of the Bereaved
Building Capacity for EoLC in home	Fadeless Love
Unleash the Lucky Bag	

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### 专业培训工作坊及讲座

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### 专业培训工作坊及讲座

By Key	Number of Events Held	Total Attendance	Social worker		Counselor		Nurse		Physician		Education or Health Worker		Family member/ caregiver		Student		Other		Appropriate Target Audience (%)	Attending %
			Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)	Enas (%)			
Psychosocial and Spiritual Care	15	360	310	86%	36	10%	6	2%	7	2%	0	0%	11	3%	15	4%	79	25%	74.22%	73.31%
Communication	11	358	143	40%	8	2%	1	0%	20	6%	0	0%	1	0%	1	0%	85	24%	83.41%	79.81%
Management Care	4	274	184	67%	20	7%	2	1%	38	14%	0	0%	0	0%	5	2%	20	7%	72.68%	72.28%
End-of-life Care	4	207	77	37%	6	3%	6	3%	18	9%	0	0%	0	0%	0	0%	8	4%	37.20%	69.24%
End-of-life Decision-making	4	140	110	79%	1	1%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	78.57%	79.80%
Outgoing Bereavement	4	36	36	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	100%	69.62%
All Events	51	2398	957	40%	51	2%	39	2%	200	8%	11	0%	45	2%	69	3%	200	8%	74.87%	73.20%

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### 出版刊物

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### 出版刊物

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### 建立安宁照顾照顾模范

Professional Competency Model 专业效能模式  
 Volunteer-based Model 义工支持模式  
 Residential home care model 院舍照顾模式  
 Assisted family-care model 家庭协作模式  
 Community-care model 小区照顾模式  
 Non-cancer model 非癌症照顾模式

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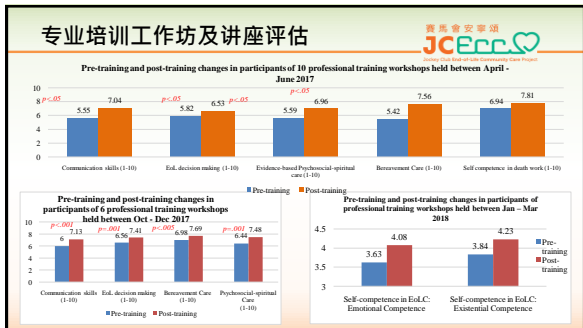
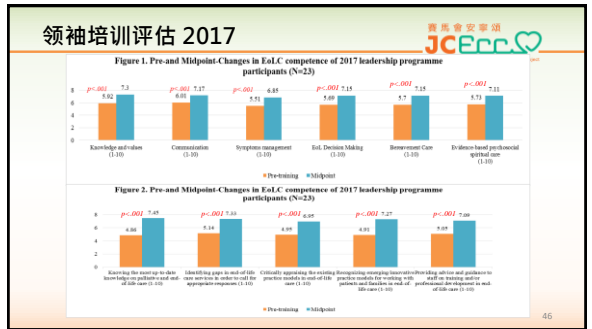
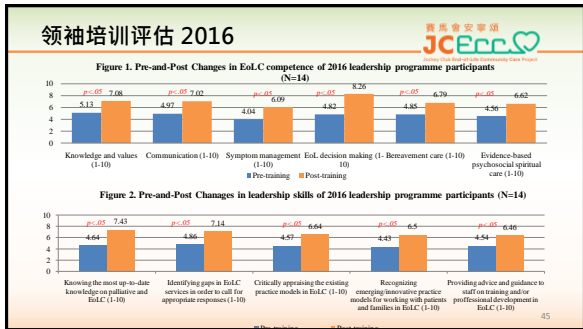
### 安宁照顾专业培训评估框架

专业培训范畴  
 安宁基本概念  
 全人身心社灵  
 沟通相处之道  
 预设照顾决定  
 晚期症状护理  
 善生善别善终  
 关爱照顾自己

专业培训评估范畴  
 整体价值及知识  
 社交心理介入  
 沟通技巧  
 安宁预设照顾决定计划  
 症状处理及照顾  
 善别失眠  
 自我照顾

安宁照顾教育目标

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### 安宁照顾人力资源的重新理解

- 小区上人人都是资源，人人都是专家
  - 病人：自己身体状况和照顾、生活意愿的「专家」
  - 家人：最了解病人生活习惯，捍卫病人权益的「领导人」
  - 邻里/小区/义工：提供社交支持，熟悉小区资源的「百宝袋」
- 安宁照顾「去专业化」

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### 关爱小区·照顾网络




- 建构关爱小区·强化照顾网络
  - 内在照顾网络：3至5位家人朋友·提供病生理需要、症状管理、陪伴和情绪方面的照顾
  - 外在照顾网络：支持内在照顾网络，由其他家人朋友、专业照顾团队组成，支持日常生活如家务等

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### 人人都是专家



End of Life Care Core Skills Education and Training Framework

Health Education England

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### 公众/媒体活动




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### 公众/媒体活动





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### 流动应用程序



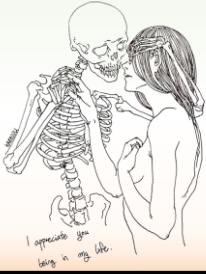

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### 安宁照顾专业培训的未來发生



- 巩固和建立安宁照顾专业培训及小区照顾服务参考模型
- 培训领导和导师
- 将安宁专业培训框架融入常规教育课程·及专业持续进修课程
- 善用信息科技
- 有系统的评估
- 可持续发展

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I appreciate you  
being in my life.

谢谢！

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