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POSTGRADUATE INSTITUTE OF MEDICINE UNIVERSITY OF COLOMBO

Prospectus

Postgraduate Diploma in Palliative Medicine

2015

CURRICULUM DEVELOPMENT COMMITTEE IN PALLIATIVE MEDICINE

BOARD OF STUDY IN MULTIDISCIPLINARY STUDY COURSES

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POST GRADUATE DIPLOMA IN PALLIATIVE MEDICINE

PROSPECTUS

1. NAME OF THE PROGRAMME

Postgraduate Diploma in Palliative Medicine

2. FULL TITLE

Postgraduate Diploma in Palliative Medicine

3. ABBREVIATED TITLE

PGDip (Palliative Med)

4. BACKGROUND TO THE PROGRAMME

The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illnesses, through the prevention and relief of suffering by means of early identification, impeccable assessment, treatment of pain and physical, psychosocial and spiritual issues. Service provision in palliative care is multidisciplinary and team work is an essential requirement.

Palliative Medicine is the medical component of palliative care. Palliative medicine is evolving as an independent medical discipline concerned with relief of symptoms and ensuring the best possible quality of life for patients with life threatening illness and their families before and after the death of the patient.

5. JUSTIFICATION:

In Sri Lanka, there are an increasing number of patients with cancers, HIV/AIDS, end stage renal disease, motor neuron disease etc. who require comprehensive palliative care at every stage of their disease process. Due to the dearth of trained personnel, palliative care services for these patients have not been addressed optimally on most occasions.

Ministry of Health of Sri Lanka has identified the importance of offering palliative care services at tertiary, secondary & primary care setting to tackle the resurgence of non-communicable diseases including cancers. Knowledge, skills and attitudes regarding palliative care need to be improved among the health care professionals when developing services in Sri Lanka.

Importance of initiating post graduate level teaching programme on palliative care was highlighted at the National Advisory Committee Meeting on Cancer Control and was decided to explore the possibilities to commence a Post Graduate Diploma in Palliative care leading to a MD at the Post Graduate Institute of Medicine, University of Colombo. As an initial step, Ministry of Health has suggested a Post Graduate Diploma in Palliative Care as capacities of medical officers need to be strengthened to cater to this request.

In view of the considerable overlap of specialties involved in providing palliative care, the PGIM initiated the Palliative Medicine programme through the Board of Study in Multidisciplinary Study Courses. Therefore, the programme receives multi-dimensional inputs from various stakeholders including foreign experts, in order to provide a comprehensive training to its trainees.

6. POTENTIAL BENEFITS

Acquisition of this diploma will enable the diplomate to,

1. Improve his/her knowledge in relation to needs of patients with life threatening illness and of their family members.
2. Sensitively explore patients' and families' concerns across physical, cultural, psychological, social and spiritual domains.
3. Communicate effectively with patients and their families and with the multidisciplinary team involved in patient care
4. Discuss end of life issues with sensitivity and proficiency.
5. Effectively function as a member in the multidisciplinary team in providing palliative care.

7. COURSE OUTCOMES

At the completion of the course the trainee should be able to:

1. Manage symptoms and other clinical problems secondary to life-limiting progressive disease as well as other common concurrent medical problems.
2. Address and manage psychological, emotional and social issues of patients and their families within the context of palliative care.
3. Identify psychiatric conditions and make appropriate psychiatrist referral.
4. Identify specific disease processes and common emergencies which may arise in the context of palliative care.
5. Prescribe medications within the palliative care setting.
6. Provide care for dying people in the hospital and the community.
7. Recognize that spirituality may be a key dimension of the experience of dying patients and address spiritual issues when necessary.
8. Establish therapeutic and supportive relationships with patients and families.
9. Work effectively with others and collaborate effectively amongst health professionals.
10. Participate in advocacy for the welfare of individual patients with a life-limiting illness and their families, and facilitate discussion/ encourage promotion of palliative care issues within the general community.

This course is set at Level 7 of the Sri Lanka Qualifications Framework and meets the requirements of the relevant level descriptors and the minimum admissions requirement of a Bachelor's degree.

8. ELIGIBILITY REQUIREMENTS FOR APPLICATION

- (a) A medical degree registered with the Sri Lanka Medical Council.¹
- (b) Satisfactory completion of internship acceptable to the Sri Lanka Medical Council.
- (c) Satisfactory completion of one year of post-internship service in a university/public sector/private sector institution in Sri Lanka acceptable to the PGIM.
- (d) The criteria prescribed in paragraph (a) to (c) must have been satisfied by the applicant at the date of closure of applications for the selection examination for the postgraduate Diploma in Palliative Medicine.
- (e) Where a shortfall has occurred due to any reasons including sickness, maternity or other leave, the applicant should complete such a shortfall to be eligible to apply for the selection examination.

¹Sri Lankans in the non-state sector will be selected based on the PGIM's current *General Regulations and Guidelines*. The decision of the Board of Management will be final in all such applications. The quota for the non-state sector is determined each year by the BOS and the same will be included in the advertisement.

Foreign nationals who seek to apply to register for the selection examination should possess a medical degree registrable with the Sri Lanka Medical Council. They will be selected based on guidelines for enrolment of non-state sector candidates for training programs, as stipulated in the PGIM's current *General Regulations and Guidelines*. The decision of the Board of Management will be final in all such applications.

9. SELECTION OF TRAINEES

- (a) The PGIM will place an advertisement each year, calling for applications to select a pre-determined number of candidates.
- (b) Applicants are required to pass the Selection Examination in order to be considered for enrollment.
- (c) The Selection Examination will consist of a MCQ paper, which will comprise 40 MCQs of the multiple true / false type, to be answered in 120 minutes (2 hours). Negative marks will apply only within the question and will not be carried over. Questions on Basic Sciences, Pharmacology, Psychiatry, Medicine, Surgery, Pediatrics and Oncology relevant to palliative care, based on undergraduate knowledge and expected clinical experience will be included.
- (d) A candidate must obtain a minimum of 50% of the overall mark in order to pass the Selection Examination and qualify for selection. Final selection will be according to the order of merit based on the overall mark obtained at the Selection Examination.

10. INTAKE

The annual intake will be decided by the Board of Study in Multidisciplinary Study Courses, in consultation with the Ministry of Health, according to the needs of the country and availability of training facilities. The number will be stated in the advertisement.

11. DURATION OF TRAINING

The course will be conducted as a one year full time programme.

12. TUITION FEE

This will be according to the PGIM regulations in relation to course and examination fees which are applicable to trainees.

13. FORMAT OF THE TRAINING PROGRAMME

The 30 credit full time training programme includes a taught component (lectures, tutorials and classroom teaching) and a clinical component (Annex -1).

The 13 modules of the taught component comprises 15 credit hours as shown in table 1.

Each credit comprises 15 hours of lectures, classroom teachings, tutorials, and/or workshop activity, or 45 hours of clinical training under supervision.

Table 1 - Credit allocations for the taught component (classroom teaching)

Module no	Module name	Total hours of training (hours)	Credit allocation
PC 501	Introduction	15	1
PC 502	Management of pain	23	1.5
PC 503	Management of common symptoms	30	2
PC 504	Psychological aspects of palliative care	23	1.5
PC 505	Communication skills and counseling	23	1.5
PC 506	End of life care and hospice care	15	1
PC 507	Palliative care emergencies	08	0.5
PC 508	Palliative care for non- malignant disorders	15	1
PC 509	Palliative care in geriatric patients	15	1
PC 510	Ethical issues and legal aspects	15	1

PC 511	Rehabilitation, survivorship and community support	15	1
PC 512	Paediatric palliative care	15	1
PC 513	Nutrition in palliative care	15	1
	Total	227	15

Table 2 – Credit allocations for the clinical component

Module no	Module name	Total hours of training (hours)	Credit allocation
PC 514	General medicine	90	2
PC 515	Respiratory medicine	45	1
PC 516	Neurology	45	1
PC 517	Cardiology	45	1
PC 518	Oncology	225	5
PC 519	Oncosurgery	45	1
PC 520	Nephrology	45	1
PC 521	Community and Family medicine	45	1
PC 522	Rheumatology/Rehabilitation	45	1
PC 523	Paediatrics	45	1
	Total	675	15

14. TEACHING / LEARNING METHODS

The training programme would be conducted as a full-time programme according to the following schedule.

Lectures/tutorials/class room teachings - once a week, full day session.

Clinical rotations/ field work/ site visits – rest of the week, full day sessions

15. TRAINERS AND TRAINING UNITS

The training units will include wards in the National Hospital of Sri Lanka, National Cancer Institute Maharagama, Teaching Hospitals, Provincial or District General Hospitals where there are trainers who meet PGIM eligibility criteria. Trainees will be allocated to such training centers accredited by the Specialty Board in Palliative Medicine and the Board of

Study in Multidisciplinary Study Courses for their field work and site visits. The list of trainers and training units will be reviewed each year.

16. IN-COURSE ASSESSMENT

16.1. CLINICAL PORTFOLIO

Each candidate is expected to maintain a portfolio which should include 20 clinical cases documented according to the designated structure given below. All modules should be represented among the 20 cases.

Each case entry should consist of a summary of history, examination, investigation findings, problem identification, overall management and follow up care. Each case has to be accompanied by a reflective log which includes insightful observations on the overall management as against an ideal management setting, challenges faced in managing patients, and observations/reflection on the utilization of services available for such patients.

Each entry should not exceed more than 1000 words. Relevant references should be included according to standard format.

At the end of each entry, trainees should provide evidence for the case which could include images of bed head ticket notes, investigative findings and other patient records, which should be certified by the relevant supervisors. Consent should be obtained from patients when publishing images or other personal material of patients. The evidence can be attached as annexures at the end of the case book.

Candidates should include a reference list at the end of each entry. Each case book entry will be checked for plagiarism and candidates proven guilty will be dealt with according to the PGIM regulations.

A minimum of 10 cases should be submitted on completion of the sixth month of the training.

The completed portfolio should be submitted to the PGIM for assessment in both the printed format and as a soft copy two months prior to the closing date of applications for the final examination. The portfolio will be marked as indicated in Annex 3. Any case with a score less than 50% will be considered as unsatisfactory, and will need resubmission.

16.2. LOG BOOK

Appointment diary

Each trainee should maintain an appointment diary (Annex 2) pertaining to all the site visits/field work made during the training programme and should be duly filled on completion of the training segment and signature obtained from the relevant supervisor. The appointment diary should be handed over for evaluation to the PGIM one month prior to the closing date of applications for the final examination. The log book will be marked as indicated in Annex 2. Trainees who obtain less than 50% according to the rating scale will be required to repeat the appointment.

17. POSTGRADUATE DIPLOMA IN PALLIATIVE MEDICINE EXAMINATION

17.1. ELIGIBILITY TO SIT THE EXAMINATION

- a. Trainees are expected to show attendance of 80% or more in each of the clinical and the taught components.
- b. Trainees must obtain a 'satisfactory' grade for the clinical portfolio and the log book (attendance diary)

17.2. FORMAT OF THE POSTGRADUATE DIPLOMA EXAMINATION

The final assessment will consist of two components:

C1. Written examination (50% of the overall mark)

C2. Clinical Examination

C2.1 Viva (15% of the overall mark)

C2.2. Clinical OSCE (35% of the overall mark)

C1.WRITTEN EXAMINATION:

The written examination shall consist of a multiple choice question paper and a structured essay paper. The Multiple Choice Question paper (MCQ) will consist of 20 MCQs of single best answer type and 50 MCQs of true or false type to be answered within two hours. The MCQs will be derived from all modules of the programme based on the proportion of allocated credits. Each T/F type MCQ will be marked out of 5 with negative marking for incorrect responses, but no carry over. Each SBA will be marking out of 3, with no negative marking. The marks obtained for the MCQ paper will then be converted to a mark out of 30 as shown in Table 3.

The structured essay question (SEQ) paper will consist of 5 questions and contribute 20 marks towards the final total of the written component. Candidates should answer all the questions. The total duration for the SEQ paper will be two hours. Each question will be given a mark out of 100 by two independent examiners and the total marks obtained for all 5 questions will be converted to a mark out of 20. The marks obtained for the MCQ and the SEQ papers will be totaled to 50 marks.

C2. CLINICAL EXAMINATION

The clinical examination shall consist of a clinical viva and an Objective Structured Clinical Examination (OSCE)

Clinical viva: The candidate will face a panel of two examiners for 20 minutes. The candidate will be given a mark out of 15 for the clinical viva. The two examiners shall award marks independently and the final mark will be the average of the marks awarded by each examiner.

OSCE: The candidate will face 20 OSCE stations. Each station will be marked out of 10 marks. Final mark will be totaled to 35.

Exam component	No of questions	Marked out of	Percentage contribution to final mark
C1. Written examination			
C1.1 MCQ paper			
Single Best Answer type	20	60	8%
True / False type	50	250	22%
C1.2 SEQ paper	5	500	20%
C2. Clinical examination			
C2.1 Clinical viva	-	15	15%
C2.2 OSCE	20 stations	200	35%
Total			100%

18. REQUIREMENTS TO PASS THE POSTGRADUATE DIPLOMA EXAMINATION

A candidate who obtains 50% or more marks for each of the two components of the final assessment (written & clinicals) will be considered successful at the examination and will be eligible for award of the Postgraduate Diploma in Palliative Medicine by the Postgraduate Institute of Medicine, University of Colombo.

19. FAILED CANDIDATES

A candidate who obtains less than 50% in either or both component(s) of the final examination is considered a failed candidate. Such candidates shall repeat the failed component(s) of the examination at the immediate next attempt. A candidate who fails to pass at this next attempt will be required to take both exam components at the 3rd attempt. A maximum of six attempts within eight years will be allowed for completion of the postgraduate diploma.

20. RECOMMENDED READING – STUDENTS SHOULD REFER TO THE LATEST EDITIONS AVAILABLE

1. Oxford textbook of palliative medicine Edited by Geoffrey Hanks, Nathan I. Cherny, Nicholas A Christakis, Marie Fallon, Stein Kaasa, and Russell K. Portenoy 4th Edition Oxford University press
2. ABC of palliative care BMJ books Edited by Marie Fallon, Geoffrey Hanks 2nd Edition, Blackwell publishing
3. Palliative Medicine Handbook 3rd Edition Ion Nivholas Back BPM Books
4. Textbook of Pain Management- by Muralidhar Joshi Paras medical publisher. Hyderabad, India. ISBN

5. Regional Anaesthesia: A Pocket Guide by David M Scott Alwyn Chuan, Oxford University Press
6. Journal of Palliative Medicine- (Although this requires subscription, there are free access articles also) www.liebertpub.com/jpm
7. Briefings in Palliative, Hospice, and Pain Medicine & Management - www.liebertpub.com/palliative/archive/ - (online weekly magazine)
8. Indian Journal of Palliative care - www.jpalliativecare.com
9. Modern Nutrition in Health and Disease Maurice E. Shils and Moshe Shike 2006. 10thEdition . Lippincott Williams & Wilkins, UK

ANNEX I

THE POSTGRADUATE DIPLOMA IN PALLIATIVE MEDICINE - STUDY PROGRAMME AND CURRICULUM

COURSE OUTCOMES

At the end of this course, a trainee will be able to

1. Manage symptoms and other clinical problems secondary to life-limiting progressive disease and other common concurrent medical problems.
2. Address and manage psychological, emotional and social issues of patients and their families within the palliative care context.
3. Be able to identify psychiatric conditions and make appropriate psychiatrists referral.
4. Identify specific disease processes and common emergencies which may arise in the context of palliative care.
5. Prescribe medications within the palliative care setting.
6. Provide care for dying people.
7. Recognize that spirituality may be a key dimension of the experience of dying patients and ensure spiritual issues are addressed.
8. Establish therapeutic and supportive relationships with patients and families.
9. Work effectively with others and collaborate effectively amongst health professionals.
10. Participate in advocacy for the welfare of individual patients with a life-limiting illness and their families, and facilitate discussion/ encourage promotion of palliative care issues within the general community.

PROGRAM STRUCTURE

The training program consists of thirteen (13) modules.

Modules

1. Introduction
2. Management of pain
3. Management of common symptoms
4. Psychological aspects
5. Communication skills and counseling
6. End of life care and hospice care
7. Palliative care emergencies
8. Palliative care for non-malignant disorders
9. Palliative care in geriatric patients
10. Ethical issues and legal aspects
11. Rehabilitation survivorship and community support
12. Paediatric palliative care
13. Nutrition in palliative care

CURRICULUM

Module1

Introduction

Module outcomes

1. Understand cardinal concepts underlying the philosophy of Palliative Medicine.
2. Assess the need for palliative care in individuals.
3. Outline care plans according to the illness trajectory , individual goals of care, functional status, suffering.
4. Support improvements in quality of life among patients and families by considering the functional status of the patient.
5. Collaborate with members of the interdisciplinary team in developing care plans.
6. Demonstrate openness and non-judgmental attitude when exploring the culture of patients from different backgrounds.

Contents

- Definitions and core concepts
 - Define palliative care
 - Concepts and core values
- Need for palliative care and who should receive it
- Illness trajectories
 - Types of illness trajectories
 - Illness trajectories and related care plans
- Palliative care assessment
 - Medical
 - Nursing
 - Psychosocial and spiritual
- Goals of care
- Assessment of functional status
- Recognize the suffering and related needs
 - Patient
 - Family
 - Healthcare professionals
- Assessment of quality of life
 - patient
 - care givers
- Interdisciplinary team
 - Describe roles, expertise and limitations of each member
- Relevant cultural racial and social issues and their impact on practice of medicine

Module 2

Pain Management

Module Outcomes

1. Explain the physiology of pain, pathophysiology of acute & chronic pain syndromes in early and advanced illnesses.

2. Evaluate appropriate pharmacologic & non pharmacologic therapies for managing pain.
3. Perform a comprehensive pain assessment.
4. Uses risks & benefits of opioids & apply knowledge appropriately in provision of pain relief.
5. Identify ethical & legal issues in prescribing opioids.
6. Manage pain within the hospital & community settings.
7. Develop multidisciplinary and holistic approaches in pain management for the care of patients and their families.
8. Identify different socio-cultural, spiritual and work place factors which influence effective pain management.
9. Establish a therapeutic relationship with patients and their families for the management of pain

Contents

- Different types of pain and common pain syndromes.
- WHO Analgesic Ladder, analgesics, adjuvants, its uses ,opioid rotation & adverse effects of drugs and their management .
- Use of pain medication based on the mechanism /s of a particular pain/pain syndrome.
- History, appropriate investigations & examination of a patient in pain. Recognize the role of cognitive, emotional, spiritual & social factors in the assessment & management.
- Standard pain assessment questionnaires and pain tools in the assessment of pain.
- Addiction, dependence & tolerance of opioids. Identify risk factors for misuse & addiction.
- Recognize the use of relevant non-pharmacological methods in pain relief.
- Identify psychological interventions in pain management
- Use of syringe drivers, sub cutaneous (sc) access, simple orthopaedic appliances such as cervical collars, lumbar corsets etc. in pain relief.
- Effective communication using verbal & written methods for pharmaceutical andnon pharmaceuticalpain relief plan for a patient in pain.
- Spinal analgesia, epidural analgesia, common nerve blocks, plexus catheters , relevant neuro surgical &orthopaedic procedures for management of pain.
- Compassionate & empathetic attitudes towards the patients in pain & their families.
- Adopt and manage pain within different settings i.e., hospital, hospice, home, community clinic.
- Recognize & initiate appropriate referrals to specialist palliative care services, pain management services, psychiatric/psychological services or any other specialist care services such as neurology, orthopaedics, neuro surgery etc.

Module 3

Management of common symptoms

Module Outcomes

1. Understand the difference between malignant and non-malignant palliative care.
2. Understand differences in cancer trajectories while exploring overlap between needs of active and palliative treatment.
3. Develop skills to work in partnership with teams already caring for these patients.
4. Develop skills to conceptually map out health and social services in patients who have different patterns of cancer trajectories.
5. Manage clinical problems secondary to life limiting malignant conditions and other common co-morbid medical problems.
6. Discuss the treatment options available alongside the social, moral and ethical considerations.
7. Acquire knowledge and skills to be able to conduct a realistic dialogue about the cancer trajectory, options of supportive care focusing on quality of life and symptom control.

Contents

- The natural history and the role of cancer specific treatment in the management of progressive life limiting malignant diseases.
 - Identify the common malignant disorders requiring palliation in Sri Lanka.
- Knowledge of advanced stages in various malignant diseases which need palliative care.
- The pathophysiology and symptom analysis in cancer patients.
- Pharmacological and non-pharmacological management options in general
- The disease specific symptom burden and palliative care needs.
- Overall management of common symptoms, their definitions, significance in cancer patients and management strategies including
 - Respiratory Symptoms Breathlessness, Cough, Pleural effusion
 - Gastrointestinal Symptoms; Nausea and vomiting, constipation, bowel obstruction, cachexia/anorexia, xerostomia.
 - Urinary Symptoms: Urinary tract infections, urinary incontinence, urinary frequency and bladder spasms, haematuria, urinary retention, obstructive renal failure.
 - Other symptoms: Lymphoedema ascites, hiccups, itch, sweating,
 - Symptoms related to cancer therapy: Mucositis/diarrhoea and constipation, skin, nail, hair changes

The Use of Corticosteroids in Symptom Control

- Needs in physical, social, psychological and spiritual aspects in accordance with cancer trajectory

Module 4

Psychological aspects

Module outcomes

1. Advise on non-physical ways to deal effectively with pain.
2. Recognise and manage common psychosocial issues.
3. Recognise and address stigma, discrimination, stereotypes and prejudice in relation to palliative care.
4. Recognise and address grief, spiritual/ existential and cultural issues.
5. Recognise psychiatric issues and refer to specialists.
6. Evaluate and address personality issues.
7. Recognise and address problems in therapeutic relationships.
8. Acknowledge and address psychological issues encountered by self, team members and family members.

Contents

- Adjunct psychological interventions to manage pain
 - Emotions, culture/ subculture
 - Perception of and coping with pain
- Common psychosocial issues
 - At home and at work
 - Sexual, occupational, recreational and other issues
- Stigma and discrimination related to palliative care
 - Stigma, discrimination, stereotypes, prejudice, culture, labelling, power, culture change, distress (vs. clinical depression)
 - Practical application
- Grief, spiritual/ existential and cultural issues
 - Types of losses
 - Ways and stages of grief
 - Spiritual/ existential issues
 - Death anxiety
- Psychiatric issues
 - Anxiety, depression, and delirium
 - Other psychiatric illnesses
 - Patient and family members
 - Refer and manage in liaison
- Personality issues
 - Common personality issues and disorders
 - Exacerbation and new changes
- Problems in therapeutic relationships
 - With patient/ family and team members
 - Way to recognise and help
- Psychological/ existential and culture issues
 - In oneself
 - In other team members

Module 5

Communication skills and counseling

Module outcomes

1. Reflect on his/ her personal predisposition to provide psychological support to palliative patients.
2. Recognize and address ethical issues in the psychological care of the patient and his/her family.
3. Demonstrate the key personal attributes required of an effective psychological support giver.
4. Demonstrate effective patient-centered verbal and nonverbal communication skills in important care situations such as breaking bad news.
5. Apply active listening in a palliative setting.
6. Demonstrate effective approaches to managing emotions in patients and families facing serious illness
7. Facilitate an effective working environment within the health team including managing psychological/existential issues of the team.
8. Recognize normal grief reactions and grief disorders in patients and their family members.
9. Demonstrate skills in supportive psychotherapy when working with patients and their family members.
10. Care for on eself when working within the palliative setting.

Contents

- Being prepared: Understanding yourself
- Creating the right environment to counsel: Understanding logistics of the counseling process (choosing an appropriate place, setting times/appointment, setting duration of a counseling appointment)
- Ethics in counselling: Privacy and confidentiality issues
- Qualities of a competent counselor: Understanding relevant emotions and attitudes: empathy, Non-judgmental attitude, Positive Regard
- Communicating Effectively: Learning about effective verbal communication and non-verbal communication, active listening, assessing emotions of the patient/ family, making routine conversations more effective and comfortable, feedback mechanisms to improve communication skills of the health team
- Breaking bad news: Learning the methods and difficulties in breaking bad news, SPIKES model
- The process of palliative counseling: Understanding psychological ventilation, supportive psychotherapy, problem solving, setting appropriate goals in counseling, helping to make end-of life decisions and managing grief reactions, working with the family of the patient
- Staff burnout: Recognizing the importance of looking after oneself, debriefing, overcoming burnout

Module 6

End of life care and hospice care

Module Outcomes

1. Sensitively and appropriately care for the dying patient with a focus on symptom management, family support and awareness of spiritual issues.
2. Apply knowledge of the care requirement of dying person including specific disease process, symptom management and pharmacology in order to develop appropriate management plans for end of life care
3. Communicate sensitively with and support the grieving person and their family
4. Comply with legal and ethical requirements

Contents

- The advent of terminal phase of a progressive illness and signs of approaching death
- The care requirements of a dying person and their family including the physical, emotional, social, cultural and spiritual dimensions.
- Symptoms and complications which occur at the end of life
 - Alteration in conscious state,
 - restlessness
 - death rattles
 - swallowing problems,
 - mouth dryness and soreness
- The management of symptoms and complications which occur at the end of life.
- The major ethical issues that surround end of life care
 - withdrawal of active treatment,
 - withdrawal or withholding of invasive feeding and fluids
 - documentation of not for resuscitation orders
 - consent for body or tissue donation
- Pharmacology of commonly used medications and their use in the management of symptoms at the end of life.
- The difference between normal bereavement and abnormal grief
- The relevant duties of the family around the time of death

Module 7

Palliative care emergencies

Module outcomes

1. Students will be able to identify various presentations of oncological emergencies and evaluate them to avoid permanent disabilities in palliative cancer patients
2. Students will acquire knowledge on how to narrow down differential diagnosis of various presentations, hence to manage them early.
3. Students will be able to identify and manage common oncological emergencies.
4. Students will be able to make appropriate referrals when indicated.

Contents

- The differences in approaching oncological emergencies in palliative care.
- Pathophysiology of oncological emergencies and associated malignancies.
- Common oncological emergencies encountered in palliative care.
- Clinical features of common oncological emergencies.
- Investigate and diagnose common oncological emergencies.
- Treatment options of various emergencies including available evidence.

Module 8

Palliative care for non-malignant disorders

Module outcomes

1. Understand the difference between malignant and non-malignant palliative care.
2. Understand the differences in trajectories in different non-malignant conditions:
 - a. Explore overlap between active and palliative treatment and needs
 - b. conceptually map out health and social services in patients who has deferent patterns of illness trajectories
3. Develop skills to work in partnership with teams already caring for these patients.
4. Manage clinical problems secondary to life limiting non-malignant conditions as well as other common concurrent medical problems.
5. Acquire knowledge and skills to have a realistic dialogue about the illness trajectories, options of supportive care focusing on quality of life and symptom control.

Contents

- The natural history and the role of disease specific treatment in the management of progressive life limiting non malignant diseases
- Acquire basic knowledge in common non-malignant disorders requiring palliation in Sri Lanka
 - End stage cardiac diseases
 - End stage non malignant respiratory diseases
 - End stage renal diseases
 - End stage liver diseases
 - Advanced neurological diseases
 - HIV/ AIDs
- Pathophysiology and symptom analysis of each disorder
- Pharmacological and non-pharmacological management options
- Varying needs in physical, social , psychological and spiritual aspects in accordance with trajectories they follow

Module 9

Palliative care in geriatric patients

Module outcomes

1. Identify the complexities in presentation and evaluation of elderly and apply this knowledge in managing elderly palliative care patients.
2. Acquire skills in assessing the older person in a palliative care setting, able to perform a comprehensive geriatric assessment.
3. Identify and manage common geriatric syndromes.
4. Manage the medical problems on the background of ageing physiology and multiple co morbidities.
5. Comprehensively assess palliative care patients and provide continuous care with the help of the multidisciplinary palliative care team.
6. Understand the pathophysiology of common symptoms in geriatric patients and ability to manage them.
7. Make appropriate referrals when indicated.

Contents

- Differences in the approach to elderly patients needing palliative care.
- Physiology of ageing.
- The difficulties in evaluating elderly patients.
- Common geriatric syndromes encountered in palliative care.
- Multiple chronic diseases in elderly and different disease trajectories.
- Principles of geriatric assessment in relation to functional, physical, psychological, cognitive and social aspects.
- The quality of life of each patient and their family members.
- Psychological changes associated with aging.
- The role of each member in the multidisciplinary team managing elderly patients.
- The principles of drug prescribing and rational use of drugs in elderly patients.

Module 10

Ethical issues and legal aspects

Module outcomes

1. Understand the value of ethics and to manage patients with due respect and considering ethical aspects in day to day palliative care
2. Identify the special concerns of ethics in palliative care.
3. Recognize the various aspects or concerns in medical ethics in relevance to palliative care practice.
4. Identify strategies to stay within the legal limits and to reach the maximum level when managing patients in an ethically accepted manner..
5. Understand the practices and advances in other countries.
6. Understand how to deal with special instances in palliative care practice.
7. Identify strategies to maximize practicing medico-legal and ethical aspects.

Contents

- Basics of ethics
- Medical ethics and palliative care
- Key concepts of medical ethics in general practice and in palliative care practice
- Ethically accepted and legally safe practice
- Legal and ethical limits or boundaries in other countries
- Special ethical concerns related to palliative care: in nutrition, hospice, last will, confirmation of death and legal proceedings, research
- Grey areas in palliative practice: remaining within frameworks, seeking a second opinion, discussions with team members, responsibilities
- Breach of duty and its outcomes: legal punishments including medical negligence, regulatory body restrictions, barring from practice, social stigma, criticisms by peers, reputation and dignity

Module 11

Rehabilitation survivorship and community support

Module outcomes

1. Ability to identify the needs of rehabilitation care among palliative care patients.
2. Ability to practice rehabilitation care for palliative care patients and their care givers.
3. Ability to practice palliative care at primary / family practice setting
4. Ability to maximally utilize existing supportive care services in the community
5. Ability to understand and practice feasible and sustainable community based palliative care delivery models

Contents

- Skills to assess a patient in a palliative care setting in order to provide appropriate rehabilitation
 - Interrelationships and limitations of rehabilitation into palliative care.
 - Anticipation of problems and preventing them through proper care for skin, bladder, bowel stoma etc.
 - Need and appropriate referral for physiotherapy, occupational therapy and other available services.
 - Importance of aids and appliances that could improve a patient's quality of life.
 - Roles of multidisciplinary team members in order to develop skills in recruiting members as an when necessary in managing patients
 - Awareness of possibilities to get rehabilitation services for palliative care patients in the community
 - Understanding of the caregiver as an important member in the palliative care /rehabilitation team and improve compliance through training and education.

- Practice of palliative care at primary / family practice settings
 - Identify the need for palliation and providing shared care.
 - Develop and ability to understand beliefs, expectations and practices in the community in relation to palliative care.
 - Develop the ability to practice pain & other symptom management at primary care.
 - Develop the ability to manage patients at home.
 - Identify the principles of referral and back referral at primary care
 - Develop skills in attending to the end of life care as a family practitioner and ability to take appropriate clinical decisions
- Utilize existing supportive care services in the community
 - services available within the health sector
 - services available beyond health sector
- Strengthen feasible and sustainable community based palliative care delivery model
 - Community based palliative care models in other countries
 - Sri Lankan models

Module 12

Paediatric palliative care

Module outcomes

1. Differentiate anatomical and physiological aspects in a child from and adult to practically approach children for palliative care
2. Identify the level of cognitive and social/ emotional development level in order to conduct a discussion with a child during the process of palliation
3. Learn concepts of pain, death, separation whenever necessary
4. Differentiate conditions that need palliation from the ones that do not need
5. Advise families and caregivers on feeding children receiving palliation
6. Prescribe for children taking the pharmacological principles for children

Contents

- Anatomy and physiology in children
 - Compare and contrast the anatomy physiology of child from and adult
 - Apply the differences in anatomy and physiology in a child to the palliative care practice
- Social emotional and cognitive development in children 0-18 years
 - Understand the concept of death by children
 - Assess the emotional and cognitive ability in a child in order to explain the process of palliation
 - Understand the concepts of pain management in children

- Pharmacology in children
 - Understand the pharmacodynamics and kinetics in children
 - Identify drugs/ categories of medicines that are frequently used in paediatric palliation
 - Know the sedation techniques in paediatric palliative care
- Conditions that need palliation in paediatric practice from the ones that do not need.
- Nutrition in paediatric palliative care
- Handling families including siblings during palliation of paediatric palliative care
- Play and art therapy

Module 13

Nutrition in palliative care

Module outcomes

1. Demonstrate knowledge of the role and possibilities/limitations of nutrition support in palliative care
2. Advise patients on basic nutrition needs to maintain health by developing a knowledge of basic nutritional principles and diet.
3. Assess nutrition status of a patient through use of simple nutrition screening tools and identify those who need nutritional support and make appropriate referrals.
4. Discuss the pathophysiology of starvation and reduced food intake, weight loss during illness to be aware of the varying nutrition needs of patients in palliative care.
5. Recognise nutritional challenges in palliative care patients and the limitations of nutritional support; decreased food intake- anorexia, dysphagia, malabsorption, nutrient loss

Contents

- The role of nutrition in palliative care;
 - Nutrition needs importance of nutrition and limitations of nutrition support.
- Basic concepts in nutrition:
 - Macro and micronutrients,
 - energy balance and assessment of energy needs,
 - basic concepts of nutrition in terms of food
- Identification of patients who need nutrition support:
 - nutrition screening and assessment,
 - common nutrition screening tools,
 - application of selected screening methods to patients (during clinical assignments)

- Pathophysiology of reduced food intake during chronic illness
 - The effects of infection and inflammation on the body.
 - The pathophysiological basis of anorexia, nausea, malabsorption and loss of lean body mass during chronic illness
 - The metabolic changes of starvation and the key effects of starvation on the body.

- Nutritional challenges in palliative care
 - Enteral and parenteral support
 - The challenges of delivering nutritional support to patients
 - The ethical issues in nutrition support

ANNEX II

POSTGRADUATE DIPLOMA IN PALLIATIVE MEDICINE

LOG BOOK STRUCTURE

(The log book should be prepared according to the following format)

Name of Trainee:

Name of Trainer:

Appointment:

Period of Training: From To Unit/

Department/ Institution:

Assessment of the training

Please rate the trainee's performance for each appointment by marking from a rating of 1-5 in the box next to each topic area

Interpretation of rating scale

1. Falls short of expected standards
2. Consist with level of training
3. Better than expected standard

	Area of assessment	Rating
	Medical knowledge Demonstrates up-to-date knowledge required to manage patients	
	Application of medical knowledge Shows ability to use the knowledge and other derived evidence based information	
	Procedural skills Demonstrates ability to perform practical/technical procedures	
	Interpersonal communication skills Demonstrates ability to relate to and communicate with patients and their families	
	Clinical judgment Demonstrates ability to integrate cognitive and clinical skills and consider alternatives in making diagnostic and therapeutic decisions	
	Responsibility Accepts responsibility for own actions and understand the limitations of own knowledge and experience	
	Problem solving skills Critically assesses information, identifies major issues, makes timely decisions and acts upon them	

	Humanistic qualities Demonstrates integrity and compassion in patient care	
	Respect Shows personal commitment to honouring the choices and rights of other persons	
	Moral and ethical behavior Exhibits high standards of moral and ethical behavior towards patient and families	
	Professional attitude and behavior Shows honesty at all times in their works ;puts patient welfare ahead of personal considerations	
	Patient management Shows wisdom in selecting treatment; adapts management to different circumstances	
	Medical care Effectively manages patient through integration of skills resulting in comprehensive high quality care	
	Record keeping Maintains complete and orderly records and up-to-date progress notes	
	Discharge planning / summaries Ensures that all problems are explained prior to discharge from hospital; prepares concise and prompt discharge summaries	
	Relationship with medical staff Relates easily to members of staff; maintain team spirit and encourages cooperation	
	Relationship with health professionals Demonstrate ability to work well and effectively in health care team; values the experience of others	
	Organizational skills Demonstrates ability to plan coordinate and complete administrative tasks associated with medical care	
	Self-assessment Accepts the limits of own competence and functions within own capabilities; seek advice and assistance when appropriate; accepts criticism	
	Continuing education Shows a resourceful attitude towards continuing education to enhance quality of care	

Comments of the Trainee:

Organizational structure:

Resources available:

Functions of the Unit / Department / Institution in relation to Palliative care:

Objectives that were achieved:

Usefulness of your visit:

Suggestions to improve the appointment:

Signature of the Trainee :

Date :

Consultant in charge / Supervising officer / Head :

Signature of the above :

Date :

Annex III

Portfolio marking scheme for the Diploma in Palliative Medicine

Student Index number

Batch number

Date

Interpretation of rating scale

- 1 Falls short of expected standards
- 2 Consist with level of training
- 3 Better than expected standard

Category		Marks					
		1	2	3			
Structure and style							
1	Maintenance of confidentiality						
2	Organization of material						
3	Clarity of written expression (correct grammar etc.)						
4	Use of appropriate language						
5	Style of referencing						
Content							
6	Accuracy of description of cases						
7	Accuracy of description of important issues						
8	History						
9	Examination findings						

10	Investigations						
11	Management						
12	Inward care						
13	Multi-disciplinary involvement						
14	Follow up after discharge						
15	Use of relevant references/ citation						
Discussion							
16	Critical evaluation of management						
17	Citing evidence of literature						
18	Discussing the optimal management						
19	Discussion of challenges in achieving the optimal management						
20	Self-reflection of the learning experience						

Total mark out of 60