

Implementing the national strategic palliative care plan for children in Luxembourg: Assessment of the first paediatric palliative care (PPC) course provided at the University of Luxembourg

Marie Friedel, Micha Massaad, Sofia Munguia Navarro, Selma Bouarioua, Simone Thill



Little country Luxembourg

- **Population:** 682000
- **Surface:** 2586 km²
- **Life expectancy:** 81-84 y
- **GDP:** 241
- **Dependant** for 70% of health care professionals on cross boarder countries



Sources: Vectorimage

State of the art: gap in pediatric palliative care

Massaad et al. *BMC Palliative Care* (2025) 24:170
<https://doi.org/10.1186/s12904-025-01813-3>

BMC Palliative Care



RESEARCH

Open Access



Exploring pediatric palliative care in Luxembourg: a mixed-methods study

Micha Massaad^{1*}, Julia Downing², Emilie Allard³ and Marie Friedel^{1,4}

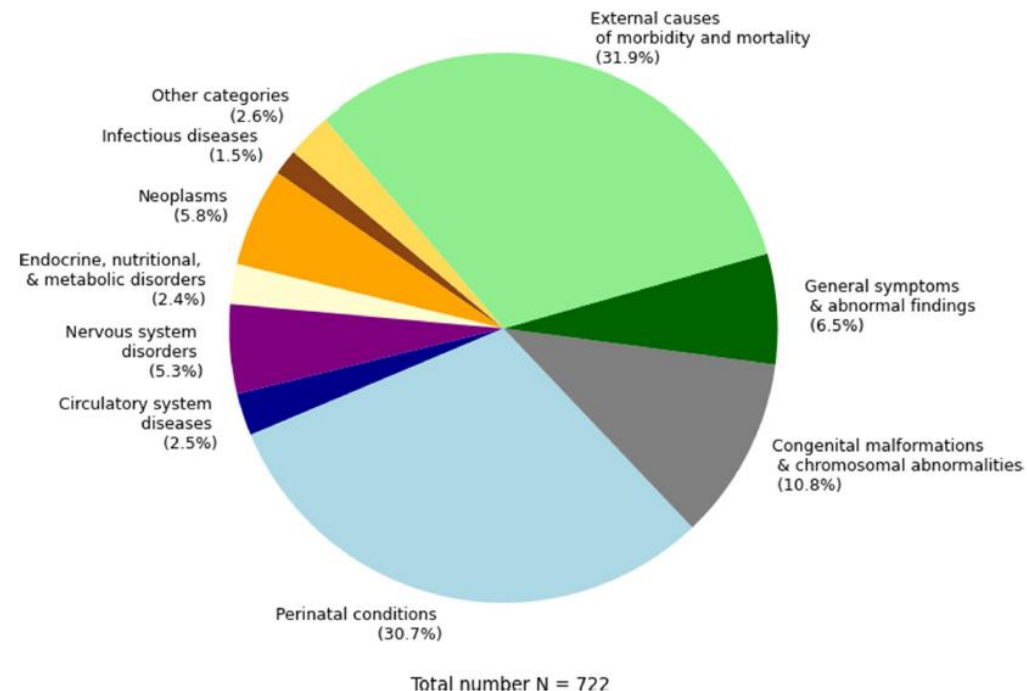


Fig. 1 Cause Of Death Distribution Among Pediatric Population (0–19 Years) In Luxembourg, 2001–2022. Original data from: Health Directorate. Causes of Death Registry. Luxembourg, February 2024. Note: These figures include deaths of both residents and non-residents occurring within Luxembourg. Stillbirths are excluded from these statistics

National plan 2023-2026 Luxembourg on palliative care and end-of-life (adults and children)



1. Paediatric palliative care **education**
2. Paediatric palliative care **services**
3. Paediatric **respite** care

The adventure at University of Luxembourg

- Academization of nursing education started in 2022



Educational framework

BMC Medical Education

[Home](#) [About](#) [Articles](#) [Submission Guidelines](#) [Collections](#) [Join The Board](#)

[Submit manuscript](#) 



Research | [Open access](#) | Published: 25 October 2021

Children's palliative care education and training: developing an education standard framework and audit

[Susan Neilson](#) , [Duncan Randall](#), [Katrina McNamara](#) & [Julia Downing](#)

[BMC Medical Education](#) **21**, Article number: 539 (2021) | [Cite this article](#)

Authors:
Sue Neilson
Katrina Mc Namara
Duncan Randall

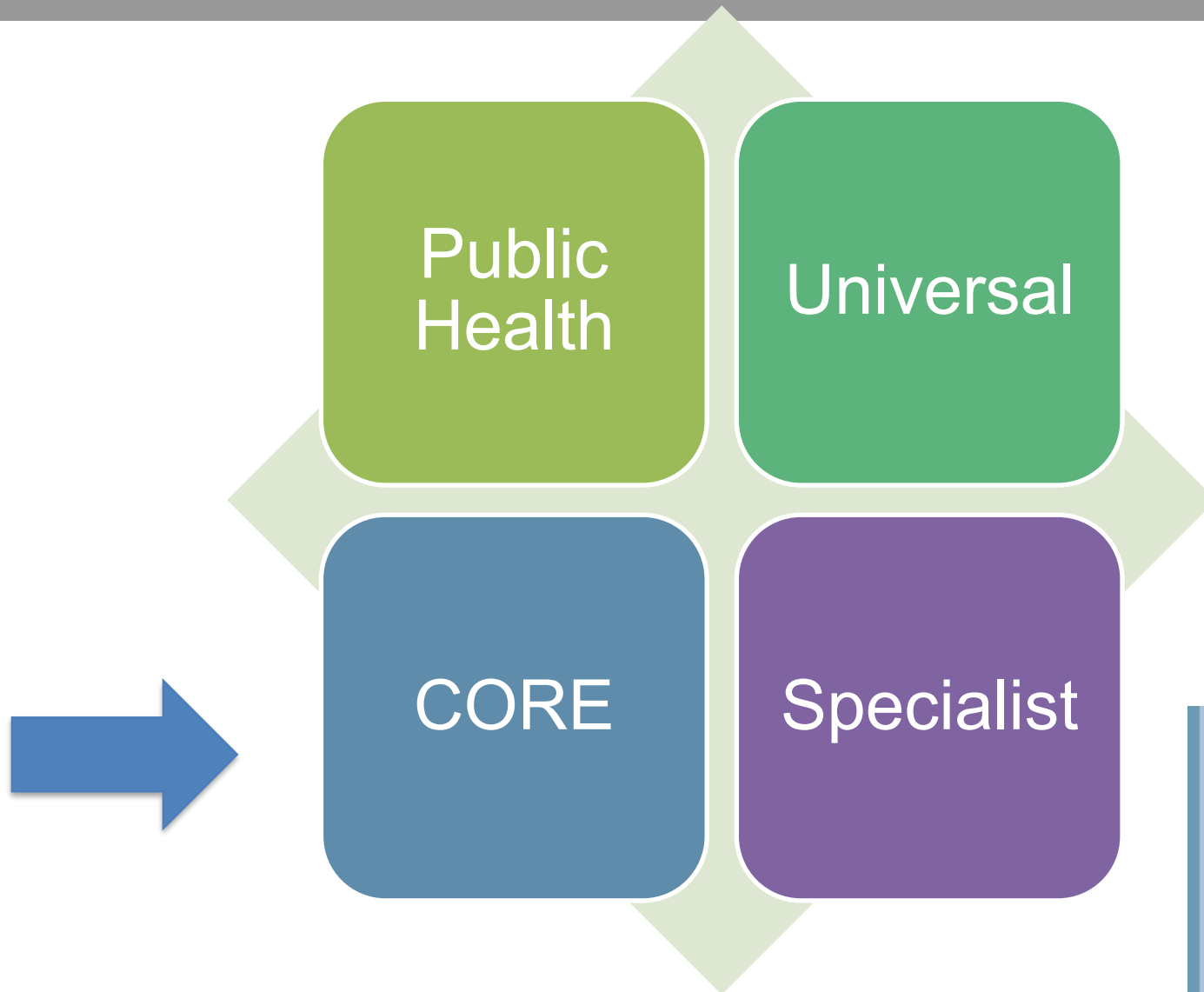
CHILDREN'S PALLIATIVE CARE EDUCATION AND TRAINING
UNITED KINGDOM AND IRELAND

EDUCATION STANDARD FRAMEWORK



CHILDREN'S PALLIATIVE CARE EDUCATION AND TRAINING
UK AND IRELAND ACTION GROUP

4 levels of education in paediatric palliative care



Sources:



CHILDREN'S PALLIATIVE CARE EDUCATION AND TRAINING UNITED KINGDOM AND IRELAND EDUCATION STANDARD FRAMEWORK

CORE

In this level the focus will be on the learning for people who deliver care to children and their carers. It includes everyone who delivers care to children in education, social and health care who might encounter a child living with a life limiting/threatening condition and or the child's carers (family and communities). The core programmes for sectors of health, education and social care might be different to address the needs of children accessing these types of care. In healthcare this level should include care of the dying child and their carers as well as supporting people with loss and bereavement following a child's death.

Level	Learning Outcome	Suggested local indicative content exemplars	Suggested assessment exemplars
Certificate QAA England Wales and N Ireland (FHEQ): 4 - 6 Certificate Scotland SCQF: 8 - 9 Ireland QQI: 7 - 8	1. Communicating effectively 1.3 Develop insight into positive cultures and patterns of communication when delivering "bad or unwanted" news/information. 1.4 Discuss the design, delivery and evaluation of play for children living with life-limiting/life-threatening conditions. 2. Working with others in and across various settings 2.4 Analyse the practice and approaches to identifying palliative and end of life care needs of children and their carers. 2.5 Identify and reflect on your own role within the team delivering palliative and end of life care. 2.6 Discuss professional roles and responsibilities in a multi-disciplinary (or inter-professional) team delivering children's palliative and end of life care. 2.7 Explain the legal and practical requirements related to the care of a child's body after death.	1. Communicating effectively, for example: <ul style="list-style-type: none"> Breaking bad news, difficult conversations frameworks and strategies. Self-awareness of verbal and non-verbal communication during difficult conversations/ breaking bad news. Use of communication aids and technologies to facilitate complex and difficult conversations with children and their carers about palliative and end of life care needs. Play needs for children living with palliative and end of life care needs. Importance of play and distraction as a communication aid. 2. Working with others in and across various settings, for example: <ul style="list-style-type: none"> Children and carer's palliative and end of life care needs. Positive discussion of needs with children and their carers. Legal and ethical issues in palliate care. Understanding advocacy for children and for carers in palliative care contexts. 	Objective Structured Clinical Examination (OSCI). Assignment: word count 2000-3000 words. On-line MCQ with feedback. Group presentation.

Presentation of the PPC course

■ Content

Stereotypes awareness

Definition of PPC

Communication and Play

Symptom control (pain and other symptoms)

Technical specific nursing skills in PPC

Family-centred and intercultural PPC

Bereavement care

Research in PPC

Resources (online, toolkits, national resources)

■ + ICPCN E-learning module (one course to chose)

■ Student's assessment: Individual oral exam 20 minutes based on one clinical scenario




Sources: global giving

Strategies to establish a PPC course aligned to Patient and Public Involvement (PPI)

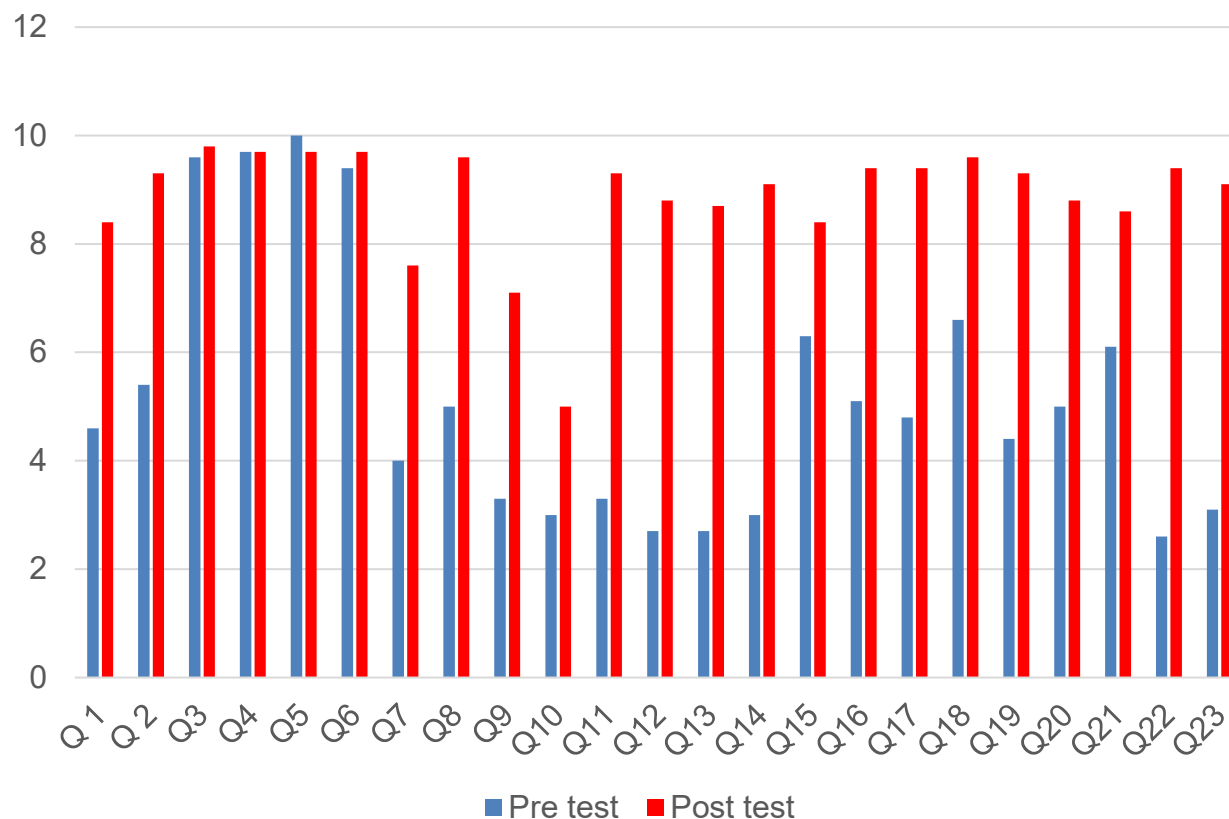
- Establishing a local teaching staff with external experts
- Prepare a pre and post test on competencies to monitor
- Create a network integrating parents, health care professionals, researchers, politics (First PPC Conference 7th June 2024 hosted by University of Luxembourg)
- Start a research agenda in PPC
- Search for funds
- Spread to media



- **Objectives:** Assess the changes in student's knowledge, competences and self-efficacy on PPC before and after the 40 hours course
- **Methods:** 

```
graph LR; A[Pre test Feb 2025] --> B[40 hours course]; B --> C[Post test July 2025]
```
- 23 questions. 10 points Likert scale (0 not at all – 10 totally agree)
“I know how to...”
- **Sample:** Pediatric nursing students at Uni
- **Response rate:** 70%

Results of pediatric student's self assessing their competences in paediatric palliative care (n=7) before and after the PPC course at University of Luxembourg



- Student's competences improved significantly in **symptom management, bereavement care for siblings and parents, communication and intercultural skills, research and policies regulations**. (Q1,2,7,8,12-23)
- Some items showed minimal change, reflecting strong pre-existing knowledge among students. (Q3,4,5,6)
- Notably, two items indicated a persistent misconception, with several students assuming the existence of a functional pediatric palliative care team and a dedicated pediatric respite facility in Luxembourg, despite the current absence of such formally established structures. (Q9 and Q10)

- Collaboration with care facilities, palliative care association and politics to establish **first PPC services** in Luxembourg
- Funding perspectives to establish a **professorial chair in Care and Compassion - PPC - Lapierre**
- **Interprofessional University Certificate in PPC** (with Competence Center, Omega 90, CHL)



Sources: linternaute.com

Acknowledgements

- To each child with LTC/LLC and their parents living in Luxembourg
- To the University of Luxembourg
- To Sophie Lapierre and to the rector of UQAM, Stéphane Pallage
- To Prof. Serge Haan, Head of Departement of Life sciences and Medicine
- To the Nursing-Midwifery-Radiology team



Photo: Aurélie Couvidat