THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

SYLLABUS

OF

M.Sc. PALLIATIVE MEDICINE

ACADEMIC YEAR 2024 – 2025 SESSION ONWARDS

Index Page

1. **Introduction to Palliative Care**

- Definition of Palliative Care:
- Goals of Palliative Care
- Barriers to effective Palliative Care
- Attitude towards palliative care
- Attitude towards Opioids
- Lack of training:
- How can Palliative care be provided?

2. **Ethical Aspects in Palliative Care and End of life care**

- Introduction
- Challenges of providing palliative care or end of life care in the country Legal Challenges of End of Life care in India
- Cultural challenges in End of life care practice
- Ethical principles in End of life care practice
- Autonomy
- Beneficence
- Non-Maleficence
- Justice

A. Recognize the dying process:

B. Recognize the medically inappropriate treatment

1. End of life decision making process and initiation of the end of life care pathway

2. Setup

3. Perceptions

4. Invitation

5. Knowledge

6. Emotional support

7. Strategy and Summary

- How to resolve conflict
- Documentation of the process of end of life discussion
- Ethical challenges in provision of palliative care in end of life care

3. Communication and Breaking Bad News

- INTRODUCTION
  - TECHNIQUESFOR GOODCOMMUNICATION
  - THEC-L-A-S-SPROTOCOL

C-Context and connection
L - Listening skills
A – Addressing
S–Strategy
S–Summary

- THES-P-I-K-E-S PROTOCOL FOR BREAKING BAD NEWS

S – The right setting
P –Patient‘s perception
I–Invitation to share
K–Giving the knowledge
E – Understanding patient‘s emotions and empathizing
S – Strategy and Summary

- COMMUNICATION SKILLS TRAINING
- Although key to the physician
- Barriers due to patients and families
- Barriers due to health care providers
- Barriers due to circumstance

Counseling in Palliative Care
Definition:

- Forms of Communication:
- Non-Verbal Communication
- Communication in Palliative Care
- Involvement of patients

- Components of Palliative Counseling
- Assessment are as in Palliative Counseling
- Emotional discomfort of the patient
- Spiritual discomfort
- Social discomfort
- Communication skills required by the palliative counselor
- Language
- Observation
- BREAKING BAD NEWS
- Introduction:

<u>TEN STEPS TO BREAKING BAD NEWS: (FROM KAYE 1996)</u>

- Preparation
- What does patient want to know? Is more in formation wanted ?
- Give a warning
- Allow denial. Explain
- Listen to the concerns
- Encourage feelings Summary and plans
- How the news is broken:
- Shock
- Denial
- Displacement
- Fear and Anxiety
- Anger against disease loss of control or powerlessness loss of potential
- Laws of nature / God / randomness
- Medical team
- Guilt
- Despair/Depression
- Relief
- Service from Unit
- Family Collusion

4. Principles of Symptom Management

- Principles of Symptom management
- Many factors preclude this:
- Evaluation
- Individualize treatment
- Supervision

5. Pain Assessment and Management

- Definition of pain
- Pathophysiology and characteristics of pain
- Assessment of pain
- Follow the acronym ‘OPQRST’
- Severity:
- FLACC behavioral scale for pain assessment
- Quality of Pain
- Examination
- Break through dosing
- Non pharmacologic

6. Palliation of Gastrointestinal Symptoms

- Introduction
- Oral problems
- Nausea and Vomiting
- Pathophysiology of Nausea and vomiting
- Constipation
- Causes of constipation
- Presentation:
- Diagnosis:
- Prevention of constipation
- Step care management approach

- Rectum empty
- Rectum is full
- Medical Management of Intestinal obstruction
- Pathophysiology
- Clinical features and management of obstruction
- Supporting investigation
- Diarrhea
- Causes
- Approach and Evaluation
- Treatment
- Recommended reading
- Fatigue and Asthenia
- Pharmacological Management

Cachexia Anorexia syndrome

- Introduction
- Mechanism:
- Contributing factors to Poor intake
- Evaluation of Anorexia
- Hiccoughs
- Pathophysiology
- Etiology
- Management
- Step1: Treatment of underlying cause
- Step2:PharmacologicTherapy
- Anti-Psychotics
- Anti-Convulsants
- Miscellaneous
- Step3:Non-PharmacologicTherapy

Malignant Ascites:

- Introduction
- Etiology of ascites in cancer patients
- Presentation and Diagnostic evaluation:
- Additional Investigation to confirm etiology and classify ascites:
- Medical Management
- Procedures
- Abdominal paracentesis
- Pigtail insertion
- Tunneled Catheter Placement

7. Palliation of Respiratory Symptoms

- Structure and Function of Respiratory system1Airway
- Control of Respiration
- Neural Mechanism
- Lung parenchymal receptors
- Respiratory muscles
- Chemical Mechanism Peripheral chemical receptors
- Central chemical receptors
- Dyspnoea
- Investigation of Dyspnoea
- Test Making diagnosis Monitoring progress
- Management of Dyspnoea
- Disease directed management of dyspnoea
- Symptom Management of Dyspnoea
- Opioids
- Opioidnaïve patients
- For patients already using opioids
- Anxiolytics

COUGH

- Causes and Management

Hemoptysis

- Causes
- Management of Hemoptysis
- Mild to Moderate Hemoptysis
- Massive Hemoptysis

8. Emergencies in Palliative Oncology

- Spinal Cord Compression
- Clinical Presentation
- Diagnostic Evaluation
- Treatment
- Corticosteroids
- Surgery
- Radiation Therapy
- Chemotherapy
- Outcome
- SYMPTOMATIC BRAIN METASTASIS
- HYPER CALCEMIA
- DELIRIUM
- CONVULSIONS

9. Role of Oncologic Treatment in Palliative care

- Introduction
- Role of RT
- Role of surgery in palliative care
- Role of chemotherapy

10. Palliative care for End Stage Cardiac Disease

- Cardiac Disease Definition
- Epidemiology
- Guidelines for palliative care in heart failure
- Pathophysiology of heart failure
- Types of Heart Failure:
- Specific Conditions:
- Refractory Angina:
- Arrythmias:
- Palliative care Issues:
- Pain
- Dyspnoea
- Depression
- Resuscitation Issues

Chapter- 11

- Palliative care for Chronic Nephrological Condition
- Conventional modality of treatment Renal transplant

Chapter-12

- Palliative Care for Chronic Neurological Conditions
- Stroke
- Dementia
- Epidemiology
- Cholinesterase Inhibitor
- Antidepressants
- Antipsychotics
- Assessment and Management of Behavioral symptoms Resistiveness to care
- Parkinson’s Diseases

Chapter13: Palliative Care in HIV / AIDS

- What does palliative care provide?
- Why do people living with and affected by HIV need palliative care?
- How does palliative care help people living with and affected by HIV?

Chapter14

- Psychiatry in Palliative care
- Anxiety disorders
- Delirium

Chapter 15 : Nutrition in Palliative Care

Chapter16

- Rehabilitation in palliative care
- The specific therapeutic measures for the various disabilities are as follows: Respiratory Insufficiency
- Head and Neck Cancer
- Breast Cancer
- Bone and Soft Tissue Cancer
- Pediatric Conditions (Especially leukemia and Hodgkin‘s disease)
- Patients Receiving Chemotherapy and Radiotherapy

Chapter 17

- The Terminal Phase
- Physical symptoms
- Psychosocial and Spiritual Issues
- Emergencies in the terminal phase

Chapter18

- Advance directives and End of Life Decision Making
- Decision making definition
- End of life decision making in capable patient
- 12 steps to End of life decision making
- Written advance directives / Living wills
- Problems with written advanced directives
- Application of advance directives in practice
- Application of DNR (Allow Natural Death)or AND (Allow Natural Death)
- *With holding / Withdrawing treatment*

Chapter19

Spiritual Dimensions of Palliative care

Chapter-20: Bereavement

- Stages of GRIEF
- Normal grief
- Clinical presentation of pathological grief Inhibited or delayed Grief
- Traumatic Grief
- Depressive and Anxiety disorders
- Alcohol and Substance abuse
- Psychotic Disorders
- Greif therapies
- Interpersonal psychotherapy
- Cognitive Behavioural Therapy
- Family Focused Grief therapy
- Pharmacotherapy

Chapter - 20 Self Care

- Definition of Burn Out

Chapter-21

NURSING ASPECTS IN PALLIATIVE CARE

- PRINCIPLES OF PALLIATIVE CARE
- ACTIVITIES OF THE PALLIATIVE CARE CLINIC
- NURSING ASSESSMENT
- NURSES ROLL IN SYMPTOM MANAGEMENT
- SYMPTOM
- MANAGEMENT
- THE 3- STEP ANALGESIC WHO LADDER FOR CANCER PAIN
- PRINCIPLES OF GIVING DRUGS
- INSTRUCTION ABOUT THE USE OF OPIOID
- NAUSEA AND VOMITING
- CONSTIPATION
- NURSING MANAGEMENT
- DYSPNEA
- DEATH RATTLE
- ORAL CARE
- NUTRITIONAL SUPPORT
- Nasogastric feeding
- Percutaneous endoscope gastrostomy (PEG)
- TUBE CARE
- TRACHEOSTOMY CARE
- PERINEAL CARE
- LOOKING AFTER THE FAMILY
- FOLLOW–UP
- Management of Fungating wound
- MAL ODOUR