Syllabus for Fellowship in Palliative Medicine

Section 1 Basic Principles

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

Essential
• Understand the concept of "palliative care" • Understand 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 • Have a good knowledge of communication skills and communicate appropriately with patients and family • Demonstrate an awareness of the range of palliative care services available

Section 2 Physical Care

By the end of the programme, fellows will:

Essential
• Have an understanding of the presentation, natural history and management of cancer • 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

2.1 Symptom management

By the end of the Fellowship, students would have learnt:

Essential	Desirable
• Appropriate history taking and physical examination in symptom management • The pathophysiology of pain and other symptoms in order to manage them effectively • That symptoms may be caused by the disease itself, the treatment or a concurrent disorder • To formulate an appropriate management plan for a symptom and understand the importance of reviewing the effectiveness of this plan	

• The range of therapeutic options available- drugs, palliative interventions, psychological interventions, surgery, radiotherapy, chemotherapy and other disease modifying therapies • To outline the appropriate use of laboratory and radiological investigations relevant to clinical management • The role of specialist interventions e.g. from anaesthesia, oncology etc	

In addition, students will be able to understand the pathophysiology and develop strategies for the diagnosis and management of the following symptoms/problems:

	Essential	Skills	Desirable
Pain	Pain pathways, receptors, neurotransmitters, central sensitisation Detailed assessment of pain Different types of pain: nociceptive, visceral, neuropathic, incident pain Common pain syndromes Drug treatment: WHO ladder, the role of opioids, non opioids and adjuvant analgesics Physical, psychological, social and spiritual factors influencing pain Refractory 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 Evaluation and management of nausea, vomiting, constipation, anorexia, bowel obstruction, hiccups, diarrhoea, ascites, dysphagia, jaundice	Ascitic tap Per rectal examination Bowel management in paraplegia**	Role of surgical procedures, GI interventions e.g stenting, Newer antiemetics Stoma

	Appropriate use of nasogastric tube Giving nutritional advice, avoiding force feeding		management Indwelling ascitic catheters
Cardio-respiratory	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	Pleural tap Tracheostomy management** Use of nebulisers	Prevention and management of pulmonary embolism Breathing techniques Protocol and agents for pleurodesis
Genito-urinary	Management of vaginal discharge and bleeding. Diagnosis of rectovaginal, rectovesical and vesicovaginal fistulae, and indications for surgery Management of urgency and dysuria/anuria	Catheter care** Bladder care in bed ridden patients** Pelvic examination	Bladder spasm, urinary obstruction, Sexuality
Neurological	Management of raised intracranial pressure, seizures, delirium Early detection and management of spinal cord compression	Basic neurologic examination Assessment of paraplegia and hemiplegia	
Psychiatric	Depression, anxiety, fear, confusional states, insomnia, hallucinations		
Oedema	Causes, prevention and management of different	Techniques for prevention,	Bandaging

	types of oedema including lymphoedema deep vein thrombosis, acute inflammatory episodes and lymphorrhoea	positioning and simple lymphatic drainage**	Use of compression garments
Musculoskeletal, dermatologic and others	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 hypercalcaemia, hyponatraemia, SIADH, hypokalaemia, hypoglycaemia Role of intravenous hydration		

** *The Fellow should be able to teach family caregivers these skills*

2.2 Pharmacology

By the end of the Fellowship, students will:

Essential	Desirable
• List the mechanism of actions, indication and contraindications of the drugs used in the above clinical scenarios • Analyse therapeutic possibilities, weigh the benefits and burden of a treatment or intervention • Communicate the therapeutic goals and possible adverse effects of a drug with patients/care givers • Safely prescribe controlled drugs • Describe alternative routes for drug administration and indications for each • Describe the indications for a syringe driver • Be awareness of common drug interactions when using a syringe driver • Choose cost-effective medication	Describe the pharmacology of newer opioids Describe the concept of opioid rotation

2.3 Care in the terminal phase

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

Essential	Desirable
• Demonstrate an awareness of the signs indicating that a patient is near the end-od-life • 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

2.4 Rehabilitation

By the end of the Fellowship, students will:

Essential	Desirable
• Discuss the importance of rehabilitation with changing goals during the course of an illness and the need for realistic goals • Be aware of rehabilitation services and devices available	

Section 3 Communication Skills

Communication with patients and relatives

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

Essential	Desirable

• Demonstrate skills in empathic listening
• Elicit concerns across physical, psychological, social, and spiritual domains
• Deliver bad news sensitively and at an appropriate pace for the individual patient
• Understand the impact of insensitive delivery of bad news
• Formulate strategies for dealing with difficult questions or situations including uncertainty and prognosis
• Understand the importance of good communication between team members to ensure patients receive a consistent message
• Recognise the importance of documentation of all input with patients and families to ensure good communication with all team members
• Understand 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

Section 4 Psychosocial Care

4.1 Psychological responses

By the end of the Fellowship, students will:

Essential	Desirable
• Learn 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 • Understand that denial could be a coping mechanism • Know that hope is important and give hope appropriate to the stage of the illness	• Demonstrate the ability to recognize unhelpful and potentially harmful psychological responses • List potentially therapeutic interventions: psychological techniques, drug treatment and creative therapies • Demonstrate an awareness of other disciplines who could help patients to deal with psychological issues

4.2 Social and family relationships

By the end of the Fellowship, students will be able to understand:

Essential	Desirable
• 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 or home setting • The need for palliative care provision in relation to the homeless	Demonstrate an awareness of ways in which bereaved families could be supported economically

4.3 Grief and bereavement

By the end of the Fellowship, students will:

Essential	Desirable
• Have the ability to communicate with a bereaved person • Show an understanding of emotions and behaviours associated with grieving • Know the difference between normal and abnormal /complicated grief and know when grief requires intervention	• Describe theories of bereavement including the process of grieving, adjustment to loss and the social model of grief

Section 4.4 Personal and professional feelings

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

Essential	Desirable
• Discuss the importance of personal values and belief systems, and how these influence professional judgments and behaviours • Awareness of own skills and limitations and the 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	• 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 4.5 Culture, Language, Religious and Spiritual Issues

By the end of the Fellowship, students would have learnt:

Essential	Desirable
• The importance of not imposing personal beliefs and attitudes, or those of the team, on patients or their families • 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 Fellowship, students will have:

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