

**SUMMARY OF PROPOSED SYLLABUS FOR THE
MD IN PALLIATIVE MEDICINE**

Eligibility Criteria

MBBS, with permanent registration in a medical council of modern medicine

Duration

3 years

COURSE CONTENT AND CURRICULUM SUMMARY OVERLEAF

COURSE STRUCTURE:

Duration of course: Three years

Clinical Rotation in other departments:

- * Oncology: 3 months
- * Rehabilitation, Anaesthesia, Pain Management 1 month
- * Geriatrics and Internal Medicine: 1 month
- * Optional posting of candidate's choice (from a panel of centres/ specialities): 1 month

Work distribution in parent department:

- * Outpatient clinic: 15 hours a week.
- * Inpatient care: 20 hours a week
- * Home visit and Hospice Care : An average of 4-5 hours or more, at least one day a week

On call duties according to the duty roster

Quality assurance program:

All through the course, the trainee (like all members of the department) is required to take part in the medical auditing program conducted by the department.

Classroom sessions:

- | | |
|----------------------------------------------------------|----------|
| * Tutorials: | 30 hours |
| * Case discussions | 90 hours |
| * Journal clubs | 30 hours |
| * Incident monitoring reporting and discussion sessions: | 12 hours |
| * Invited lectures, seminars etc | 30 hours |

In addition, the trainees are encouraged to take part in continuing medical education programs,

Exit Process

The trainee is required to maintain a log book of his/ her activities.

Internal assessment:

(At the end of first and second years):

- Viva voce: Emphasis on the detailed history and assessment of pain and common symptoms, impact of illness on the patient and family, basics of opioids and NSAIDs and basic skills of doctor- patient interview.
- Trainers report.
- Portfolio of work done.

Final examination:

A final examination conducted by the university will have the following format:

1. Theory examination: Four papers of three hours each 400 marks
 - I.
 - i. History and Fundamentals of Palliative Medicine, including ethics, and legal framework
 - ii. Research Methodology
 - iii. Teaching and evaluation
 - iv. Principles of management
 - II. Pain Medicine
 - III. Clinical Palliative Medicine excluding Pain Medicine
 - IV. Palliative Medicine in relation to specific medical conditions
2. Clinical examination: Including one long case and two short cases.
100+50+50 = 200 marks
3. Viva voce 100 marks
4. Dissertation: 100 marks

The examination will be conducted by four examiners, two of them internal and two external.

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MD IN PALLIATIVE MEDICINE**

Section 1 Basic Principles

By the end of the course, students will be able to:

| Essential |
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| <ul style="list-style-type: none"> • Define: "palliative care" • Have a clear understanding of the terms "palliative care" and "terminal illness" • Describe the evolving nature of palliative care over the course of an illness, including integration with active treatment, and the significance of transition points • Discuss the importance of teamwork in this setting and have an appreciation of the skills and contributions of different members of the team • Demonstrate an understanding of palliative care as a generic skill and duty of all healthcare professionals; and the need for appropriate inter professional communication • Demonstrate appropriate communication skills • Be aware of the range of palliative care services available |

Section 2 Physical Care

2.1

| | Essential | Skills | Desirable |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------|
| Pain | Pain pathways, receptors, neurotransmitters, central sensitization Detailed assessment of pain Different types of pain: nociceptive, visceral, neuropathic, incident pain Common pain syndromes Drug treatment: WHO ladder, relative benefits/ indications/ contra-indications of different opioids adjuvant analgesics Physical, psychological, social and spiritual factors influencing pain Refractory pain Comprehensive management of pain | Opioid conversions Using a syringe driver Using the subcutaneous route** | Non-drug treatments: physical, psychological complementary |
| Gastro-intestinal | Anatomic and physiologic pathways and neurotransmitters involved in emesis and other GI symptoms. Evaluation and management of nausea, vomiting, constipation, anorexia, bowel obstruction, hiccups, diarrhea, ascites, dysphagia, | Ascitic tap Per rectal examination Bowel management in paraplegia** | |

| | | | |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| | <p>jaundice Appropriate use of nasogastric tube Giving nutritional advice, avoiding force feeding</p> | <p>Role of surgical procedures, GI interventions e.g stenting, Newer antiemetics Stoma management Indwelling ascitic catheters</p> | |
| Cardio-respiratory | <p>Pathophysiology and common causes of breathlessness, cough, haemoptysis, orthopnoea Assessment and management of pleural and pericardial effusions, stridor, superior venacaval obstruction Appropriate vs Inappropriate use of oxygen and invasive ventilation Use of opioids in dyspnoea Terminal respiratory symptoms</p> | <p>Pleural tap Tracheostomy management** Use of nebulisers Prevention and management of pulmonary embolism</p> | <p>Breathing techniques Protocol and agents for pleurodesis</p> |
| Genito-urinary | <p>Management of vaginal discharge, and bleeding. Diagnosis of rectovaginal, rectovesical and vesicovaginal fistulae, and indications for surgery Management of urgency and dysuria/anuria</p> | <p>Catheter care** Bladder care in bed ridden patients** Pelvic examination Bladder spasm, urinary obstruction, Sexuality</p> | |
| Neurological | <p>Management of raised intracranial pressure, seizures, delirium Early detection and management of spinal cord compression</p> | <p>Basic neurologic examination Assessment of paraplegia and hemiplegia</p> | |
| Psychiatric | <p>Psychiatric symptoms Depression, anxiety, fear, confusional states,</p> | | |

| | | | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------|
| | insomnia, hallucinations | | |
| Oedema | Causes, prevention and management of different types of oedema including lymphoedema deep vein thrombosis, acute inflammatory episodes and lymphorrhoea | Techniques for prevention, positioning and simple lymphatic drainage** essential skills | Bandaging Use of compression garments |
| Musculoskeletal, dermatologic and other | Pathologic fractures, itching, pressure sores, Fungating wounds, malodour, candidiasis, sore mouth, anaemia and fatigue | Wound care including low cost dressings, Mouth care, Pressure sore care | |
| Metabolic | Etiology, assessment and management of hypercalcemia, hyponatremia, SIADH, hypokalemia, hypoglycemia Role of intravenous hydration | | |

**The Fellow should be able to teach family caregivers, the **skills

2.2 Disease process

By the end of the course, fellows will be able to:

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Essential |
| <ul style="list-style-type: none"> • Demonstrate an understanding of the basic presentation, natural history and management of cancer and other chronic diseases. • Apply the principles of palliative care to patients with other Chronic and life limiting illnesses. • Discuss the importance of the initial assessment and also of the need to reassess and review a patient's management as their illness progresses • Weigh up the advantages and disadvantages of investigations, treatments and non intervention • Describe the difference between active curative treatment and palliative or supportive care |

2.3 Symptom management

By the end of the course, students will be able to:

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|------------------|
| Essential |
|------------------|

- Demonstrate appropriate history taking and physical examination in symptom management
- Understand the pathophysiology of pain and other symptoms in order to manage them effectively
- Demonstrate an awareness that symptoms may be caused by the disease itself, the treatment or a concurrent disorder
- Demonstrate the ability to formulate an appropriate management plan for a symptom and understand the importance of reviewing the effectiveness of this plan
- Describe the range of therapeutic options available- drugs, psychological interventions, surgery, radiotherapy, chemotherapy and other disease modifying therapies
- Outline the appropriate use of laboratory and radiological investigations relevant to clinical management
- Understand the role of specialist interventions e.g. from anaesthesia, oncology etc

Pharmacology

By the end of the course, students will be able to:

Essential

- List the mechanism of actions, indication and contraindications of the drugs used in the above clinical scenarios
- Demonstrate their ability to analyze therapeutic possibilities, weighing up benefits and burdens of a treatment or intervention
- Communicate the therapeutic goals and possible adverse effects of a drug with patients/carers
- Gain knowledge of the detailed pharmacology of oral morphine, do away with misconceptions related to the drug
- confidently and safely prescribe the drug in the appropriate doses.
- Describe the pharmacology of newer opioids
- Describe alternative routes for drug administration and indications for each
- Describe the indications for a syringe driver
- Describe the concept of opioid rotation
- Demonstrate an awareness of common drug interactions when using a syringe driver
- Choose cost effective medication

2.1 Care in the terminal phase

By the end of the course, students will be able to:

Essential

- Demonstrate an awareness of the signs indicating that a patient is dying
- Provide ongoing care for the dying patient and family.
- Manage terminal dyspnoea, secretions, delirium
- Change medications and routes
- Revise and reduce to minimum required medication
- Withhold/ withdraw inappropriate interventions
- Discuss familial, cultural and spiritual goals
- Advice on bowel, bladder and mouth care
- Discuss place of care
- Discuss common ethical dilemmas at the end of life
- Demonstrate an awareness of care pathways for the dying patient

2.2 Rehabilitation

By the end of the course, students will be able to:

| Essential | Desirable |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <ul style="list-style-type: none"> • Discuss the importance of changing goals during the course of an illness and the need for realistic goals • Demonstrate an awareness of rehabilitation services and devices available | |

Section 3 Psychosocial Care

3.1 Psychological responses

By the end of the course, students will be able to:

| Essential | Desirable |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Discuss the difference between sadness, and clinical depression • Describe the different responses and emotions expressed by patients and caregivers, including fear, anxiety, guilt, anger, sadness and despair • Discuss denial as a coping mechanism • Demonstrate an awareness that hope is important and give hope appropriate to the stage of the illness • Demonstrate an awareness of other disciplines who could help patients to deal with psychological issues | <ul style="list-style-type: none"> • Demonstrate the ability to recognize unhelpful and potentially harmful psychological responses • List potentially therapeutic interventions: psychological techniques, drug treatment and creative therapies |

3.2 Communication with patients and relatives

By the end of the course, students will be able to:

Essential

- Demonstrate skills in empathic listening
- Elicit concerns across physical, psychological, social, and spiritual domains
- Demonstrate the ability to deliver bad news sensitively and at an appropriate pace for the individual patient
- Understand the impact of insensitive delivery of bad news
- Demonstrate strategies for dealing with difficult questions or situations including uncertainty and prognosis
- Demonstrate an awareness of the importance of good communication between team members to ensure patients receive a consistent message
- Recognize the importance of documentation of all input with patients and families to ensure good communication with all team members
- Discuss the importance communication between professional, family and patient
 - Understand reasons for collusion and deal with it sensitively
 - Deal with questions regarding prognosis and uncertainty
 - Demonstrate skills in empowering the patient to exercise autonomy in decision making

3.4 Social and family relationships

By the end of the course, students will be able to demonstrate an awareness of

Essential

- The ill person in relation to his/her family, work and social circumstances
- The impact of illness on interpersonal relationships
- Impact of illness on body image, and role
- The assessment of the response to illness and expectations among family members
- When and how to use family meetings
- Ways to accommodate needs of partners and families in provision of palliative care in both an inpatient unit including in the ICU/or home setting.
- Palliative care provision in relation to the homeless
- Demonstrate an awareness of ways in which bereaved families could be supported economically

3.5 Grief and bereavement

By the end of the course , students will be able to:

| Essential |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Demonstrate the ability to communicate with a bereaved person• Demonstrate an understanding of emotions and behaviours associated with grieving• Demonstrate an understanding of when grief becomes abnormal or complicated requiring intervention• Describe theories of bereavement including the process of grieving, adjustment to loss and the social model of grief |

3.6 Personal and professional feelings

By the end of the course , students will be able to:

| Essential |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Discuss the importance of personal values and belief systems, and how these influence professional judgments and behaviours• Awareness of own skills and limitations and effect of personal loss or difficulties of their own limitations and be able to ask for help• Identify sources of help in dealing with their own professional or personal issues• Be a supportive colleague to other members of staff• Recognise and manage the emotional and psychologic impact of palliative care on oneself , the team and colleagues and how to cope with stress / burnout.• Discuss what makes a team work well and how to recognise when a team is struggling• Demonstrate an awareness of healthy strategies for dealing with conflict among colleagues |

Section 4 Culture, Language, Religious and Spiritual Issues

By the end of the course, students will be able to:

Essential

- Discuss the importance of not imposing personal beliefs and attitudes, or those of the team, on patients or their families
- Demonstrate the ability to elicit spiritual concerns and spiritual pain and respond appropriately seeking help if necessary
- Discuss the distinction between an individual's spiritual and religious needs

Section 5 Ethical and Legal Issues

By the end of the course, students will be able to:

Essential

- Discuss key ethical issues in palliative care: requests for euthanasia, CPR decisions, withholding /withdrawing treatment, competence, consent
- Demonstrate the ability to apply an ethical framework to issues, incorporating the following ethical frameworks:
 - respect for the patient- autonomy
 - weighing up the benefits and burdens of treatment- beneficence
 - assessing the risks versus benefits of each decision- non-maleficence
 - doctrine of double effect
 - balancing the rights of individuals and of society- justice
 - Demonstrate an awareness of guidelines produced by the Indian Society of Critical Care Medicine for end of life care
 - Describe the procedures involved in verification and certification of death

*This syllabus has been developed from the Learning Outcomes for Palliative Medicine endorsed by the Association of Palliative Medicine for Great Britain and Ireland authored by Dr Bee Wee and Dr Paul Paes; as well as material provided by Dr MR Rajagopal, Pallium India.

It has been expanded for use in the Fellowship of Palliative Medicine by, Dr Reena George, Dr Mallika Tiruvadanan, Dr Subhathra Muthukumaran and Dr Republica Sridhar.

**PROPOSED DETAILED SYLLABUS FOR THE
MD IN PALLIATIVE MEDICINE***

Process

TRAINING RECORD

The trainee will maintain a Training Record. It will be counter-signed as appropriate by the Educational Supervisors to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competences that are enumerated in the Specialty Curriculum. It will remain the property of the trainee, and must be produced at the annual assessments.

ASSESSMENT

The assessment consists of periodic internal assessment of theoretical knowledge and clinical skills by appropriately structured examinations conducted by the internal faculty. The final examination will be conducted by a panel of examiners comprising internal and external faculty drawn from similar institutions.

Research/ Audit & Dissertation:

A period of supervised research or audit of high quality is considered a desirable part of training as a registrar in pain and palliative care clinic. A relevant research project to be completed in 12 months of the total training period, will be a part of the training program. The work is to be written up in the form of a dissertation. The candidate is encouraged to submit a brief version of the work as a publication in a peer-reviewed journal.

Research

The doctor should:

- have the opportunity to undertake research: this implies adequate time and adequate supervision
- understand how to apply for a research grant
- know how to manage a research budget

Audit

Through involvement in regular audit, the doctor should understand:

- the principles of audit
- the application of audit in palliative care

DETAILED SYLLABUS

INTRODUCTION TO PALLIATIVE CARE

1. History, philosophy and definitions

- Definitions of: palliative care; general palliative care; specialist palliative care; hospice; palliative medicine; supportive care.
- Changing role of, and definitions within, palliative care over time (including extension to diseases other than cancer).
- Evolving nature of palliative care over the course of illness, including integration with active treatment, and the significance of transition points.
- Re-adaptation and rehabilitation.
- Societal expectations and perceptions in progressing and advanced disease, death.
- Differing concepts of what constitutes quality of life (including measurement) and a good death.
- Personal qualities and attributes of palliative medicine physicians.
 - Tact, empathy, respect and concern for patients and their families
 - Appropriate self confidence tempered by critical self-appraisal and a recognition of limitations.The further development of those aspects of good medical practice particularly pertinent to the practice of palliative care:
 - Teamwork
 - Balancing of (often subtle) therapeutic benefits and burdens
 - Liaison with a variety of other multiprofessional teams
 - Judgement about when to act swiftly
 - Self-awareness in regard to personal coping strategies and management / leadership style
 - Flexible and effective teaching skills
 - Reflective practice
 - Respect for social and religious values and practices, which differ from ones own
 - Awareness of the constraints and etiquettes of working differently in different environments
- Communication between services
 - Recognition of the need for clear, timely communication between different service providers to provide a continuum of care for the patient between different settings e.g. home /hospital/outpatient centers.
 - Shared care with other multiprofessional teams, taking either the leading or a supportive role in both hospital and community settings.

2. Physical Care

- Management of life limiting, progressive disease:
 - Initial assessment - detailed history and examination; assessment of impact of situation on patient and family.
 - Judgment of prognosis.
 - Consideration of wide range of management options.
 - Judgement of benefits and burdens of investigations, treatments, and non intervention.
 - Acknowledgement of the need for and skills in reassessment and review.
 - Anticipation and pre-emption of problems

- Recognition of transition points during course of illness.
- Recognition of dying process.
- Crisis management.
- Shared care with other specialties – benefits, difficulties, facilitation
- Specific disease processes:
 - The principles of cancer management.
 - The presentation, paths of spread and current management of all major malignancies.
 - The presentation, usual course and current management of other life limiting, progressive illnesses treated within specialist palliative care.
- Management of concurrent clinical problems encountered in palliative care:
 - Infections and infection control measures
 - Alternative methods of nutrition and hydration
 - Renal failure
 - COPD and common respiratory disorders
 - Thromboembolic disease
 - Diabetes mellitus
 - Pre-existing chronic pain.
 - Hyper and hypothyroidism, adrenal failure, pituitary failure
 - Ischaemic heart disease, heart failure, arrhythmias, hypotension
 - Peripheral vascular disease
 - Peripheral neuropathy
 - Autonomic neuropathy
 - Dermatological problems
 - Liver failure
 - Anxiety and depression, psychoses
 - Fractures and osteoporosis
 - Pre-existing drug dependence
- Symptoms –understanding and management
 - Principles of symptom management:
 - History taking and appropriate examination in symptom control
 - Assessment of psychological and social and psychosocial experience for patients and carers
 - Need for diagnosis of pathophysiology of a symptom (due to concurrent disorders and treatment related as well as cancer related aetiology)
 - The wide range of therapeutic options – disease modifying treatments and symptom modifying treatments (palliative surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drugs, physical therapies, psychological interventions, complementary therapies).
 - Appropriate choice of treatment / non treatment considering burdens and benefits of all options
 - Management of adverse effects of treatment
 - Need for regular review of symptom response
 - Methods of assessment of symptom response
 - Management of intractable symptoms – recognition and support for patients, carers, multiprofessional teams and self
 - Referral to other agencies when needed
- Pain
 - Physiology of pain

- History taking, physical examination and investigations in pain assessment
- Pain assessment tools – clinical and research
- Different types of pain- nociceptive, visceral, neuropathic.
- Drug treatment of pain – WHO analgesic ladder and appropriate use of adjuvant drugs
- Range of opioids, relative benefits and indications
- Indications for an appropriate use of opioid switching
- Management of side effects of drug treatments
- Assessment of burdens and benefits of treatments, including radiotherapy
- Non- drug treatment – TENS, acupuncture, physiotherapy, immobilisation
- Common nerve blocks and other neurosurgical procedures
- Principles of spinal delivery of analgesics
- psychological interventions in pain management
- Appropriate referral to and shared care with pain management service
- Other symptoms and clinical problems
 - Causes assessment and management of
 - Sore mouth
 - Nausea and vomiting
 - Swallowing problems
 - Constipation / faecal impaction
 - Diarrhoea
 - Tenesmus
 - Ascites
 - Intestinal obstruction
 - Jaundice, itching
 - Breathlessness
 - Cough
 - Hiccups
 - Airways/ SVC obstruction
 - Pleural and pericardial effusion
 - Haemoptysis
 - Bladder spasm
 - Urinary obstructions
 - Sexual problems
 - Lymph edema
 - Fistulae
 - Wound breakdown
 - Bleeding / fungating lesions
 - Malodor
 - Pressure sores
 - Pathological fractures
 - Anorexia, cachexia
 - Weakness, lethargy
 - Electrolyte disturbances e.g. hypercalcaemia, hyponatraemia,
 - Paraneoplastic syndromes
 - Inappropriate ADH secretion
 - Raised intracranial pressure
 - Communication problems
 - Depression and other mood disorders
 - Anxiety and fear
 - Insomnia

- Confusional states
- Hallucinations
- pre-existing drug dependence
- Treatment induced symptoms – radiotherapy, chemotherapy, immunotherapy, drugs
- Symptoms occurring in the last few days of life
- Management of emergencies in palliative medicine
 - Overwhelming pain and distress
 - SVC/O obstruction
 - Hypercalcaemia
 - Spinal cord compression
 - Neutropaenia
 - massive haemorrhage
- Practical procedures
 - Competence in the following
 - Clinical history taking and examination of patients with advanced illness
 - Management of stomas
 - Management of tracheostomies
 - Passing nasogastric tube
 - Pleural aspiration
 - Paracentesis
 - Management of non-invasive ventilation
 - Urethral catheterisation
 - Syringe driver set up
 - Nebuliser setup
 - Management of epidural catheters
 - Simple nerve blocks
 - TENS application
 - Lymphoedema bandaging and massage application of appropriate compression garments.
- Pharmacology and Therapeutics
 - General
 - The application of evidence based medicine to palliative care.
 - Recommendations, guidelines and protocols – writing, implementation and use.
 - The roles and limitations of drugs, physical therapies, psychological interventions and complementary therapies in palliative care.
 - The use of appropriate measurement tools when assessing treatment response.
 - Analysis of therapeutic possibilities, weighing up benefits and burdens of treatment or intervention.
 - Communication about therapeutic goals and possible adverse effects with patients and carers; enabling their input to decision making
 - Communication about the above with others in the clinical team
 - Compliance and non-compliance with treatments – reasons for noncompliance and ways of increasing compliance
 - Drug specific
 - General principles of pharmacodynamics and pharmacokinetics
 - Adjustment of dosage in frail, elderly and children
 - Adjustment of dosage in altered metabolism, disease progression and last few

days of life.

- Drug formularies in palliative care
- Managing a pharmacy budget; issues of cost versus benefit
- Prescribing – legal issues, generic prescribing
- Use of drugs on a named patient basis
- Use of drugs outside their product licence
- Use of drugs in clinical trials
- Problems of polypharmacy
- Helping patients and carers to understand and manage tablets

For drugs commonly used in palliative medicine or commonly taken by patients presenting to palliative care

- Routes of administration
- Absorption, metabolism, excretion
- Half-life, usual frequency of administration
- Adverse effects and their management
- Use in syringe drivers stability and miscibility
- Interactions with other drugs
- Possibility of tolerance, dependence, addiction and discontinuation reactions
- Availability in the community

Opioid availability:

- Barriers to opioid availability
- Legal status of opioid use in India
- Obtaining opioids under NDPS act of 1985
- The recent action to improve opioid availability and its impact
- Procuring opioids under amended narcotic regulations.
- Storing, dispensing and documentation for opioid use.

- Rehabilitation

- Principles of rehabilitation related to illnesses with gradually increasing disability
- Concept of maintenance of function through exercise and therapies
- Recognition of changing goals during the course of an illness
- Dealing with patient / family conflict in relation to unrealistic goals
- Facilities available for rehabilitation
- Appliances available in the home
- Use of disablement centre for artificial limbs and appliances
- Support services available in the home

- Care of the dying patient and their family

- Recognition of the dying phase
- Initial assessment of the dying patient
- Providing ongoing care for dying patients and their families:
- Assessment of required medications
- Recognising when to discontinue further investigations and treatment
- Managing symptoms in the dying phase
- Management of mouth care and bowel care
- Psychological care of the family
- Knowledge of major cultural and religious customs which relate to medical practice, dying and bereavement
- Understanding of ethical dilemmas in the dying phase
- Understanding pharmacology in dying patients, including use of a syringe

driver

3. Psychosocial Care

- Social and Family Relationships
 - Appreciation of the ill person in relation to his/her family, work and social circumstances
 - Impact of illness on interpersonal relationships
 - Impact of illness on body image, sexuality and role
 - Assessment of the response to illness and expectations among family members
 - When and how to use family meetings
 - Ways to accommodate needs of partners and families in provision of palliative care in both an inpatient unit or home setting
 - Palliative care provision in relation to the homeless and those in custody
 - Understanding of the concepts of resonance, family scripts, homeostasis in families and the impact of illness and loss on the family system
 - Awareness of transference and counter-transference in professional relationships with patients and family members
- Communication with patients and relatives
 - Skills in empathic listening and open questioning to:
 - elicit concerns across physical, psychological, social and spiritual domains
 - establish extent of awareness about illness and prognosis
 - Common barriers to communication for both patients and professionals
 - Management of difficult questions and information giving sensitively and as appropriate to wishes and needs of the individual
 - Facilitation of decision making and promotion of patient autonomy
 - Recognition and management of conflicts between confidentiality and the need to share information with others.
 - Theories and evidence base for communication practice
 - Awareness and practice of a range of structures and styles of consultations
 - Critical evaluation of own consulting skills
- Psychological Responses of Patients and Carers to Life-threatening Illness and Loss
 - Recognition of the different responses and emotions expressed by the patient and others, including fear, guilt, anger, sadness and despair
 - Psychological impact of pain and intractable symptoms
 - Responses to uncertainty and loss at different stages in the illness
 - Illness in people with dementia or pre-existing psychological or psychiatric problems
 - Identification of psychological responses as a source of additional problems for patient and family and as potentially obstructing the goals of care.
 - Dealing with
 - Anger and strong emotions
 - Anxious preoccupation
 - Transference
 - Collusion and conspiracy of silence
 - Denial
 - Responses and needs of children (including siblings) at different developmental stages
 - Distinction between sadness and clinical depression

- Knowledge and application of therapeutic interventions including
 - counselling
 - behavioural therapy
 - cognitive therapy
 - group activities
 - Roles of relaxation/hypnotherapy, imagery and visualisation, creative therapies
 - Role and availability of the specialist psychological/psychiatric services and indications for referral
 - Dealing with violent/suicidal individuals; use of compulsory treatment
 - Attitudes and Responses of Doctors and other Professionals
 - Awareness of personal values and belief systems, and how these influence professional judgements and behaviours
 - Awareness of own skills and limitations, and effect of personal loss or difficulties
 - Ability to ask for help or hand over to others where necessary
 - Potential sources of conflict in the doctor-patient relationship and how to deal with these including:
 - Over-involvement
 - Personal identification
 - Negative feelings/personality clash
 - Demands which cannot be met
 - Recognition and management of the emotional and psychological impact of palliative care on oneself, the team and other colleagues
 - Being a supportive colleague to other members of staff
 - Recognition of ways staff support can be offered/co-ordinated
 - Grief and Bereavement
 - Theories about bereavement including the process of grieving, adjustment to loss and the social model of grief.
 - Grief and bereavement in children.
 - Recognition of multiple losses and effects on the individual.
 - Preparation of carers and children for bereavement.
 - Support of the acutely grieving individual or family.
 - Anticipation and identification of abnormal and complicated bereavement in Adults.
 - Identification of appropriate bereavement support for an individual or family
 - Epidemiological impact of bereavement
 - Risk factors for adverse outcomes of bereavement
 - Patient and Family Finance
 - Financial assessment.
 - Accessing benefits, grants and allowances available to patients and families
 - The role of the social worker and/or welfare benefits officer
4. Culture, language, religion and spirituality
- Culture and ethnicity
 - Recognition of cultural influences on the meaning of illness for patient and family
 - Acknowledgement and accommodation of differences in belief and practice to ensure thorough assessment and acceptable care
 - Awareness of personal beliefs and attitudes and the importance of not imposing these on others

- Ability to recognise and deal with conflicts of beliefs and values within the team
 - Religion and spirituality
 - Ability to distinguish between an individual's spiritual and religious needs
 - Ability to elicit spiritual concerns appropriately as part of assessment
 - Spirituality issues in relation to life-threatening physical illness and the role of spiritual care
 - Ability to acknowledge and respond to spiritual distress, including referral to others
 - Knowledge of pastoral systems within different religious groups and work with their representatives within the multidisciplinary team
 - Knowledge of the major cultural and religious practices which relate to medical practice, dying and bereavement.
5. Ethics
- Theoretical ethics
 - History of medical ethics, with emphasis on evolving philosophy and codes of practice.
 - Critical analysis of current theoretical approaches to medical ethics including 'four principles (beneficence, nonmaleficence, justice and respect for autonomy).
 - Applied ethics in clinical practice of palliative care:
 - Acknowledgement of ethical issues in daily clinical practice and teamwork
 - Consent
 - Giving information
 - Confidentiality
 - Competence to make particular decisions
 - Non-autonomous or incompetent individuals
 - Best interest judgements
 - Conflicts of interest between patient and their relatives
 - Responsibility for decisions (doctors, patients & teams)
 - Resource allocation (including of oneself)
 - Withholding and withdrawing of treatment (including hydration / nonhydration)
 - Euthanasia
 - Physician-assisted suicide
 - Doctrine of double effect
 - CPR decisions
 - Research / clinical trials
6. Legal Frameworks
- Common laws related to health and in relation to end of life medical care including euthanasia and physician assisted suicide.
 - Death
 - Certification of death procedures, including definition and procedure for confirming brain death.
 - Cremation regulations.
 - Procedures for relatives following a death.
 - Procedures around post mortems.
 - Organisational
 - Corporate law relating to charities/trusts e.g responsibilities/liabilities of trustees and employers
 - Laws & regulations relating to hospitals
 - Employment law

- Discrimination – gender, race, disability, age

7. Teamwork

- Ability to work in a team
- Theories of teamwork, e.g. psychological, psychodynamic, managerial
- Identification of oneself in relation to these differing theoretical models of teamwork
- Role and responsibilities of doctors in multiprofessional teams.
- Skills and contributions of other members of the multiprofessional team.
- Nature of roles within teams: some overlapping, others professionally distinct, with the boundaries sometimes unclear
- Team dynamics in different situations and over time
- Forms of team support
- Strategies which facilitate team functioning, and those which do not.
- The inevitability of conflict within a team, and strategies to manage this
- Skill mix of a team, particularly in relation to the appointment of new members
- Chairing of team meetings
- Balancing the needs of the different or overlapping teams of which the doctor may be a member at any one time
- Wide application of teamwork to include all the professionals and organisations involved in the care of a particular patient, including nurses, statutory and voluntary organisations
- The impact on patients and carers of the number of professionals who may be involved in their care.

7. Management

- Human resources
 - Recruitment
 - Writing a job description and person specification
 - Short-listing and interviewing skills
 - Writing a reference
 - Contract negotiation
- Staff development
 - Induction and training
 - Mentoring skills
 - Appraisal
 - Assessment of trainees/junior colleagues
 - Writing a reference
 - Contract negotiation
- Leadership skills
 - Motivating and leading a team
 - Management styles
 - Goal setting
 - Short and long term strategic planning
 - Negotiating skills
 - Strategic implementation of audit
 - Directing and delegating
- Management of work
 - Time management
 - Working with a secretary
 - Budget setting and management

- Planning, implementing and evaluating change
- Information management
 - Patient data collection.
 - Data protection act, including rights of access for patients to information held on them
 - Computer security and backup systems
- Management structures of the organization.
The structures and roles of:
 - Local Health Authorities
 - Government health policy
 - Department of Health/Scottish Executive Health Department
 - Major organisations and charities involved in palliative care
- Running a palliative care unit
 - Supply of drugs to hospices, stock lists, financing and regulations for controlled drugs
 - registration
 - Storage and retrieval of case notes
 - Health and safety issues
 - Equipment safety and maintenance
 - Role and management of staff and volunteers
 - Disposal of bodies
 - Awareness, training and networking with the community volunteers.
- Financial management
 - Public and charitable health funding structure
 - Interacting with fundraisers
 - Understanding accounts
- Clinical Governance
 - Responsibilities of doctors; professional and organisational goals
 - Quality assurance in relation to service and organisation
 - Service review and accreditation of palliative care services

9. Teaching

Objectives:

- Be aware of different teaching methods and structure, including lecturing, problem based learning, role play, bedside teaching
- To learn teaching contexts (eg large/small group, undergraduate/postgraduate, medical/non medical)
- To learn selection, preparation and presentation of teaching materials
- Presentation skills.
- To learn methods of assessment including OSCE(objective structured clinical examination), observed long case, modified essay questions, project reports and case studies.
- To understand roles and responsibilities of trainee and trainer.
- To understand role of supervision, mentoring, learning contracts, critical appraisal and feedback, experiential learning.
- Planning learning aims, objectives, methods and outcomes.
- Concept of continuing professional development.

- Evidence based medicine including use of electronic databases and worldwide web. .
- Develop teaching skills appropriate to the groups and subjects to be taught.
- Undertake supervised teaching sessions.
- Understand how to evaluate a teaching programme.
- Understand the organisation and content of training of other professional groups in palliative care.