

The Association for Palliative Medicine

of Great Britain & Ireland

Consensus Syllabus for Undergraduate Palliative Medicine in Great Britain and Ireland

2006

FOREWORD

Welcome to the new Consensus Syllabus for Undergraduate Palliative Medicine.

In 1992, the APM Executive developed a palliative medicine curriculum for doctors and students. This had a huge impact and has served us very well. However, fourteen years on, much has changed in undergraduate medical education:

- new medical schools have been established
- palliative medicine topics are taught by GPs and doctors in other specialties as well as our own
- palliative medicine teaching has expanded from only a few hours to one or more weeks, often threaded throughout the curriculum
- more medical schools include palliative medicine as a regular question in the final examination.

This new syllabus has been endorsed by the Association for Palliative Medicine. It has developed from a research study by Paul Paes and Bee Wee to gain a consensus among experts in palliative medicine across Great Britain and Ireland as to what should be included. The document recognises the diversity of undergraduate medical programmes in different medical schools as well as the amount of time allocated to palliative medicine. It has been designed as a reference document to help individuals develop and enhance palliative medicine teaching within the undergraduate medical education programmes in their own institutions.

On behalf of the authors, I thank all those who kindly participated in producing this APM Consensus Syllabus for the next generation of doctors.

John Wiles
APM Chair

INTRODUCTION

Palliative medicine has grown as a speciality in the last 40 years becoming more prominent within the undergraduate medical curriculum. In 1991 a working party of the Association of Palliative Medicine (APM) produced a syllabus for teaching palliative care at both undergraduate and postgraduate level. Since then there has been a large number of changes both in palliative medicine and medical education. As a result there is a need for an updated syllabus.

A modified Delphi technique was carried out over 3 rounds to gain a consensus amongst palliative care physicians of what should be taught at undergraduate level. This formed part of a Masters degree in Medical Education through the University of Dundee. The expert panel taking part in the Delphi study consisted of regional speciality advisors, palliative medicine undergraduate co-ordinators and members of the executive committee of the Association of Palliative Medicine. Members of the expert panel are listed in appendix 1.

This new syllabus is based on the original APM curriculum and has been endorsed by the current APM Executive Committee. The format has remained the same for convenience of use. In designing this syllabus the following key principles were followed:

- The amount of time allocated towards palliative medicine varies hugely between individual medical schools. It is not envisaged that everything in this syllabus needs to be taught by palliative care specialists or within a palliative medicine course. Many of the learning outcomes can be delivered within other attachments, however, it is envisaged that those responsible for co-ordinating palliative care teaching would ensure that the learning outcomes are covered throughout the undergraduate programme.
- This syllabus will need to be adapted by individual organisations into one that is consistent with the broader undergraduate curriculum
- It needs to be coherent with the learning and teaching philosophy underpinning that curriculum
- Teaching and learning needs to be underpinned by educational values
- This syllabus only attempts to identify and gain consensus about learning outcomes by the time of graduation. No attempts have been made to look at how this process is assessed at this stage. Further work will follow on this aspect.

We are extremely grateful to all those members of the panel who participated in the study and helped to develop this syllabus.

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LEARNING OUTCOMES FOR PALLIATIVE MEDICINE

Learning outcomes included in this document have had at least 75% agreement from the Expert Panel. Items with 50-75% agreement are included in italics.

Section 1 Basic Principles

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Define: "palliative care" • Demonstrate an understanding of 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 • Describe the scope of palliative care, in particular to conditions other than cancer. • Discuss the importance of teamwork in this setting and have an appreciation of the skills and contributions of different members of the team • Demonstrate an understanding of palliative care as a generic skill and duty of all healthcare professionals	• Demonstrate an awareness of the range of palliative care services available • *Demonstrate a recognition of when specialist palliative care services should be involved*

Section 2 Physical Care

2.1 Disease process

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate an understanding of the presentation, natural history and management of cancer, progressive neurological, respiratory, cardiac, renal and other lifelimiting conditions treated within palliative care • Discuss the importance of the initial assessment but 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	• Discuss prognostic markers in palliative care • Describe the concepts of "changing gear" and allowing "natural death" • *Distinguish between the effects of having an acute and chronic illness*

2.2 Pharmacology

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate their ability to analyse therapeutic possibilities, weighing up benefits and burdens of a treatment or intervention • Communicate the therapeutic goals and possible adverse effects of a drug with patients/carers • Describe alternative routes for drug administration and when each is appropriate • Describe the indications for a syringe driver • Demonstrate the ability to safely prescribe controlled drugs	• Demonstrate an awareness of common drug interactions when using a subcutaneous syringe driver • *Demonstrate the ability to set up and maintain a syringe driver*

2.3 Symptom management

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate the ability of history taking and appropriate physical examination in symptom management • Discuss the importance of diagnosing the pathophysiology of a symptom in order to manage it effectively • Demonstrate an awareness that symptoms may be caused by the disease itself, the treatment or a concurrent disorder • Demonstrate the ability to formulate an appropriate management plan for a symptom and understand the importance of reviewing the effectiveness of this plan	• Describe the range of therapeutic options available- drugs, hormone therapy, physical therapies, immunotherapy, psychological interventions, complementary therapies, surgery, radiotherapy, chemotherapy • *Demonstrate recognition that some patients with terminal conditions may have minimal symptoms, but that others may have intractable symptoms requiring supportive care*

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

Symptom/problem	Essential	Desirable
Pain	Assessment of pain Different types of pain: nociceptive, visceral, neuropathic, incident Drug treatment: WHO ladder, adjuvant analgesics Factors influencing pain: physical, psychological, social and spiritual	Relative benefits/ indications/ contra-indications of a limited range of opioids Non-drug treatments: physical, psychological, complementary Opioid conversions
Gastrointestinal	Nausea, vomiting, constipation	Ascites, dysphagia, diarrhea, bowel obstruction, jaundice, hiccups, anorexia
Cardiorespiratory	Breathlessness	Cough, pleural effusion, haemoptysis, *pericardial effusion*
Genito-urinary		Bladder spasm, urinary obstruction, sexual problems, catheter care
Neurological	Raised intracranial pressure	Neuropathies
Psychological/ psychiatric	Depression, anxiety, fear, confusional states	Insomnia, hallucations
Emergencies	Superior vena caval obstruction, spinal cord compression, hypercalcaemia, overwhelming pain/distress	Fatigue, *severe haemorrhage*
Others		Lymphoedema, pressure sore and wound care, mouth care

2.4 Care of the dying patient

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate an awareness of the signs indicating that a patient is dying • Discuss the management of symptoms at the end of life	• Demonstrate an awareness of care pathways for the dying patient • Demonstrate an awareness of the options for organ donation in patients with a terminal illness • *Demonstrate the ability to assess and develop a management plan for the care of dying patients*

2.5 Rehabilitation

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Discuss the importance of changing goals during the course of an illness and the need for realistic goals	• Demonstrate an understanding of the principles of rehabilitation relating to illnesses with increasing disability and the importance of preserving function • Demonstrate an awareness of rehabilitation services available • Understand the principles of rehabilitation with chronic, relatively stable disease and in rapidly progressing disease

Section 3 Psychosocial Care

3.1 Psychological responses

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Discuss the difference between sadness and clinical depression • *Demonstrate an awareness that hope is important and that this may have goals other than cure*	• Describe the different responses and emotions expressed by patients and caregivers, including fear, guilt, anger, sadness and despair • Discuss the psychological impact of intractable symptoms • Demonstrate the ability to recognise unhelpful and potentially harmful psychological responses • Describe 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 • Discuss denial as a coping mechanism • Recognise the continuum of loss experienced by patients and families throughout the illness

3.2 Communication with patients and relatives

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate skills in empathic listening • Elicit concerns across physical, psychological, social, and spiritual domains • Demonstrate the ability to deliver bad news sensitively and at an appropriate pace for the individual patient • Demonstrate strategies for dealing with difficult questions or situations • Demonstrate an awareness of 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 • Discuss the importance of direct and timely communication between primary	• Demonstrate skills in empowering the patient to exercise autonomy in decision making • Demonstrate understanding of risk and uncertainty when communicating with patients and their carers • *Demonstrate the ability to communicate with a bereaved person* • *Discuss the role of parents and carers in communication- in particular avoiding collusion and obtaining consent from patients to speak to their carers*

and secondary care in managing patients with complex palliative care needs, particularly when transferring them between settings • Demonstrate an awareness of the impact of how bad news is delivered	

3.4 Social and family relationships

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate an appreciation of the effect a terminal illness has on a person's life in terms of their family, work and social circumstances • Demonstrate an awareness of the needs of partners, families and other carers	• Discuss the impact of illness on body image, sexuality and role • Demonstrate the ability to draw a family tree and understand its uses

3.5 Grief and bereavement

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
	• Describe theories of bereavement including the process of grieving, adjustment to loss and the social model of grief • Discuss the impact of bereavement on children and others with special needs • Describe ways to support a bereaved person both before and after the bereavement • Demonstrate an understanding of when bereavement becomes abnormal or complicated requiring intervention • Demonstrate an understanding of the importance of identifying those who will be bereaved, so that individual needs can be picked out

3.6 Personal and professional feelings

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate a recognition of their own limitations and be able to ask for help • Identify sources of help in dealing with their own professional or personal issues	• Discuss the importance of personal values and belief systems, and how these influence professional judgements and behaviours • Recognise and respond to the emotional and psychological impact of palliative care on themselves and other members of the team • Discuss what makes a team work well and how to recognize when a team is struggling

Section 4 Culture, Language, Religious and Spiritual Issues

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Discuss the importance of not imposing personal beliefs and attitudes, or those of the team, on patients or their families	• Discuss the importance of cultural influences, including language on all aspects of palliative care • Discuss the distinction between an individual's spiritual & religious needs • Demonstrate the ability to elicit spiritual concerns and respond appropriately to them, seeking help if necessary • Describe major cultural and religious practices which relate to medical practice, dying and bereavement

Section 5 Ethics

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Discuss key ethical issues in palliative care: requests for euthanasia, CPR decisions, witholding/withdrawing treatment, competence, consent • Demonstrate the ability to apply an ethical framework to issues, incorporating the following ethical frameworks: o respect for the patient- autonomy o weighing up the benefits and burdens of treatment- beneficence o assessing the risks versus benefits of each decision- non-maleficence	• Discuss key ethical issues in palliative care: equity, *doctrine of double effect* • Demonstrate the ability to apply an ethical framework to issues, incorporating the following ethical frameworks: o balancing the rights of individuals and of society- justice o *non-consequentialist frameworks eg. GMC: "Duties of a Doctor"*

Section 6 Legal frameworks

By the end of the undergraduate programme, students will be able to:

Essential	Desirable
• Demonstrate an awareness of the law in relation to end of life care and appropriate guidelines produced by the GMC, BMA and Royal Colleges • Describe the procedures involved in verification and certification of death • Demonstrate an understanding of situations when liaison with the coroner's office is required.	• Describe the procedures for relatives following a death • *Demonstrate an understanding of the legal rights of a patient's next of kin* • *Demonstrate an understanding of the legality of advance directives/living wills*

Appendix 1

Expert Panel for Delphi Study

Ian Back
Stephen Barclay
Christopher Baxter
Michael Bennett
Teresa Beynon
Sara Booth
Anthony Byrne
Susan Closs
Julie Doyle
Barbara Dymock
Polly Edmonds
John Ellershaw
Christina Faull
Ilora Finlay
Karen Forbes
Jim Gilbert
Stephanie Gomm
Colette Hawkins
Andreas Hiersche
Fiona Hicks
Suzanne Kite
Miriam Johnson
Caroline Lucas
Tony O'Brien
Liam O'Siorain
Wendy Makin
Martine Meyer
Regina McQuillan
Anne Naysmith
Bill Noble
Deborah Pearson
Tim Peel
Wendy Prentice
Edwin Pugh
Ros Pugh
Nicky Rudd
Margaret Saunders
Simon Smith
Juliet Spiller
Paddy Stone
Bee Wee
John Welsh
John Wiles
Richard Woof