Strategies for Improving Palliative Care Training Programs for Healthcare Assistants to Meet Clinical Needs

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Abstract: As an integral part of end-of-life care, palliative care places high demands on the comprehensive competencies of nursing staff. Medical nursing assistants, as the frontline personnel directly involved in patients' daily care, play a crucial role in ensuring patients' quality of life and dignity at the end of life. However, current palliative care training programs for medical nursing assistants generally suffer from a lack of systematic content, insufficient clinical relevance, and weak practical components, making it difficult to meet actual clinical needs. This paper identifies the primary issues in current training programs and analyzes key factors affecting course quality from multiple perspectives, including instructors, trainees, and teaching mechanisms. Based on this analysis, it proposes targeted improvement strategies across three dimensions — curriculum optimization, teaching model reform, and evaluation system refinement — with the aim of providing guidance for enhancing healthcare assistants' palliative care service capabilities.

***Keywords*:** healthcare aides, palliative care, curriculum improvement, clinical needs, training quality

1. Introduction

As the aging population accelerates and the number of patients with malignant tumors and end-stage chronic diseases continues to rise, the clinical need for palliative care has become increasingly evident. Healthcare workers, who are consistently on the front lines of patient care, undertake a wide range of responsibilities — including daily care, emotional support, and symptom monitoring — and thus constitute a vital and indispensable component of the palliative care team. However, the current palliative care training system for this group in China remains underdeveloped. Course designs often remain at the basic nursing level, with limited coverage of core topics such as death education, psychological support, and humanistic care. Furthermore, the absence of standardized clinical practice pathways and effective assessment and feedback mechanisms has led to a significant gap between training outcomes and clinical expectations. How to systematically improve palliative care curricula for healthcare assistants in alignment with actual clinical needs has become an urgent practical issue in the field of nursing education.

2. Analysis of the Current Status of Palliative Care Training for Healthcare Assistants

2.1 Issues with the Current Curriculum Content and Structure

Currently, most palliative care training programs for healthcare assistants in China are integrated into general nursing training systems, lacking an independent and systematic curriculum framework. The curriculum focuses primarily on basic daily care, with minimal or even no coverage of core palliative care modules such as pain management, end-of-life education, grief counseling, and spiritual care. In terms of course structure, theoretical instruction accounts for a disproportionately high percentage of class time, while practical training is insufficient. The logical connections between modules are loose, failing to form a comprehensive knowledge chain centered on the care needs of end-of-life patients. Although specialized training has been implemented in some regions, course standards are inconsistent and the quality of teaching materials varies widely, resulting in a fragmented and superficial overall approach.

2.2 The Gap Between Clinical Needs and Curriculum Design

Feedback from the clinical front lines indicates that the challenges faced by healthcare assistants in their daily work extend far beyond basic personal care. They also include complex situations such as managing patients' emotional breakdowns, dealing with family members' extreme reactions, recognizing physical changes during the terminal phase, and communicating effectively with the healthcare team. However, current curricula provide severely inadequate coverage of these topics, leaving trainees feeling ill-prepared even after completing their training[1]. Furthermore, the curriculum design process generally lacks systematic research into clinical needs, resulting in outdated content that is markedly disconnected from actual work scenarios. This makes it difficult to directly translate what is learned into clinical care competencies.

3. Key Factors Affecting the Quality of Palliative Care Courses for Healthcare Assistants

3.1 Constraints on Faculty Resources and Teaching Capabilities

Palliative care is a highly interdisciplinary field that encompasses multiple dimensions, including symptom management, psychological support, ethical decision-making, death education, and family communication. It places significant demands on the knowledge base and practical experience of instructors. However, the reality is that the current faculty responsible for training healthcare assistants is generally underqualified. Most instructors come from clinical nursing positions and possess certain practical skills and nursing experience; however, they lack systematic training in the professional theoretical framework of palliative care. This is particularly true for content with a strong humanistic focus, such as death education, grief counseling, and spiritual care. Many instructors have not received standardized training themselves, so their teaching often remains at the level of conceptual introduction, unable to provide in-depth analysis based on real-life cases. To cut costs, some training institutions severely under-staff their programs; it is common for a single instructor to teach multiple courses simultaneously. With insufficient time and energy dedicated to lesson preparation, it is naturally difficult to maintain a consistent level of teaching quality. Furthermore, mechanisms for faculty training and continuing education remain underdeveloped. Instructors lack institutional support for their professional growth, resulting in slow knowledge updates, which objectively further limits the potential for improving course quality. To fundamentally improve course quality, the professional development of the teaching staff is an indispensable prerequisite.

3.2 Differences in Trainees' Prior Knowledge and Learning Motivation

The composition of the healthcare worker population is relatively complex, with generally low educational attainment; most have completed junior high or high school, and some older trainees have only a primary school education. Prior to entering the training program, this group had virtually no understanding of the concept of palliative care, and their perceptions of death largely remained rooted in traditional notions; there was a widespread psychological tendency to avoid discussing death. Given this baseline of understanding, helping trainees establish a basic conceptual framework for palliative care within the limited training hours is, in itself, a challenging task. Even more noteworthy is the issue of learning motivation[2]. The social recognition of healthcare assistants is relatively low, with generally modest salaries and limited career advancement opportunities. For many, the primary purpose of attending training is to obtain a certification required for employment, rather than an active pursuit of professional development. This passive learning mindset results in low classroom engagement, poor knowledge retention, and a relatively rapid forgetting of the material after the training concludes. At the same time, trainees vary significantly in terms of age, work experience, and personality, resulting in differing levels of acceptance and responses to the same instructional content. A one-size-fits-all teaching model struggles to accommodate the learning needs of everyone. How to design a curriculum that aligns with their cognitive level while effectively stimulating their interest — based on a thorough understanding of this group's characteristics — is a practical challenge that must be addressed to improve training outcomes.

3.3 Weak Clinical Practice Components and Inadequate Assessment Mechanisms

The development of practical skills is one of the core objectives of palliative care training; however, the current curriculum system clearly lacks sufficient resources in this area. Clinical internship hours are generally insufficient, and some training programs even replace clinical practice entirely with classroom lectures, leaving trainees without opportunities to practice and apply what they have learned in real or simulated care settings. Even when internships are scheduled, they often become mere formalities due to limited supervisory resources and insufficient ward capacity; trainees merely observe rather than actively participate, resulting in very limited practical training outcomes. Although scenario-based simulation training has been attempted in some institutions, the lack of standardized case scripts and formal feedback processes results in inconsistent training quality. Regarding assessment mechanisms, written exams remain the primary — and often the sole — evaluation method. These assessments focus primarily on the memorization of key knowledge points, with virtually no coverage of core competencies such as communication skills, emotional management, and clinical judgment[3]. This assessment method is severely out of step with the practical demands of palliative care work; passing an exam does not equate to clinical competence. There is a lack of a follow-up mechanism after training concludes, leaving trainees with no one to turn to when they encounter difficulties in their actual work. There is a lack of effective support for the consolidation and deepening of knowledge and skills, and the effectiveness of the training rapidly diminishes over time.

4. Strategies for Improving Palliative Care Curricula to Meet Clinical Needs

4.1 Optimizing the Curriculum Content System and Strengthening Clinical Orientation

The systematic restructuring of curriculum content is the primary task of this improvement effort. The direction of improvement should be clear: centered on the actual care needs of patients at the end of life, it should break away from the traditional curriculum logic focused primarily on basic nursing skills and establish a comprehensive curriculum framework covering four dimensions: physical care, psychological support, humanistic care, and family communication. In terms of specific content, while retaining essential basic nursing procedures, the curriculum should systematically incorporate modules such as the observation and management of pain and common symptoms; the identification of and response to physiological changes during the dying process; basic knowledge of death education; the identification of and initial support for grief reactions; communication skills with patients and families; and the fundamental ethical principles of palliative care. Class hours should be allocated reasonably based on the importance of each module to ensure that core content is thoroughly covered. Prior to curriculum development, systematic research on clinical needs should be conducted. By interviewing clinical nurses, healthcare assistants, and family members, real-life care scenarios and challenges should be documented to inform content selection, rather than relying solely on the subjective judgment of the curriculum developers. At the same time, a mechanism for the periodic review and updating of course content should be established. By incorporating the latest advancements in the field of palliative care and clinical feedback, the curriculum should be revised at regular intervals to maintain its timeliness and clinical relevance, thereby fundamentally addressing the disconnect between the curriculum and actual practice.

4.2 Improving Teaching Methods and Practical Training Models

Reforms to teaching methods should be grounded in the practical characteristics of the healthcare worker population, moving away from a one-way, lecture-based model dominated by instructors toward learner-centered, participatory, and experiential teaching. Case-based teaching is one of the most direct and effective approaches. By selecting typical cases from real clinical settings, learners are guided to analyze care scenarios and discuss response strategies. This not only reduces the difficulty of understanding abstract theories but also helps learners develop the mental habit of transferring knowledge to real-world situations. Role-playing and standardized patient simulations are well-suited for developing soft skills such as communication techniques and emotional management. By repeatedly practicing in simulated scenarios, trainees can accumulate experience in handling complex situations within a relatively safe environment, thereby reducing feelings of unfamiliarity and anxiety when entering real clinical settings. For topics that may evoke psychological resistance, such as education on death, narrative nursing can be employed. By sharing authentic care stories and life experiences, this approach helps students gradually develop a proper understanding of death through emotional resonance, rather than through direct conceptual indoctrination[4]. In terms of practical training, clinical rotations and hands-on training hours should be significantly increased. Stable teaching partnerships should be established with palliative care units to arrange for trainees to participate in real-world care under the guidance of experienced preceptors, thereby testing and deepening classroom learning through practice. At the same time, training and support for preceptors should be strengthened to ensure that the quality of clinical practice aligns with that of classroom instruction.

4.3 Establishing a Scientific Curriculum Evaluation and Continuous Improvement Mechanism

The restructuring of the evaluation system is a critical step in ensuring the effective implementation of curriculum improvements. The current single-dimensional assessment method, which relies primarily on written exams, should be transformed into a diversified and comprehensive evaluation system. This system should integrate theoretical knowledge tests, practical skills assessments, performance evaluations in simulated scenarios, clinical teaching feedback, and trainee self-assessments into a unified evaluation framework, thereby comprehensively reflecting trainees' actual competency levels from multiple dimensions. Specifically, scenario-based simulations should employ standardized scoring rubrics that clearly define evaluation criteria for each competency indicator. This approach reduces the arbitrariness of subjective scoring and ensures that assessment results are comparable and provide meaningful reference value. Upon completion of training, a systematic follow-up mechanism should be established. Regular follow-ups should be conducted at specific time points after trainees return to clinical practice to understand the challenges they encounter in their actual work and how they apply their knowledge and skills. Evaluations of trainee performance from clinical preceptors and department managers should be collected, and this feedback should serve as a crucial basis for the continuous optimization of the curriculum. From a broader perspective, efforts should be made to establish regional and even national training standards for palliative care among healthcare workers. This would unify the curriculum framework, core content, and assessment requirements, thereby

addressing the current situation where different regions and institutions operate independently with inconsistent standards. Such measures would provide institutional safeguards for the stability and sustainability of training quality.

5. Conclusion

The improvement of palliative care training programs for healthcare assistants is, at its core, a process of translating clinical needs into educational initiatives. The various issues currently plaguing these programs stem not only from historical factors but also reflect the industry's insufficient emphasis on the professional development of this group. The quality of care for patients in the terminal stage depends not only on the professional competence of doctors and nurses, but also on the humanistic qualities and practical skills of healthcare assistants who spend every day in close contact with patients. In this sense, improving palliative care training programs is not merely a technical issue at the educational level, but a humanistic issue concerning the dignity of patients' lives. By systematically restructuring curriculum content, promoting scenario-based practical training, establishing diverse evaluation and continuous feedback mechanisms, and standardizing training protocols at the institutional level, we can gradually bridge the gap between training and clinical practice. This will effectively enhance healthcare assistants' comprehensive service capabilities in palliative care settings, ensuring that more terminally ill patients receive compassionate, high-quality companionship and care during the final stages of their lives.

Acknowledgments

Project Title: Research on the Development and Implementation of a Palliative Care Training System for Geriatric Healthcare Assistant

Funding Source: The Nursing Association of Guangzhou

Project Number: L2025024

References

[1] Yao Fangfang, Yao Wenjing. A Study on the Impact of Psychological Resilience of Community Hospice Caregivers on the Quality of Humanistic Care and Pathways for Optimization [J]. Nursing Science (Early Edition), 2025(11):116-118.

[2] Ming Aihong, Long Xiuhong, Liang Zhijin, et al. Textual Analysis of Provincial Policies on Training and Management of Medical Caregivers in China [J]. Chinese Journal of Nursing, 2025, 60(08): 960-967.

[3] Wang Xianyu, Liu Yun, Han Xue, et al. Survey on On-the-Job Training Needs and Influencing Factors for Medical Caregivers in Tertiary Hospitals [J]. China Medical Herald, 2020, 17(11):4.

[4] Wu Kaihui, Yang Chen, Liu Jie, et al. Development and Implementation of Standardized Training and Regulated Management for Medical Care Assistants [J]. Progress, 2023(17):172-174.

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