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INNOVATIVE EDUCATIONAL PROGRAMS IN THE FIELD OF HEALTHCARE

The article addresses the application of innovative educational technologies in the context of care for seriously ill patients. The article focuses on the integration of professionals from various disciplines into the learning process. It presents the initial findings of a study conducted on the implementation of clinical case discussions in the field of palliative care, which have been held since 2024. The study highlights the potential of multidisciplinary training formats to enhance the quality of care and promote interprofessional collaboration.

Key words: *social work, palliative care, hospice care, multidisciplinary cooperation.*

Palliative care is a comprehensive system of medical, social, psychological, and spiritual support for people with serious illnesses. Over 500,000 families in Ukraine annually require this type of support [1, p. 311]. The need for development of palliative care represents one of the pressing social demands in Ukraine. It is, therefore, a significant contemporary social issue in Ukraine, and one that falls within the scope of social work, which includes not only direct support but also education, awareness-raising, and empowerment. One of the key

strategies for addressing this challenge is the development and implementation of educational programs, particularly those based on international standards and principles.

Since its founding in 2011, the All-Ukrainian Association for Hospice and Palliative Care has been conducting educational activities, utilizing a multidisciplinary approach by organizing joint training sessions for medical and social workers, psychologists, and volunteers.

In 2023, it launched an international clinical case review program. Project partners include the Worldwide Hospice Palliative Care Alliance (a UK Charity) and the American-Eurasian Cancer Alliance, with financial support provided by international donors through the Global Giving platform. Several international palliative care experts voluntarily contribute their time to these case reviews from leading institutions including Johns Hopkins, Harvard University, and Fox Chase Cancer Center.

The case review initiative is based on the broader context of palliative care development in Ukraine. According to the Ukrainian Law on the Fundamentals of Health Legislation, palliative care is classified as either general or specialized. As of 2025, approximately 1,300 institutions provide palliative care services in both inpatient and mobile formats. Due to the absence of an officially recognized medical specialty in palliative care in Ukraine, most of these institutions offer general palliative care. This means that they primarily provide medical care, while social work is overlooked. However, doctors have a significant need for specific knowledge regarding social aspects, such as working with family members, providing socio-legal support, and more.

Participants in the clinical case reviews include representatives of palliative care institutions—practicing physicians, healthcare managers, psychologists, and if possible hospital social workers. Each conference also features international speakers. To date, over 250 professionals from more than 11 regions of Ukraine have participated in these events.

The clinical case reviews are held quarterly. Topics already addressed include: “Palliative Care in Oncology: Cervical Cancer,” “Palliative Care for Severe Combat Injuries,” and “Palliative Care in Lung Cancer.” Each session begins with a short presentation of a clinical case by a team from a palliative care institution (hospital). The selected cases are complex, allowing for the consideration of medical, psychological, and social dimensions. Attendees may ask clarifying questions, followed by commentary and discussion by both Ukrainian and international experts.

Key aspects of these discussions include:

1. Comparing international and Ukrainian experiences:
In Ukraine, palliative care often focuses on expanded medical services, pain management, symptom control, and, where possible, psychological and spiritual support. In contrast, palliative care in the U.S. typically involves a broader interdisciplinary approach, with specialized involvement of social workers, psychologists, and healthcare chaplains, many of whom are trained specifically in palliative care.
2. Addressing sensitive issues:

Discussions include ethically and emotionally complex topics such as the discontinuation of care at a patient's request, managing profound fears, and working with families that are unwilling to engage in the care process.

An important organizational element is that since 2020, the Association has been officially accredited as a provider of continuing professional development for healthcare institutions in Ukraine, with proven experience in medical education.

A post-event survey provided the following insights: A total of 48 respondents participated. Of these, 34 (71%) rated the events with the highest score (5), 11 rated them 4 (23%), and 3 rated them 3 (6%). All participants found the events useful and expressed interest in future participation. Topics suggested for future discussions included:

- Pressure ulcer treatment
- Use of fentanyl patches in inpatient care
- Protecting healthcare workers from hostility or negligence by patients' relatives
- Social work with veterans and their families
- Managing palliative care for patients with diabetes, stroke, or dementia
- Cancer patient care

While 45 participants had no suggestions regarding the format, 3 suggested more practical content and in-person meetings. Six requested more written materials in advance, and 2 proposed extending the duration from 60 to 90 minutes.

Regarding frequency:

10 participants found the current frequency optimal,
8 suggested monthly meetings,
6 suggested every two months,
3 preferred semiannual or annual sessions.

Four respondents felt that some topics lacked practical relevance, whereas five participants, with limited experience in palliative care, stated that all topics were valuable to them. Only two respondents indicated a willingness to present and discuss their own complex cases.

The questionnaire also addressed cooperation with social services and agreements with the National Health Service of Ukraine (NHSU). Given that general palliative care in Ukraine lacks defined requirements for multidisciplinary collaboration, it is not surprising that 13% of respondents reported no cooperation with social services, and around 40% noted irregular collaboration. Nevertheless, 86% reported that their institutions had signed contracts with the NHSU and received funding, despite the fact that the NHSU's requirements also include cooperation with social protection institutions and social workers, not to mention NGOs and volunteers.

A key outcome of these conferences is the advancement of the Ukrainian palliative care movement toward international standards. From the perspectives of social work and public education, one of the primary tasks of educators is to activate participants and encourage more open, engaged discussion of complex cases. The long-term goal of this educational effort is to ensure the delivery of palliative care in accordance with international best practices. An important aspect for the development of social work is that, during these training events, medical professionals discuss complex cases together with social workers. Further research may focus on the ways in which professionals implement the acquired knowledge in their work with families, as well as on international approaches and best practices for conducting such clinical case discussions.

Список використаних джерел

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