

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](#))

*Stages of palliative care very clinically relevant  
Empathy vs self-care*

2. How are the values that are highlighted in the chapter manifested in the palliative care service where you work?

*Self-care: Reflection groups, both uni-/ inter-disciplinary at PC units*

3. In your opinion, what are the differences between palliative medicine and other medical specialties – if any?

*We thought PC was not focused on productivity, more on time for patients, we see that it's not so simple  
Time is essential*

4. What do you see as limitations for palliative care?

*It's both hard when the patient comes too early and too late to PC*

*Local challenges of hospital or unit capacity, and home care palliative competency*

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.

*Audit - map when it is used and not, and what else is used*

*Interview / open-ended questions of why/when it is or not used?*

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?

*Write a local guideline/procedure (for decision-making or for technicalities or both)*

*Why was it difficult? Case report, or interview colleagues, leaders, patients, stakeholders?*

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.

*Investigate adequacy of spiritual care by questionnaire (audit)*

*Literature review on how to assess spiritual care*

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?

*Audit (retrospective chart review)*

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.

*Prospective study, pilot study (controlled?), symptom assessment score (nr of stools, other established assessment tool?)*

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.

*Literature review - is there evidence?*

*Chart review - when and in which doses is it used locally?*

*Questionnaire - when and in which doses do colleagues prescribe it?*

*Interview study - how do doctors think about dosing steroids?*

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.

*Literature review on art therapy, compassion fatigue, mindfulness, self-care, in palliative care*

*Interview study - how do your colleagues cope and avoid compassion fatigue, meaning of QoL*

*Book club, painting activity for patients or staff, and audit experiences with*

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?

*When and why are rounds made without a nurse at the PC unit? Map by chart review, and interview nurses and doctors (only latter?)*