

Nordic Specialist Course in Palliative Medicine

This course is a joint venture between the Associations for Palliative Medicine in the Nordic countries for a theoretical specialist training course in 6 modules.

Background

During the last decades, an increasing awareness of the need for a defined area of medicine, to take care of patients with advanced life-threatening disease, has emerged in all the Nordic countries. Official reports have been published, that give recommendations for the establishment of specialist palliative care services nation-wide, and an increasing number of palliative health care programmes are being set up. So far, however, palliative medicine is not recognized as a medical specialty in any Nordic country. So up to now just a very limited number of doctors in the Nordic countries have education and experience in the field. We are facing the situation that new palliative care units and programmes might be established without the appropriate medical staffing. This situation, therefore, presents an urgent need to educate doctors in the Nordic countries in palliative medicine at a specialist level.

Nordic Task Force Group

In October 2001, a Nordic Task Force Group was established in order to work out a Nordic educational programme in palliative medicine. The group has had four meetings between November 2001 and August 2002, and has consisted of the following members:

Danish Association for Palliative Medicine (DSPaM):	Tove Vejlgård Marianne Metz Mørch (until Sept. 2002) Lise Pedersen (from Sept. 2002)
Swedish Association for Palliative Medicine (SFPM):	Carl-Magnus Edenbrandt Anne-Marie Gravgaard
Norwegian Association for Palliative Medicine (NFPM):	Dagny Faksvåg Haugen Stein Kaasa
Finnish Association of Palliative Medicine (FAPM):	Juha Hänninen Kaija Holli
Icelandic Association of Palliative Care:	Valgerdur Sigurdardottir

Gerd Leikersfeldt (Denmark) has been secretary for the group.

Course Curriculum

The group has decided to use the British Curriculum in Palliative Medicine, level C, (1) as the basis for the course content, as all current palliative medicine curricula are more or less based on this. Attention has also been paid to the EAPC Curriculum (2) and the Swedish Curriculum (3).

The course is aimed at doctors in the forefront of palliative medicine, who will play an important part in developing the field in their countries. Research should therefore be an integrated part of their specialist training, and a limited research project is included in the course.

Objective of specialist training in Palliative Medicine

The objective of a training programme in Palliative Medicine is to equip doctors, who have specialist qualifications in relevant specialties, to carry the responsibility of a consultant working full time in a specialist palliative care setting, with responsibility for a substantial number of patients with late stage disease (which may not necessarily be malignant).

This responsibility includes:

- a) diagnostic procedures, symptom control, understanding of the biology and natural course of disease, including basic pathophysiological understanding, with emphasis on patients with late or end stage disease, both malignant and non-malignant disease, always considering the four dimensions of symptomatology (physical, psychological, social and spiritual)
- b) daily assessment of the degree to which control of pain and other symptoms has been achieved
- c) mobilising the assistance of doctors from other medical specialties for further measures, such as intervention therapy, radiotherapy, surgery, chemotherapy and specialised investigations
- d) actively contributing to teambuilding and to the collaboration of the professionals in a multidisciplinary team (nurses, doctors, social workers, physiotherapists, occupational therapists, psychologists, dieticians, clergy etc.)
- e) teaching and promoting the knowledge and aims of palliative medicine to medical colleagues, other health care professionals, and the general public
- f) co-ordinating relevant interventions for the patient, not only within specialist medical services, but also services from other professionals in collaboration with the patient's G.P., thus securing a smooth pathway for the patient between institutions and home
- g) working with other professionals, with families, as well as patients, in the prevention of bereavement morbidity
- h) when asked, advising clinical colleagues in hospitals, or in the community about treatment and management approaches and possibilities for specific patients
- i) having the ability to critically evaluate medical research literature, and having the skills to perform clinical research within the field of palliative medicine.

Course Content

MODULE 1 - Trondheim, Norway, October 2003, week 41 (5 days)

A. INTRODUCTION TO PALLIATIVE MEDICINE (1/2 day)

Aim: To have an understanding of palliative medicine, its characteristics, advantages and limitations, and its relationship to oncology and other medical specialties. To introduce the course participants to the basic ideas of the course .

Topics: The history of palliative medicine. Concepts and definitions. Hospice philosophy. The palliative medicine curriculum and the contents and working methods of the Nordic course.

A. EVIDENCE-BASED PALLIATIVE MEDICINE – PART 1 (2 days)

Aim: To be able to read and analyse scientific literature. To be prepared to plan a simple study in a palliative medical subject, write a protocol, find a tutor, and start the study.

Topics: Introduction to evidence-based medicine. Epidemiology and research methods in palliative medicine. Introduction to quantitative and qualitative research methods. Scientific theory. Literature review. How to write a protocol. Planning of own project.

Please see introduction for details on work on own project.

C. SYMPTOM CONTROL IN CANCER PATIENTS (2 ½ days)

Aim: To know and understand the epidemiology, biology, and complexity of symptoms in palliative medicine, and to be able to assess and handle the symptoms of the advanced cancer patient.

Topics: Assessment, diagnosis and management (treatment) of symptoms, such as anxiety, depression, fatigue, cognitive failure, gastrointestinal symptoms, respiratory symptoms, cachexia, anorexia.

MODULE 2 - Tampere, Finland, January 2004, week 4 (4 days)

A. THE IMMINENTLY DYING (4 days)

Aim: To acknowledge the special needs of the dying patient and his or her family; including religious, cultural and spiritual aspects. The influence of nearby death on suffering and family structure.

Topics: The dying process, including biology and pharmacology of the dying patient. Ethical aspects, hydration, withdrawal of treatment, psychological problems in patient and relatives. Social needs. Role of family in the treatment. Role of

volunteers. How to handle young patients and children. Cultural problems, including other cultures, cultural and ethnic differences. Coping with emotional stress in yourself and your staff. Spiritual aspects in life and death. Follow-up in bereavement and bereavement support. Symptom control – need of sedation? How to organise the treatment of dying persons optimally (including different choices).

MODULE 3 - Skåne, Sweden, May 2004, week 20 (5 days)

A. COMMUNICATION – PART 1 (2 days)

Aim: To improve the knowledge and skills of the participants in communicating with patients and relatives during all stages of the patient's illness. To improve the knowledge and skills of the participants in communicating with colleagues.

Topics: 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 with both patients and professionals.
Management of difficult questions and information given 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.

The course focuses on theoretical teaching alternating with intense practice in small groups. The main emphasis is laid on role-plays, using the clinical experience of the participants and focusing on problems in their own clinical practice. Starting with the more simple situations and gradually increasing the degree of difficulty.

B. ETHICS (1 day)

Aim: To know the principles of medical ethics, which apply to palliative medicine.

Topics: Theories of human nature. The declaration of human rights. Values and norms in palliative medicine. The issues surrounding requests for euthanasia and terminal sedation. The issues of stopping treatment with curative intent. Involvement of patients and relatives in decision-making. How to weight and assess benefits and burdens of treatment and clinical decisions. Evaluate decisions involved in resource allocation. How to decide for the incompetent patient.

C. TEAMWORK (2 days)

Aim: To know and understand the concept of multi-disciplinary teamwork and to be able to contribute to practical teamwork.

Topics: Different types of teams. Why teamwork? Understand group processes and be sensitive to team dynamics. Leadership in teams. Different forms of team support. Strategies which facilitate team functioning. The skills and contributions of other team members and other professions. Understanding of boundaries and professional rivalries. Handling of team conflicts. Be aware of the presence of the unconscious in teamwork.

MODULE 4 - Bergen, Norway, September 2004, 5 days

A. EVIDENCE-BASED PALLIATIVE MEDICINE – PART 2 (1 1/2 days)

Aim: To receive the necessary follow-up of own project. To be able to analyse, interpret and publish the results from own study. To have an understanding of research ethics. To be able to analyse difficult situations in palliative medicine and make the appropriate decisions.

Topics: Follow-up of ongoing projects. Introduction to statistics. Research ethics. Critical reading. How to apply critical appraisal skills and the skills of evidence-based medicine to daily medical practice. Decision-making.

B. PALLIATIVE RADIOTHERAPY, CHEMOTHERAPY, AND SURGERY. EMERGENCIES IN PALLIATIVE MEDICINE (1 ½ days)

Aim: To obtain the necessary knowledge of oncological treatment modalities and their use in palliative medicine. To be able to handle emergencies in palliative medicine.

Topics: Palliative radiotherapy, chemotherapy, and surgery. Indications, treatment options, side effects, evaluation. Emergencies in palliative medicine: spinal cord compression, hypercalcemia, acute delirium, gastrointestinal obstruction, acute dyspnoea, bleeding and convulsions.

C. COMPLEMENTARY AND ALTERNATIVE TREATMENTS (1/2 DAY)

Aim: To know about complementary and alternative treatments used by patients in palliative care, and where to find more information on these therapies, their backgrounds and use. To have a balanced view on these treatment options. To know the national regulations applying to these therapies.

Topics: Concepts and definitions. Examples of common practice of alternative/complementary treatments in end-of-life care, effects and side effects. Statutory regulations.

D. TEACHING (1 ½ days)

Aim: To learn about different teaching methods and their application in palliative medicine. To develop teaching skills.

Topics: Theory and practice of different teaching methods. Different learning styles. How to make a presentation, handle teaching equipment, make and evaluate a teaching programme, and evaluate own teaching.

MODULE 5 - Copenhagen, Denmark, January 2005, 5 days

A. SYMPTOM CONTROL IN NON-CANCER PATIENTS (1 day)

Aim: To be able to handle common symptoms and situations in advanced neurological disease (ALS), heart failure, obstructive lung disease, AIDS, and dementia.

Topics: Natural history of the diseases, chronic stage and palliative phase. Special considerations in symptom management.

B. COMMUNICATION – PART 2 (2 days)

Aim: As in part 1, with an increasing degree of difficulty.

Topics: As in part 1, with an increasing degree of difficulty.

Increasing emphasis on role-plays and video.

In the time span between communication part 1 and part 2, the participants will be requested to practice the communicative skills acquired in part 1. All participants must prepare a video illustrating clinical communication in palliative care, which will be used in the teaching sessions in part 2. Approval of the course will be subject to the preparation of such a video.

C. PAIN (2 days)

Aim: To know the definition of pain and to know and understand the epidemiology, biology and complexity of the symptom pain in palliative medicine, including the psychological, social and spiritual characteristics. To be able to assess, evaluate and treat the different kinds of pain, including knowledge of the pharmacology and handling of medical pain treatment and the non-pharmacological interventions in pain management.

Topics: Introduction: The pain problem.
Classification of pain (acute-chronic, non-malignant- and cancer pain). Pain epidemiology. Physiology of pain. History taking, physical examination and pain assessment. A mechanism-based evaluation (understanding of nociceptive, visceral, neuropathic and breakthrough pain conditions). Pain assessment tools, including Health Related Quality of Life measures. Drug treatment principles (WHO analgesic ladder). Opioids: Opioid sensitivity, opioid side effects (including tolerance, addiction, opioid induced neurotoxicity) and opioid rotation. Adjuvant analgesics: Indications and drug selection (including anti-convulsants, antidepressants, NMDA receptor antagonists, NSAID's, steroids etc.). Spinal/epidural/parenteral pain treatment. Nerve blocks and neurosurgical procedures. Syringe drivers and pain treatment. Pain treatment in oncology (radiotherapy and chemotherapy). Non-drug pain therapy: TENS, acupuncture,

physiotherapy etc. Psychological interventions in pain management. Shared care with pain management services.

MODULE 6 - Stockholm, Sweden, May 2005, 5 days

A. MANAGEMENT, AUDIT, ORGANISATION (2½ days)

Aim: To have the knowledge and the ability to set up a palliative care programme. Audit and management of the organisation. To construct and carry out a clinical audit in palliative care, elucidating the content of the unit regarding physical, social, psychological and spiritual matters.

Topics: Different organisational models for palliative care programmes, e.g. consulting teams, home care teams, in-bed units, consulting function in the hospital and in the nursing home. Recruiting and staff selection. Person specifications, job descriptions and interviewing techniques. Appraisal systems and staff development, counselling and disciplinary procedures. Budgetary systems. Leadership. The role of the administrator. Differentiation between clinical and management issues. The principles and practice of quality control, audit, triangle evaluation system and external multi-professional evaluation. Co-operation with national and international organisations and associations.

B. PRESENTATION OF RESEARCH PROJECTS (1½ days)

Aim: The student should be able to present the results from his/her own study in a concise and precise way, in English, at a scientific level.

Topics: Presentation of own project. To be able to write an abstract, make a power-point presentation and write an article. Evaluation and feedback in the course group (colleagues and teachers).

C. EVALUATION; EXAMINATION (1 day)

Aim:

- To evaluate if each course is well enough designed and carried out to fulfill the expectations of the participants. To check if the teaching aims have been reached and to get feed-back to teachers.
- To assure that the participants have the required knowledge, skills and attitudes for a specialist in palliative medicine.

Topics: Evaluation, examination.

References:

- Palliative Medicine Curriculum for Medical Students, General Professional training and Higher Specialist training. Association for Palliative Medicine of Great Britain and Ireland, 1991.
- Report and Recommendations of a Workshop on Palliative Medicine Education and Training for Doctors in Europe. European Association for Palliative Care (EAPC), 1993.
- Svensk läroplan i palliativ medicin. Svensk Förening för Palliativ Medicin, 2001.

Practical Information

Course secretariat: secretary and course co-ordinator 2003-2005

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Entry requirements and selection of participants

The first course is planned for 25 students. Sweden will be assigned 8 places, Denmark 5, Norway 5, Finland 5, and Iceland 2.

Applicants should have completed specialist training in a recognized medical specialty and possess knowledge and skills corresponding to level B of the palliative medicine curriculum (Ref.1,2,3).

The national associations will consider and nominate students among the applicants from their respective countries. For the first course, there will probably be more qualified applicants than places and for the selection amongst these applicants, it will be taken into consideration where applicants are placed, aiming at an even and fair distribution within each country.

Applicants with degrees in palliative medicine (e.g. Diploma, MSc from Great Britain) will not be allowed on the first course.

The Steering Committee makes the final selection. If one country does not fill all the assigned places, these may be offered to others.

Economy

The fee for each of the six course modules will be of Euro 670 (total course fee: Euro 4020).

A deposit of Euro 670 should be effected no later than 30 days after the notification of a successful application, and Euro 1340 no later than 1st of September 2003.

Second year the fee of Euro 2010 should be paid no later than 1st of September 2004.

Additional costs for travel and accommodation must be added.

The national associations will try to raise some money for the courses, but in principle every student is responsible for paying his/her own expenses. At the time of application, the student should ideally have obtained permission and provided evidence of guaranteed payment of the course costs, or be able to adequately demonstrate how he/she will finance the course. Only students able to satisfy these criteria will be selected for the course.

Duration and organisation of training

The duration of specialist training in Palliative Medicine is suggested to be 2 years, including the 6 modules of the Nordic Specialist Course in Palliative Medicine and clinical training. The duration of clinical training will differ between the Nordic countries, but will include work in specialist palliative care units or teams, where the full range of services is provided in different settings, e.g. in-patient care, day care, home care, bereavement services. The programme to which the student is appointed will have named consultant trainers (educational supervisors) for each element of the programme.

Research project

A limited research project is included in the course. Each student will get a national tutor to assist with his or her project. The project may be quantitative or qualitative, in the form of a survey, an audit, development of clinical guidelines, or conducting a systematic review. The

task will be introduced in the first module and attended to in every module, with special emphasis in module 4 and presentation of projects in module 6. Students who already have an ongoing project may use this, provided it is their own work (not more than two candidates working together).

Exams/assignments

A written assignment must be handed in, at the latest, 8 weeks after each course.

The assignments will be graded: Pass/Not pass.

A final evaluation of each participant and exam will be performed at the end of the course.

Participants will receive a written proof that they have passed the course.

To obtain this document, all assignments must be passed and the participants must have been present at 90% of the course.

Course evaluation

Each module will be consecutively evaluated by the students and the Steering Committee.

A final evaluation will be performed at the end of the course.

Steering Committee

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