JOURNAL OF PALLIATIVE MEDICINE
Volume 24, Number 12, 2021
Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2021.0310

Brief Reports

Nordic Specialist Course in Palliative Medicine: Evaluation and Impact on the Development of Palliative Medicine in the Nordic Countries: A Survey among Participants from Seven Courses 2003–2017

Valgerdur Sigurdardottir, MD, PhD,[1,2] Carl-Magnus Edenbrandt, MD, PhD,[3] Outi Hirvonen, MD, PhD,[4,5] Bodil Abild Jespersen, MD, MPG,[6] and Dagny Faksvåg Haugen, MD, PhD[7,8]; on behalf of the Steering Group of the Nordic Specialist Course in Palliative Medicine

Abstract

Background: The five Nordic Associations for palliative medicine (PM) have since 2003 organized a common specialist course for six weeks in two years.
Aim: To describe the course: participants, evaluations, impact on participants' careers, and on the development of PM in the Nordic countries.
Methods: Information on participants taken from the course archive and national registries. A web survey sent to graduates from the courses 2003–2013 ($n = 150$) and 2013–2017 ($n = 72$).
Results: Mean age at course start was 46.9 years; 66% were women. Mean overall evaluation score 5.7 (range 5.4–6.0, max 7.0). Survey response rate 84% ($n = 186$); 80% of respondents were working in PM, the majority as leaders, >90% engaged in teaching PM. About 40% were active in PM associations, lobbying, and guideline development.
Conclusion: The Nordic Specialist Course in PM has had a profound impact on the participants' postcourse careers, influencing the development of PM in the Nordic countries.

Keywords: education; palliative medicine; postcourse assessment; specialist course

Introduction

The Nordic countries are one of the world's most integrated regions, comprising Denmark, Finland, Iceland, Norway, and Sweden.[1] These countries, with a total population of ~27 million people,[2] have a mutual cultural heritage and language origin (except Finland), and a long tradition of co-operation around diverse issues.[3]

Around the millennium, recommendations published in official reports led to an increasing number of palliative care (PC) programs being established in the Nordic countries.[4,5] However, no specialist education in palliative medicine (PM) was available in any of the countries, nor was there any interest for such an education within the medical community. In 2003, PM pioneers from the five countries together launched the Nordic Specialist Course

[1]Department of Medicine, University of Iceland, Reykjavik, Iceland.
[2]Palliative Care Unit, Landspitali-National University Hospital, Kopavogur, Iceland.
[3]Department of Clinical Sciences, Lund University, Lund, Sweden.
[4]Palliative Care Center, Turku University Hospital, Turku, Finland.
[5]Department of Clinical Oncology, University of Turku, Turku, Finland.
[6]Palliative Care Team, Department of Oncology, Aarhus University Hospital, Aarhus, Denmark.
[7]Regional Centre of Excellence for Palliative Care, Western Norway, Haukeland University Hospital, Bergen, Norway.
[8]Department of Clinical Medicine K1, University of Bergen, Bergen, Norway.
Accepted July 9, 2021.

in Palliative Medicine (NSCPM) to meet the increasing need for education in this new medical field.[6,7]

During the period 2007–2015, PM was recognized as a formal competence field or add-on specialty in each of the five Nordic countries.[8] Even so, the number of physicians with education and experience in the field was still limited, and the NSCPM still needed. The aim of this article is to describe the course, participation and evaluation over time, and to assess the impact of this educational program on the participants' professional career and on the development of PM in the Nordic countries.

The NSCPM

The first course 2003–2005 has previously been described.[6] The course is still organized in six week-long modules for two years. Participants must be approved in a relevant medical specialty and work in PC. Language throughout the course is English. To obtain the course diploma, the participants must attend all modules, complete and present a limited research project, pass an assignment after each module, and pass the final written examination.[7]

Each course is planned for 38 participants; allocated places per country are based on population size. The budget is covered by students' course fees. A Steering Group with representatives from the Associations for PM in the five countries is responsible for organizing and administering the course pro bono. The course has a website: www.nscpm.org

Course contents and changes made over the years

All major topics in PM are covered.[6,7,9–11] The content has largely remained unchanged, but with increasing emphasis on decision making and PC in nonmalignant diseases, in line with the international development in PM. Pediatric PC was added for the seventh course.[7] The educational approach is based on adult learning theory,[12] with ample time for group work and plenary discussions. Learning methods range from self-study to role plays and creative activities.

Materials and Methods

Course participants

Information on participants was obtained from the course archive. National registries were searched to find the number of participants who had obtained formal approval in PM.

Course evaluation

In addition to oral group evaluations, the participants hand in anonymous written evaluations of all teachers/facilitators and complete SETh Long Course Rating Scale at the end of each module.[13] The SETh scale covers precourse material, course content, ambiance, course style, and presentation, and the end of the course, and is scored on a 1–7 numerical rating scale, with 7 as the highest score.

Web-based surveys

During the first five courses (2003–2013), 153 participants completed all modules and passed the examination. A web-based survey by use of SurveyMonkey[14] was sent in 2014 to this group except three participants from course 4, who had not completed their course projects ($n = 150$). The same questionnaire was in 2017 sent to participants of the two courses 2013–2017 ($n = 72$) (Table 1). The questionnaire was composed by the authors (Supplementary Appendix SA1). Informed consent was implied when answering. No ethical committee or institutional review board approval was needed. Survey data were analyzed with descriptive statistics using SPSS version 22.[15]

Results

Course participants

Altogether, 225 physicians from the first seven NSCPM completed all modules and passed the examination. There were 16 dropouts (7%). Three students did not complete their projects and, therefore, did not receive the course diploma.

Table 1. Characteristics of the Participants on the Nordic Specialist Course in Palliative Medicine 2003–2017, and Number of Survey Respondents

	Country and gender of participants												
	Denmark		*Finland*		*Iceland*		*Norway*		*Sweden*				
	n = *61*		n = *29*		n = *5*		n = *67*		n = *63*				
Course number	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*Female/male ratio (% female)*	*Mean age at course start (range)*	*Number of survey respondents*[a] *(number of participants)*
1 (2003–2005)	3	2	5	1	1	1	5	2	4	3	18/9 (67)	46.2 (35–56)	17 (27)
2 (2005–2007)	5	3	4	—	—	—	5	5	2	2	16/10 (62)	46.8 (35–59)	22 (26)
3 (2007–2009)	3	5	5	—	1	—	1	7	8	2	18/14 (56)	47.8 (30–60)	21 (32)
4 (2009–2011)	5	4	4	—	1	—	5	8	2	3	17/15 (53)	47.5 (29–63)	28 (32[b])
5 (2011–2013)	9	2	3	1	—	—	8	4	7	2	27/9 (75)	45.1 (35–59)	32 (36)
6 (2013–2015)	5	4	3	—	1	—	6	4	9	4	24/12 (67)	47.3 (30–61)	25 (36)
7 (2015–2017)	10	1	2	1	—	—	4	3	12	3	28/8 (77)	48.2 (31–60)	35 (36)
Total	40	21	26	3	4	1	34	33	44	19	148/77 (66)	46.9 (29–63)	180 (225)

Only participants who completed the course (completed all modules and passed the examination) are included.

M = male; F = female. Participants from Faroe Islands and Greenland were included in the Danish group. Participants of five other nationalities were placed with their country of residence.

[a]Six respondents in survey 1 did not answer which course they had attended.

[b]Three participants did not complete their course projects and were not included in the survey.

Table 2. Year of Palliative Medicine Special Competence Authorization in the Nordic Countries, Number of Approved Physicians by January 2021, and Number of Those Approved Who Have Completed the Nordic Specialist Course in Palliative Medicine

Country	*Year of PM special competence legislation*	*Number of approved physicians (approved physicians with NSCPM diploma)*
Denmark	2013	73 (40)
Finland	2007	191 (25)
Iceland	2015[a], 2017[b]	4 (3)
Norway	2011	70 (58)
Sweden	2015[b]	164 (60)

[a]Subspecialty to internal medicine.
[b]Add-on specialty.
NSCPM, Nordic Specialist Course in Palliative Medicine; PM, palliative medicine.

The number of participants per country, gender, and mean age at course start are shown in Table 1. Table 2 shows the proportion of NSCPM graduates among the physicians formally approved in PM in the Nordic countries.

Course evaluation

Based on the SETh Long Course Rating Scale, the mean overall score for the seven courses was 5.7, range 5.4–6.0, slightly improving over time.

Web-based surveys

Demographic information. The questionnaire was sent to 222 students in two rounds; total response rate 84% ($n = 186$; 126 + 60, Table 1). Respondents were 64% women. The most common medical specialties are shown in Table 3.

Workplace before attending the NSCPM. The majority of the respondents in both survey rounds were already working in PC when starting the course, 80% and 87%, respectively. In the first survey, 45% of the respondents had worked in a local or a regional hospital, 35% in a university hospital, and 20% in primary care ($n = 114$). In the second survey, 27% came from regional and local hospitals, 38% from university hospitals, and 28% from primary care ($n = 59$).

PC activity after attending the NSCPM. Postcourse PC activities are presented in Table 4. Working within a hospital PC in-patient unit, a hospital-based specialist PC consult team, or a specialist PC home care team was most common (114/186).

Table 3. Precourse Medical Specialty of Survey Respondents ($n = 186$; Survey 1, 126; Survey 2, 60)

Medical specialty	*%*[X]	N *(respondents to survey 1/2)*
General practice	27	50 (27/23)
Internal medicine[a]	20	37 (26/11)
Oncology	18	34 (22/12)
Anesthesiology	17	31 (23/8)
Geriatrics	11	20 (16/4)
Surgery[a]	5	10 (9/1)
Gynecology	6	5 (5/0)
Neurology		2 (2/0)
Ear, nose, and throat		2 (0/2)
Psychiatry		1 (0/1)
Clinical pharmacology		1 (0/1)
No specialty[b]	4	7 (7/0)

[X]11 respondents to survey 1, and 3 to survey 2, had double specialty, so numbers add up to >100%.
[a]Including various subspecialties.
[b]Not all Finnish participants were approved in a medical specialty.

Discussion

This article describes the successful experience of establishing and running a common PM specialist training course between the five Nordic countries. The survey results and registry data demonstrate a profound impact of the course on the participants' career within PM, as well as implications for the development of PM in the Nordic countries.

Almost all of the 225 participants on the first seven NSCPM fulfilled the requirements for the course diploma (98%). The mean age at course start was ~47 years, and almost all participants were approved in a medical specialty. In other words, course participants were experienced doctors when choosing a new career path. As seen elsewhere within PM, the majority of the course participants were female.[16]

The participants' evaluation of the course has been good. Moreover, besides the formal evaluation, participants have stressed the social and networking aspects of the education. Exchanging knowledge and experiences and building a network are seen as additional professional gains in their new medical field. These aspects weighed heavily when the Steering Group recently decided to return from digital teaching to the former structure of face-to-face modules

Table 4. Participation in Postcourse Palliative Care Activities by Survey Respondents

Postcourse PC activity	*Survey 1*[a]*%*	*Survey 2*[b]*%*
Currently working in a clinical PC setting	84	88
Leader of a PC service	61	46
Engaged in teaching PM	98	93
Participate in developing national PC guidelines	44	22
Active in their national association for PM	53	32
Participate in lobbying activities for PC in their country	42	22
Have attended one or more PC conferences	75	42
Have presented an abstract from their NSCPM course project at a conference	28	14
Have published an article from their NSCPM course project in a peer-reviewed journal	14	3

[a]NSCPM 2003–2013; percentages are based on valid responses ($n = 115$–120).
[b]NSCPM 2013–2017; ($n = 59$).
PC, palliative care.

placed in different Nordic locations once the Covid-19 pandemic allows it.[17] The networking aspects, the international faculty, and the reputation for high quality have made the course stay attractive, also when Sweden[18] and Finland[19] in later years have organized national courses to obtain formal approval in PM.

To gain better insight into the impact of the course on participants' working situation, two web surveys were conducted. The excellent response rate (84%) probably reflects the participants' recognition of the importance of the course for their professional development. At the time of the survey, a large majority of the alumni were working within PC, around half as leaders, and >90% were engaged in PM teaching activities. Even if most of the participants were already holding a consultant position in PM when starting the course, we believe the NSCPM has been instrumental in their establishing or strengthening a new professional identity.

The NSCPM or an equivalent course is required as the theoretical part of the training to obtain formal approval in PM in the Nordic countries (Finland and Sweden also accept their national courses, which are less comprehensive).[8] The NSCPM has played an important role in establishing these approval systems, and consequently influenced considerably the development of PM in this European region. The establishment of the formal approval systems has led to structured training programs (2–2.5 years of clinical training; less in Finland) as well as positions for doctors in training and requirements for consultant positions, in turn leading to improved quality in the PC service provision. Table 2 shows that former NSCPM participants form the backbone of the physicians approved in PM in several of the Nordic countries.

With increased recognition of PM within the medical community and further growth and expansion of PC services, there is still a shortage of physicians well qualified in PM in the Nordic countries, such as in many other areas of the world.[20–22] Consequently, the NSCPM is still both needed and attractive. A total of 40 participants completed the 8th course in 2019, a 9th course finishes in September 2021, and applicants have been admitted to the 10th course 2021–2023. Before the ongoing course, the Steering Group revised the course program as to be based on learning outcomes, in line with current academic recommendations.[7,23]

Conclusion

The NSCPM has had a profound impact on participants' postcourse careers. Most former participants are now working within PM as leaders and teachers and are actively promoting the development of PC in their respective countries. The course has been instrumental in getting PM approved as a formal competence field in Finland, Norway, and Denmark, and an add-on specialty in Sweden and Iceland.

Authors' Contributions

V.S., C.-M.E., and D.F.H. conceived the study. V.S. drafted the first version of the survey questionnaire. All authors contributed to the final version of the questionnaire. V.S. and D.F.H. analyzed the data. V.S. drafted the first version of the article. All authors contributed to data interpretation, writing, and critically reviewing the article, and approved the final submitted version. All agree to be accountable for all aspects of the study.

Acknowledgments

Special thanks to other members of the NSCPM Steering Group; Eva Gravdahl, MD, Merete Paludan, MD, Sanna Maula, MD, PhD, and Staffan Lundström, MD, PhD. We also thank research coordinator Ragnhild Green Helgås, MA, for her altruistic work for the Steering Group over many years and for collecting the survey data, and the former course participants for responding to the survey.

Funding Information

No funding was received for this article.

Author Disclosure Statement

All authors report no conflicts of interest. The work of the NSCPM Steering Group members is pro bono.

Supplementary Material

Supplementary Appendix SA1

References

1. Nordic Council of Ministers: State of the Nordic Region 2020. Copenhagen: Nordic Council of Ministers. https://www.norden.org/en/publication/state-nordic-region-2020. 2020. (Last accessed June 4, 2021).
2. Nordic Cooperation: Population. https://www.norden.org/en/information/population (Last accessed June 4, 2021).
3. Nordic Co-operation: Policy areas. https://www.norden.org/en/political_areas (Last accessed June 4, 2021).
4. SOU 2001: 6. Döden angår oss alla—värdig vård vid livets slut. (Death concerns us all—dignified care at the end of life. Swedish National Report, January 2001) https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2001/01/sou-20016 (Last accessed June 4, 2021).
5. Kaasa S, Jordhøy MS, Haugen DF: Palliative care in Norway: A national public health model. J Pain Symptom Manage 2007;33:599–604.
6. Haugen DF, Vejlgaard TB, on behalf of the Steering Group of the Nordic Specialist Course in Palliative Medicine: The Nordic Specialist Course in Palliative Medicine: Evaluation and experiences from the first course 2003–2005. Palliat Med 2008;22:256–263.
7. Nordic Specialist Course in Palliative Medicine. https://nscpm.org (Last accessed June 4, 2021).
8. Arias-Casais N, Garralda E, Rhee JY, et al.: *EAPC Atlas of Palliative Care in Europe 2019*. Vilvoorde: EAPC Press, 2019.
9. Recommendations of the European Association for Palliative Care for the development of postgraduate Curricula Leading to Certification in Palliative Medicine: *Report of the EAPC Task Force on Medical Education*. Milan, Italy: EAPC 2009.
10. Specialty Training Curriculum for Palliative Medicine: London: Joint Royal Colleges of Physicians Training Board, 2010, amended 2014.
11. Landzaat LH, Barnett MD, Buckholz GT, et al.: Development of entrustable professional activities for hospice and palliative medicine fellowship training in the United States. J Pain Symptom Manage 2017;54:609–616.
12. Knowles MS, Holton EF III, Swanson RA: The Adult Learner. In: *The Definitive Classic in Adult Education*

Human Resource Development. Abingdon: Routledge, 2015.
13. Grant J, Evans K, May R, et al.: *An Evaluation Pack for Education in General Practice*. London: British Postgraduate Medical Federation, South East Thames Region, University of London, 1993.
14. SurveyMonkey. https://www.surveymonkey.com/ (Last accessed June 4, 2021).
15. IBM Corp.: Released 2013. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.
16. Lupu D, Salsberg E, Quigley L, et al.: The 2015 class of hospice and palliative medicine fellows-from training to practice: Implications for HPM workforce supply. J Pain Symptom Manage 2017;53:944–951.
17. Williams BR, Bailey FA, Goode PS, et al.: ''Online Training Is Great but Human Interaction Is Better'': Training preferences of VA interdisciplinary palliative care consult teams. Am J Hosp Palliat Care 2020;37:800–808.
18. C-kurs i Palliativ Medicin. https://slf.se/svensk-forening-for-palliativ-medicin/tillaggsspecialitet/kurser-2/c-kurs-for-annan-specialitet/c-kurs-i-palliativ-medicin-3/ (Course level C in Palliative Medicine. Webpage in Swedish) (Last accessed June 4, 2021).
19. https://www.palliatiivisenlaaketieteenyhdistys.fi/koulutus-uusi/palliatiivinen-erityispatevyys/ep-kurssi/kotimainen-kurssi/ (National palliative medicine course in Finland. Webpage in Finnish) (Last accessed June 4, 2021).
20. Centeno C, Lynch T, Garralda E, et al.: Coverage and development of specialist palliative care services across the World Health Organization European Region (2005–2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med 2016;30:351–362.
21. Lupu D, Quigley L, Mehfoud N, et al.: The growing demand for hospice and palliative medicine physicians: Will the supply keep up? J Pain Symptom Manage 2018;55:1216–1223.
22. Bone AE, Gomes B, Etkind SN, et al.: What is the impact of population ageing on the future provision of end-of-life care? Population-based projections of place of death. Palliat Med 2018;32:329–336.
23. Harden RM: Trends and the future of postgraduate medical education. Emerg Med J 2006;23:798–802.

Address correspondence to:
Dagny Faksvåg Haugen, MD, PhD
Regional Centre of Excellence for Palliative Care, Western Norway
Haukeland University Hospital
Bergen NO-5021
Norway

E-mail: dagny.haugen@helse-bergen.no