

Group work, Monday 22 November:

Palliative medicine: Concepts, definitions and core values

1. Share in the group one or two of your immediate reactions or reflections after having read the chapter “Core concepts in palliative care” in Oxford Textbook. Did any specific part of the chapter resonate with you, or the opposite? (If you want to jog your memory - you can find the chapter [here](#))
2. How are the values that are highlighted in the chapter manifested in the palliative care service where you work?
3. In your opinion, what are the differences between palliative medicine and other medical specialties – if any?
4. What do you see as limitations for palliative care?
5. Why did you choose to work in palliative care? This is mostly a question for self-reflection, but you may share your thoughts in the group if you want to.
6. What do you hope to get from the Nordic course?

Monday afternoon, 22 November

Please discuss these scenarios, define one or more relevant research questions, and suggest one or more approaches for a course project to answer the question(s).

1. Two years ago, ESAS was implemented in three advanced home care units in a Swedish county. At present, only one of the units is still using the tool. The responsible physician is eager to know why implementation was successful in one unit and not the others, and how she should go about to have the tool implemented in the other two locations.

2. One of your colleagues works in a palliative care team in a hospital in a rural area. One day he experiences a difficult situation treating a terminally ill patient with an ICD (implantable cardioverter-defibrillator). No plans had been made for deactivation of the ICD. Your colleague wants his hospital to be better prepared for the next dying patient having an ICD. He thinks this will be a nice project for the Nordic course. How should he go about it?

3. An oncologist with a special interest in palliative care has been admitted to the Nordic course. She has the clear impression that while physical and psychological symptoms are reasonably well addressed in her department, the patients do not receive adequate spiritual care. Suggest a course project to address this assumption.

4. Your special interest is cancer pain management. Working as a palliative care consultant in a university hospital, you have the clear impression that less epidural catheters have been inserted during the last two years, compared to the years before. Is this a coincidence, or has there been a change in policy? How can you find out?

5. As a consultant in a hospital-based palliative care team you attend the EAPC congress and read a poster presenting somatostatin (octreotide) as a treatment for refractory chemotherapy-induced diarrhoea. You wonder whether you should try this treatment in your own hospital. Give an idea for a course project addressing this issue.

6. During a meeting for palliative care physicians in a region in one of the Nordic countries, it became evident that the doctors prescribed corticosteroids very differently. They did not use the same doses, and not even the same drugs. One of the younger physicians thinks this is very strange - how can he know how he himself should prescribe these drugs? Give some ideas for projects to explore this situation and help your young colleague.

7. A physician has just been accepted to the 10th NSCPM. She has no research experience and is not tempted by statistics and large databases. Her interests are more in the field of arts and crafts. Give her some suggestions for a course project that could fit her inclinations.

8. Since several course participants probably will choose an audit for their course project, we asked you to read the chapter on audit in palliative medicine in Oxford Textbook before coming to this module.

What topic or process would you want to audit at your own workplace? How would you plan this audit?