

**HIGHER MEDICAL TRAINING**

**For**

**PALLIATIVE MEDICINE**

**JUNE 2004**

**(Previous version dated June 2003)**

Joint Committee on Higher Medical Training  
5 St Andrews Place  
Regent's Park  
London NW1 4LB

Tel: 020 7935 1174  
Fax: 020 7486 4160

Email: [HMT@rcplondon.ac.uk](mailto:HMT@rcplondon.ac.uk)

This curriculum is available on the JCHMT website  
<http://www.jchmt.org.uk>

#### **DOCUMENT REVISION CONTROL**

Version Ref:	Date:	Notes/Proposal/Decision
January 2003	June 2004	Minor typographical amendments (10.4 10.5 and 10.6)

<b>TABLE OF CONTENTS</b>
--------------------------

<b>INTRODUCTION</b>	<b>4</b>
<b>Aims of Higher Specialist Training in Palliative Medicine</b>	<b>4</b>
<b>Entry requirements</b>	<b>4</b>
<b>Duration and Organisation of Training</b>	<b>4</b>
<b>Training Record</b>	<b>4</b>
<b>Research</b>	<b>5</b>
<b>INTRODUCTION TO PALLIATIVE CARE</b>	<b>6</b>
<b>PHYSICAL ASPECTS OF PALLIATIVE CARE</b>	<b>9</b>
<b>PSYCHOSOCIAL CARE</b>	<b>22</b>
<b>CULTURE, LANGUAGE, RELIGION AND SPIRITUALITY</b>	<b>30</b>
<b>ETHICS</b>	<b>32</b>
<b>LEGAL FRAMEWORKS</b>	<b>34</b>
<b>TEAMWORK</b>	<b>36</b>
<b>LEARNING AND TEACHING</b>	<b>38</b>
<b>RESEARCH</b>	<b>40</b>
<b>MANAGEMENT</b>	<b>42</b>
<b>APPENDIX</b>	<b>48</b>
<b>SYLLABUS</b>	<b>49</b>
<b>1. Introduction to Palliative Care</b>	<b>49</b>
<b>2. Physical Care</b>	<b>49</b>
<b>3. Psychosocial Care</b>	<b>49</b>
<b>4. Culture, Language, Religious and Spiritual Issues</b>	<b>49</b>
<b>5. Ethics</b>	<b>49</b>
<b>6. Legal Frameworks</b>	<b>49</b>
<b>7. Teamwork</b>	<b>49</b>
<b>8. Teaching and Learning</b>	<b>50</b>
<b>9. Research</b>	<b>50</b>
<b>10. Management</b>	<b>50</b>
<b>INTRODUCTION TO PALLIATIVE CARE</b>	<b>50</b>
<b>1. History, philosophy and definitions</b>	<b>50</b>
<b>2. Physical Care</b>	<b>51</b>
<b>3. Social and Family Relationships</b>	<b>56</b>
<b>4. Culture, language, religion and spirituality</b>	<b>58</b>
<b>5. Ethics</b>	<b>59</b>
<b>6. Legal Frameworks</b>	<b>59</b>
<b>7. Teamwork</b>	<b>60</b>
<b>8. Learning &amp; Teaching</b>	<b>61</b>
<b>9. Research</b>	<b>62</b>
<b>10. Management</b>	<b>62</b>
<b>APPENDIX</b>	<b>65</b>

## **INTRODUCTION**

### **Aims of Higher Specialist Training in Palliative Medicine**

The aim of the training programme for higher specialist training in palliative medicine is to equip individuals to carry the responsibility of a consultant working in specialist palliative medicine in a hospice, hospital or community with responsibility for substantial numbers of patients with late stage disease (which may not necessarily be malignant).

Trainees are expected to assume appropriate responsibility for self-assessment, continuing self directed learning and maintenance of competence.

### **Entry requirements**

Applicants for Higher Medical Training (HMT) should have completed a minimum of two years General Professional Training (GPT) in broadly based medical specialties leading to MRCP (UK) or (I), FRCR or FRCA, or in a general practitioner vocational training scheme leading to MRCGP or MICGP. Where the postgraduate qualification is not MRCP, it is essential that GPT should have included a minimum of 24 months involved with direct patient care, at least 6 months of which should be concerned with acute unselected medical intake. Non-British/Irish graduates without the MRCP who compete for HMT posts must provide evidence of appropriate knowledge, training and experience, particularly in the care of acute medical conditions.

### **Duration and Organisation of Training**

The duration of HMT in Palliative Medicine is four years. The programmes will be flexible and designed to give experience of the various settings in which palliative medicine is practised, ie in general hospitals, in patients' own homes and in hospices and other specialist units, under the direct supervision of consultants, and with increasing responsibility. Where individuals lack experience of oncology or other relevant disciplines, arrangements should be made to remedy this via rotations and secondments.

It is essential that a period, the equivalent of two years full time, is spent in specialist units or teams, where the full range of services is provided in different settings, eg inpatient care, day care, home care, bereavement services. One and up to two years of training may be spent in General Medicine or other relevant specialties, eg. oncology, infection, radiotherapy, haematology, geriatric medicine, pain management, or general practice which has been approved for training at this level. The programme to which the trainee is appointed will have named consultant trainers (educational supervisors) for each slot in the programme. In addition, one consultant within the same region will act as Programme Director.

### **Training Record**

A Training Record will be maintained by the trainee. It will be counter-signed as appropriate by the Educational Supervisors to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies that are

enumerated in the Speciality Curriculum. It will remain the property of the trainee, and must be produced at the annual assessments.

### **Research**

A period of supervised research of high quality is considered a desirable part of HMT in Palliative Medicine. A relevant research period may contribute up to 12 months towards the total duration of HMT, the balance to be comprised of clinical training. Trainees may wish to spend two or three years in research, either before obtaining a HMT post or by stepping aside from clinical training for a year or more. This is perfectly acceptable but no more than 12 months educational credit will accrue. It will remain essential to acquire the full balance of clinical training.

INTRODUCTION TO PALLIATIVE CARE

- 1.1 History, philosophy and definitions
- 1.2 Personal qualities and attributes of palliative medicine physicians
- 1.3 Communication between services

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
<p>1.1 The trainee will be able to discuss the history, philosophy and definitions of palliative care. The trainee will demonstrate that this knowledge and understanding informs their clinical practice and decision-making, management practice, and teaching.</p>	<p>Definitions: palliative care approach; general palliative care; specialist palliative care; hospice, specialist palliative care unit; palliative medicine; supportive care (<i>Palliative Care 2000</i>, NCHSPCS 1999)</p> <p>Changing role of, and definitions within, palliative care over time (including extension to diseases other than cancer)</p> <p>Evolving nature of palliative care in the course of illness, including integration with active treatment and the significance of transition points</p> <p>Re-adaptation and rehabilitation</p> <p>Societal expectations and perceptions in progressing and advanced disease, and death</p>	<p>Personal study</p> <p>Study of key papers prepared by professional organisations, notably the NCHSPC, APM and SPA</p> <p>Participation in clinical, managerial, and strategic planning</p> <p>Discussions with senior staff and multi-professional team</p> <p>Continuity of care of patients throughout their terminal illness</p> <p>Critical appraisal of the media and evidence base</p>	<p>Participation in discussions</p> <p>Clinical management approach</p> <p>Evaluation of teaching given</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>

<p>1.2 The trainee will have developed the personal and professional qualities, skills, and attributes required for the effective practice of palliative medicine.</p>	<p>Differing concepts of what constitutes quality of life (including measurement) and a good death</p> <p>The requirements of good medical practice, as described by the GMC (1998) in <i>'Good Medical Practice'</i>, including: Tact, empathy, respect and concern for patients and their families. Appropriate self-confidence tempered by critical self-appraisal and a recognition of limitations</p> <p>The further development of those aspects of good medical practice particularly pertinent to the practice of palliative care: Teamwork Balancing of often subtle therapeutic benefits and burdens Liaison with a variety of other multiprofessional teams Judgement about when to act swiftly Self-awareness in regard to personal coping strategy and management/leadership style Flexible and effective teaching skills Reflective practice Respect for social and religious values and practices which differ from one's own</p>	<p>Studying relevant GMC documents and applying to professional practice Observation of, assisting &amp; discussion with senior staff and other team members Tutored clinical experience</p>	<p>Peer review from members of the team and/or patients</p> <p>Feedback from liaising teams</p> <p>Appropriately successful patient outcome</p> <p>Feedback from teaching given</p> <p>Audio or videotaping of clinical practice (where facilities, and training are available)</p>	<p>Satisfactory trainer's report.</p> <p>Satisfactory completion of portfolio</p>
--	--	--	---	---

<p>1.3 The trainee will demonstrate the knowledge, attitudes and skills required to foster the timely and efficient communication between services</p> <p>The trainee will communicate with other professionals, both medical and non-medical, in a timely, effective and appropriate manner necessary for a smooth continuum of patient care</p>	<p>Awareness of the constraints and etiquettes of working differently in different environments</p> <p>Recognition of the need for clear, timely communication between different service providers to ensure a continuum of care for the patient between different settings eg home/ hospice/ hospital/nursing home.</p> <p>Shared care with other multiprofessional teams, with specialist palliative care taking either the leading or supportive role, in both hospital and community settings</p>	<p>Tutored clinical experience in a variety of settings</p>	<p>Clinical management approach</p> <p>Informal feedback from liaising teams</p> <p>Appropriately successful patient outcome</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>
---	---	---	--	--

**PHYSICAL ASPECTS OF PALLIATIVE CARE**

- 2.1 Disease process and management
- 2.2 Symptoms – understanding and management
- 2.3 Pharmacology and therapeutics
- 2.4 Rehabilitation
- 2.5 Care of the dying patient and their family

<b>LEARNING OUTCOMES</b>	<b>SUBJECT MATTER</b>	<b>TEACHING/ LEARNING METHOD</b>	<b>ASSESSMENT</b>	<b>EVIDENCE OF COMPETENCE</b>
<p>2.1 Disease process and management</p> <p>The trainee will demonstrate understanding of the scientific basis and clinical manifestations of disease processes that are life limiting. The trainee will be able to demonstrate the skill to implement this knowledge in diagnosis and management of patients with life-limiting progressive disease.</p>	<p>Skills in initial assessment judgement of prognosis consideration of management options judgement of benefits and burdens of investigations, treatments, and non intervention reassessment and review anticipation and pre-emption of problems recognition of transition points during course of illness recognition of dying process crisis management shared care with other specialties – benefits, difficulties, facilitation</p>	<p>Tutored clinical experience</p> <p>Personal study</p> <p>Lectures</p> <p>Grand rounds</p> <p>Clinical attachments to other specialties</p> <p>Journal clubs</p>	<p>Observation of practice by trainer</p> <p>Participation in clinical discussion</p> <p>Portfolio of cases</p> <p>Demonstration of knowledge and understanding applied appropriately to clinical decision making</p>	<p>Satisfactory trainer’s report</p> <p>Satisfactory completion of portfolio</p>

	<p>Knowledge of</p> <ul style="list-style-type: none"> <li>- the principle of cancer management</li> </ul> <p>the presentation, paths of spread and current management of all major malignancies</p> <p>the presentation, usual course and current management of other life limiting illnesses treated within specialist palliative care</p> <p>The management of other conditions commonly occurring concurrently in patients treated within specialist palliative care</p> <p>Infections and infection control measures</p> <p>Alternative methods of nutrition and hydration</p> <p>Renal failure</p> <p>COPD and other common respiratory disorders</p> <p>Anaemia, bleeding disorders, coagulopathies</p> <p>Thromboembolism</p>			
--	---	--	--	--

<p>The trainee will demonstrate a positive attitude towards shared medical care.</p>	<p>Diabetes mellitus</p> <p>Hyper and hypothyroidism, adrenal failure, pituitary failure</p> <p>Ischaemic heart disease, heart failure, arrhythmias, hypotension</p> <p>Peripheral vascular disease</p> <p>Peripheral neuropathy</p> <p>Autonomic neuropathy</p> <p>Dermatological problems</p> <p>Liver failure</p> <p>Anxiety and depression; psychoses</p> <p>Fractures; osteoporosis; Paget's disease</p> <p>Pre-existing drug dependence</p> <p>Pre-existing chronic pain</p> <p>Benefits, difficulties and facilitation of shared care with other specialities</p>	<p>Tutored clinical experience</p>	<p>Observation of practice by trainer</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report of practice</p> <p>Satisfactory completion of portfolio</p>
--	--	------------------------------------	---	--

<p>The trainee will be able to deliver palliative care whatever the environment (hospital, hospice, nursing homes, daycare and the patient's home).</p>	<p>Knowledge of services available in each setting and skills needed to give appropriate treatment within each setting</p>	<p>Tutored clinical experience in a range of healthcare settings</p> <p>Personal study</p>	<p>Observation of practice by trainer</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>
<p>2.2 Symptoms</p> <p>The trainee will have the knowledge, understanding and skills to manage symptoms and other clinical problems secondary to life limiting progressive disease</p>	<p>General principles of symptom management</p> <p>history taking and appropriate examination in symptom control</p> <p>symptoms as sensory, psychological and social experience for patients and carers</p> <p>need for diagnosis of pathophysiology of a symptom</p> <p>the wide range of therapeutic options</p> <p>appropriate choice of treatment / non treatment considering burdens and benefits of all options</p> <p>management of adverse effects of treatment</p> <p>need for regular review of symptom response</p> <p>methods of assessment of symptom response</p>	<p>Personal study</p> <p>Tutored clinical experience</p>	<p>Observation of practice</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report by end of year 1</p> <p>Satisfactory completion of portfolio</p>

	<p>management of intractable symptoms referral to other agencies when needed</p> <p><i>Pain</i></p> <p>physiology of pain history taking, physical examination and investigations in pain assessment pain assessment tools – clinical and research different types of pain and recognised pain syndromes drug treatment of pain – WHO analgesic ladder and appropriate use of adjuvant drugs range of opioids, relative benefits and indications indications for and appropriate use of opioid switching management of side effects of drug treatments assessment of burdens and benefits of treatments including radiotherapy knowledge of non drug treatment knowledge of common nerve blocks and other neurosurgical procedures principles of spinal delivery of analgesics psychological interventions in pain management appropriate referral to and shared care with pain management service</p>	<p>Attachment to pain management service</p> <p>Tutored clinical experience</p> <p>Personal study</p> <p>Lectures</p>	<p>Trainer’s assessment of basic pain management by end of year 1</p> <p>Observation of practice</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer’s report</p> <p>Satisfactory completion of portfolio</p>
--	--	---	--	--

	<p><i>Other symptoms and clinical problems</i></p> <p>Causes and management of</p> <p>Sore mouth, nausea and vomiting, swallowing problems, constipation / faecal impaction, diarrhoea, tenesmus, ascites, intestinal obstruction</p> <p>Jaundice, itching</p> <p>Breathlessness, cough, hiccups, airways / SVC obstruction, pleural effusion, pericardial effusion, haemoptysis</p> <p>Bladder spasm, urinary obstructions, sexual problems</p> <p>Lymphoedema, fistulae, wound breakdown, bleeding / fungating lesions, smell, pressure sores, pathological fractures</p> <p>Anorexia, cachexia, weakness, lethargy</p> <p>Electrolyte disturbances eg hypercalcaemia, hyponatraemia, hypomagnesaemia, paraneoplastic syndromes, inappropriate ADH secretion</p>	<p>Personal study</p> <p>Lectures</p> <p>Tutored clinical experience</p>	<p>Observation of practice</p> <p>Portfolio of cases</p> <p>Trainer's assessment of management of nausea and vomiting, and constipation by end of year 1</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p> <p>Satisfactory trainer's report by end of year 1</p>
--	--	--	--	--

	<p>Neuropathies, raised intracranial pressure, communication problems</p> <p>Depression and other mood disorders, anxiety and fear, insomnia, confusional states, hallucinations, pre-existing drug dependence</p> <p>Treatment induced symptoms</p> <p>Symptoms occurring in the last few days of life</p> <p><i>Emergencies in palliative medicine</i></p> <p>Overwhelming pain and distress SVCO Hypercalcaemia Spinal cord compression Cardiac tamponade Pathological fractures Terminal delirium/agitation Cardiopulmonary arrest Massive haemorrhage Epileptic fits Anaphylaxis Acute confusional states The violent patient Acute suicidal ideation</p>	<p>Personal study</p> <p>Tutored clinical experience</p> <p>Tutorials</p>	<p>Record of emergencies encountered and actions taken</p> <p>Record of tutorials for those emergencies not encountered</p>	<p>Satisfactory record of emergencies encountered</p>
--	--	---	---	---

	<p>Overdose  Alcohol and drug withdrawal  Hypoglycaemia  Acute dystonia, oculogyric and serotonergic crisis  Neuroleptic malignant syndrome  Acute urinary retention  Pneumothorax  Pulmonary embolism  Stridor  Bronchospasm  Acute CCF  Acute renal failure  Predictable complications of therapeutic interventions or procedures including advanced life support if appropriate</p> <p>The following practical procedures  clinical history taking and examination of patients with advanced illness  management of stomas  management of tracheostomies  managing PEGS  passing nasogastric tube  pleural aspiration  paracentesis  management of non invasive ventilation (where available and appropriate)  urethral catheterisation</p>	<p>Tutored clinical experience</p>	<p>Record of procedures undertaken</p> <p>Observation of procedures undertaken</p>	<p>Satisfactory record of procedure undertaken</p> <p>Satisfactory trainer's report</p>
--	--	------------------------------------	--	---

<p>2.3 Pharmacology and therapeutics</p> <p>The trainee will demonstrate knowledge, understanding and experience of treatment methods and use of drugs necessary to treat patients with life limiting progressive disease</p>	<p>syringe driver setup nebuliser setup management of epidural / intrathecal catheters (using local guidelines) simple nerve blocks (where appropriate) TENS application</p> <p><i>General</i></p> <p>The application of evidence based medicine to palliative care guidelines and protocols – writing, implementation and use relevant national guidelines and protocols the roles and limitations of drugs, physical therapies, psychological interventions and complementary therapies in palliative care the use of appropriate measurement tools when assessing treatment response analysis of therapeutic possibilities weighing up benefits and burdens of treatment or intervention communication about therapeutic goals and possible adverse effects with patients and carers; enabling their input to decision making communication re the above with others in the clinical team</p>	<p>Personal study</p> <p>Lectures</p> <p>Tutored clinical experience</p> <p>Journal clubs</p> <p>Discussion with pharmacist</p>	<p>Observation of practice by trainer</p> <p>Portfolio of cases</p> <p>Feedback from pharmacist</p> <p>Feedback from multi-professional team</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>
---	--	---	--	--

	<p>compliance and non-compliance with treatments – reasons for non compliance and ways of increasing compliance</p> <p><i>Drug specific</i></p> <ul style="list-style-type: none"> <li>- general principles of pharmacodynamics and pharmacokinetics</li> <li>- pharmacogenetics</li> <li>- adjustment of dosage in frail, elderly and children</li> <li>- adjustment of dosage in altered metabolism, disease progression and last few days of life</li> <li>- the role of hospital and community pharmacy service</li> <li>- drug formularies in palliative care managing a pharmacy budget; issues of cost v benefit</li> <li>- prescribing – legal issues; generic prescribing</li> <li>- legal and ethical issues relating to the prescription of controlled drugs</li> <li>- use of drugs on a named patient basis</li> <li>- use of drugs outside their product licence</li> <li>- use of drugs in clinical trials</li> <li>- problems of polypharmacy</li> </ul>			
--	--	--	--	--

	<ul style="list-style-type: none"> <li>- helping patients and carers to understand and manage tablets</li> <li>- reporting adverse drug reactions to CSM</li> </ul> <p>For drugs commonly used in palliative medicine or commonly taken by patients presenting to palliative care</p> <ul style="list-style-type: none"> <li>- routes of administration</li> <li>- absorption, metabolism, excretion</li> <li>- half-life, usual frequency of administration</li> <li>- adverse effects and their management</li> <li>- use in syringe drivers, stability and miscibility</li> <li>- interactions with other drugs</li> <li>- possibility of tolerance, dependence, addiction and discontinuation reactions</li> <li>- availability in the community</li> </ul>			
<p>2.4 Rehabilitation</p> <p>The trainee will demonstrate knowledge of principles of rehabilitation in progressive illness</p>	<p>Principles of rehabilitation related to illness with gradually increasing disability</p> <ul style="list-style-type: none"> <li>- concept of maintenance of function through exercise and therapies</li> <li>- recognition of changing goals during the course of an illness</li> <li>- dealing with patient/family conflict in</li> </ul>	<p>Exposure to rehabilitation units and services; Discussion / visits with specialist nurses</p> <p>Tutored clinical</p>	<p>Portfolio of cases with examples of goal management</p> <p>Reports of rehabilitation staff and specialist nurses</p>	<p>Satisfactory completion of portfolio</p> <p>Satisfactory trainer's reports</p>

<p>and the skills to appropriately initiate rehabilitation for patients receiving palliative care</p>	<p>relation to unrealistic goals</p> <ul style="list-style-type: none"> <li>- facilities available for rehabilitation</li> <li>- specific skills of PAMs and disease/cancer site specific specialist nurses in rehabilitation</li> <li>- appliances available in the home</li> <li>- use of disablement centre for artificial limbs and appliances</li> <li>- support services in the home</li> </ul>	<p>experience</p>	<p>Observation of practice</p>	
<p>2.5 Care of the dying patient</p>	<p>Skills in:</p> <ul style="list-style-type: none"> <li>- recognition of the dying phase</li> <li>- initial assessment of the dying patient</li> <li>- providing ongoing care for the dying patient and their families</li> <li>- assessment of required medications</li> <li>- recognising when to discontinue further investigations and treatment</li> <li>- managing symptoms during the dying phase:</li> </ul> <p>pain agitation respiratory tract secretions nausea and vomiting massive haemorrhage myoclonus</p> <ul style="list-style-type: none"> <li>- management of mouth and bowel care</li> <li>- psychological care of the family during the dying phase</li> </ul>	<p>Tutored Clinical experience.</p>	<p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p>
<p>The trainee will have the knowledge, understanding and skills to provide optimal care for the dying patient and their family</p>		<p>Reflective practice</p>	<p>Observation of practice</p>	
		<p>Personal study</p>		
		<p>Tutorials</p>		

	<ul style="list-style-type: none"> <li>- knowledge of major cultural and religious customs which relate to medical practice, dying and bereavement</li> <li>- understanding of ethical dilemmas occurring in the dying phase: <ul style="list-style-type: none"> <li>- requests for euthanasia</li> <li>- double effect</li> <li>- withdrawing and withholding of treatment</li> <li>- futility</li> <li>- pharmacology</li> </ul> </li> <li>- understanding the use of medication in the dying phase including adjustment of dosage in organ failure.</li> <li>- understanding the use of the syringe driver in the dying phase and the pharmacology of the different drugs that may be used</li> <li>- Care Pathways</li> <li>- Understanding the role of care pathways in improving the care of the dying</li> <li>- Bereavement support</li> <li>- Understanding the role environment plays in caring for the dying patient and being able to adapt accordingly eg hospital, home, hospice</li> </ul>			
--	---	--	--	--

PSYCHOSOCIAL CARE

- 3.1 Social and family relationships
- 3.2 Communication with patients and relatives
- 3.3 Psychological responses of patients and carers to life threatening illness and loss
- 3.4 Attitudes and responses of doctors and other professionals
- 3.5 Grief and bereavement
- 3.6 Patient and family finance

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
<p>3.1 The trainee will demonstrate skills in assessing the ill person in relation to family, work and social context. The trainee will undertake this assessment with tact and compassion.</p>	<p>Application of the ill person in relation to his/her family, work and social circumstances.</p> <p>Impact of illness on interpersonal relationships</p> <p>Impact of illness on body image, sexuality and role</p> <p>Construction and use of genograms</p> <p>Assessment of the response to illness and expectations among family members</p> <p>When and how to use family meetings</p> <p>Concept of resonance</p>	<p>Participation in multi-disciplinary assessment and review</p> <p>Personal study</p> <p>Participation in family meetings</p> <p>Appropriately supervised role play</p>	<p>Observed behaviour</p> <p>Multi-professional feedback</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion or portfolio</p>

<p>The trainee will have acquired the skills to adapt their approach to care to meet the patients individual and family needs</p> <p>3.2 The trainee will have developed and will maintain good communication skills and an attitude of reflective practice to ensure these skills are maintained</p>	<p>Concept of family scripts, homeostasis in families and the impact of illness and loss on the family system</p> <p>Awareness of transference and counter-transference in professional relationships with patients and family members</p> <p>Ways to accommodate needs of partners and families in provision of palliative care in both an inpatient unit or home setting.</p> <p>Palliative care provision in relation to the homeless and those in custody</p> <p>Skills in emphatic listening and open questioning and imparting information to:</p> <p>elicit concerns across physical, psychological, social and spiritual domains</p> <ul style="list-style-type: none"> <li>- establish extent of awareness about illness and prognosis</li> <li>- manage awkward questions and information giving sensitively and as appropriate to wishes and needs of the individual</li> </ul>	<p>Spent time with social workers</p> <p>Attend case conferences</p> <p>Tutored clinical Experience</p> <p>Formal Communication skills course</p> <p>Reflective Practice</p> <p>Personal study</p> <p>Audio/and/or</p>	<p>Observed behaviour/video taping where available and appropriate</p> <p>Informal, appropriate patient feedback</p> <p>Evidence of reflective practice</p> <p>Portfolio of cases</p>	<p>Satisfactory reports by trainer and other senior team members</p> <p>Satisfactory completion of portfolio</p>
---	--	--	---	--

<p>The trainee will be able to identify obstacles to communicate and demonstrate skill in overcoming these.</p> <p>The trainee will demonstrate a professional attitude to confidentiality.</p>	<ul style="list-style-type: none"> <li>- facilitate of decision making and promotion of autonomy of the individual patient</li> </ul> <p>theories and evidence base for communication practice</p> <p>awareness and practice of a range of structures and styles of consultation</p> <p>critical evaluation of own consulting skills</p> <p>Common barriers to communication for both patients and professionals</p> <p>Common communication problems: deafness, expression and learning disabilities</p> <p>Recognition and management of conflicts between confidentiality and the needs to share information with others</p>	<p>videotaping where available</p> <p>Case reviews</p> <p>Multi-disciplinary meetings</p> <p>Work with speech and language therapist</p> <p>Multi-disciplinary meetings</p> <p>Reflective practice</p>	<p>Observation of practice by trainer</p> <p>Feedback from speech and language therapist</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p> <p>Satisfactory Completion of portfolio</p>
---	---	--	--	--

<p>3.3 The trainee will demonstrate knowledge and understanding of psychological responses to illness in a range of situations, and skills in assessing and managing these in practice</p>	<p>Recognition of the different responses and emotions expressed by the patient and others, including fear, guilt, anger, sadness and despair</p> <p>Psychological impact of pain and intractable symptoms</p> <p>Responses to uncertainty and loss at different stages in the illness</p> <p>Illness in people with dementia or pre-existing psychiatric diagnosis</p> <p>Identification of psychological responses as a source of additional problems for patient and family and as potentially obstructing the goals of care</p> <p>Dealing with anger and strong emotions anxious preoccupation transference collusion and conspiracy of silence denial</p> <p>Responses and needs of children (including siblings) at different developmental stages</p>	<p>Tutored clinical experience</p> <p>Communication skills course</p> <p>Case review with trainer</p> <p>Reflective practice</p> <p>Personal study</p>	<p>Observed behaviour/ Videotaped consultation if appropriate</p> <p>Report from participation in recognised courses</p> <p>Portfolio of cases</p> <p>Appropriate, informal feedback from patients and relatives</p> <p>Evidence of reflective practice</p>	<p>Satisfactory report by trainer and other senior staff.</p> <p>Satisfactory participation in communication skills course</p> <p>Satisfactory completion of portfolio</p>
--	---	--	---	--

<p>The trainee will have knowledge of and skills in recognising and managing psychiatric illness and the trainee will use psychological/psychiatric services appropriately</p>	<p>Responses and needs of children and adults with learning difficulties</p> <p>Distinction between sadness and clinical depression</p> <p>Knowledge and application of therapeutic interventions including:  Counselling  Behavioural therapy  Cognitive therapy  Group activities  Roles of relaxation/hypnotherapy; imagery and visualisation; creative therapies</p> <p>Role and availability of the specialist psychological / psychiatric services and indications for referral</p>	<p>Working contact with and formal teaching by Psychiatric/ Psychological Service</p> <p>Personal study</p>	<p>Feedback from colleagues in psychology/ Psychiatry</p> <p>Observation of practice by trainer</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>
<p>The trainee will be able to deal with violent/suicidal individuals, and demonstrate this directly or indirectly</p>	<p>Dealing with violent/suicidal individuals; use of compulsory treatment (Mental Health Act)</p>	<p>Working with psychiatric / clinical psychology service</p> <p>Personal study</p> <p>Tutored clinical experience</p>	<p>Observation of practice by trainer</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>
<p>3.4 The trainee will</p>	<p>Awareness of personal values and belief</p>	<p>Reflective practice</p>	<p>Trainer's report</p>	<p>Satisfactory report by</p>

demonstrate an attitude of self awareness and insight	<p>systems, and how these influence professional judgements and behaviours</p> <p>Awareness of own skills and limitations, and effect of personal loss or difficulties. Ability to ask for help or hand over to others where necessary</p>		<p>Evidence of reflective practice</p> <p>Portfolio of cases</p>	<p>trainer and other senior staff</p> <p>Satisfactory completion of portfolio</p>
The trainee will demonstrate the skills and attitudes necessary to deal with difficulties in doctor-patient relationship	<p>Potential sources of conflict in the doctor-patient relationship and how to deal with these including:</p> <p>over-involvement personal identification negative feeling/personality clash demands which cannot be met</p> <p>Recognition and management of the emotional and psychological impact of palliative care on oneself, the team and other colleagues</p>	<p>Role play Experience of conflict</p> <p>Teamwork</p> <p>Reflective practice</p> <p>Tutored clinical experience</p>	<p>Team feedback</p> <p>Informal feedback from patients and relatives as appropriate</p> <p>Portfolio of cases</p>	<p>Satisfactory completion of portfolio</p> <p>Satisfactory trainer's report</p>
The trainee will demonstrate responsible support of professional colleagues	<p>Being a supportive colleague to other members of staff</p> <p>Recognition of individuals who are having difficulties and understanding of when, and how, to take action if this adversely affects patient care</p> <p>Assessment of personal and team member</p>	<p>Reflective practice</p>	<p>Feedback from team</p> <p>Observation by trainer</p> <p>Portfolio of cases</p>	<p>Satisfactory team feedback</p> <p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>

<p>3.5 The trainee will demonstrate the skilful application of knowledge and understanding to prepare individuals for bereavement, to support the acutely grieving person/family. this will include the ability to anticipate / recognise abnormal grief and access specialist help</p>	<p>safety when conducting visits in the community</p> <p>Recognition of ways staff support can be offered/co-ordinated</p> <p>Theories about bereavement including the process of grieving, adjustment to loss and the social model of grief</p> <p>Grief and bereavement in children</p> <p>Recognition of multiple losses and effects on the individual</p> <p>Preparation of carers and children for bereavement</p> <p>Support of the acutely grieving individual or family</p> <p>Anticipation and identification of abnormal and complicated bereavement in adults</p> <p>Knowledge of bereavement support and organisation of support services</p> <p>Identification of appropriate bereavement support for an individual or family</p> <p>Epidemiological impact of bereavement</p>	<p>Personal study</p> <p>Multi-disciplinary team work</p> <p>Reflective practice</p> <p>Tutored clinical experience</p> <p>Formal teaching</p>	<p>Supervisors report</p> <p>Portfolio of cases</p> <p>Appropriate informal feedback from bereaved relatives</p> <p>Feedback from team</p> <p>Demonstration of reflective practice</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p> <p>Satisfactory feedback</p>
---	---	--	--	---

<p>3.6 The trainee will demonstrate an ability to assess the patient and family finances and find solutions to issues raised</p>	<p>Risk factors for adverse outcomes of bereavement</p> <p>Financial assessment</p> <p>Accessing benefits, grants and allowances available to patients and families.</p> <p>The role of the social worker and/or welfare benefits officer</p>	<p>Contact with social worker/welfare benefits officer.</p> <p>Personal study</p> <p>Tutored clinical experience</p>	<p>Observation by trainer</p> <p>Report from social worker/welfare benefits officer as appropriate</p>	<p>Satisfactory trainer's report</p>
--	---	--	--	--------------------------------------

**CULTURE, LANGUAGE, RELIGION AND SPIRITUALITY**

4.1 Culture and ethnicity

4.2 Religion and spirituality

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
<p>4.1 The trainee will demonstrate an awareness of, and respect for, the social and cultural values and practices of others</p> <p>The trainee will recognise differences in beliefs and personal values. The trainee will be able to deal with conflicts in the beliefs and values in the clinical team, and recognise and deal with conflict of beliefs and values within a team</p>	<p>Recognition of cultural influences on the meaning of illness for patient and family</p> <p>Acknowledgement and accommodation of differences in belief and practice to ensure thorough assessment and acceptable care</p> <p>Use and support of interpreters</p> <p>Awareness of personal beliefs and attitudes and the importance of not imposing these on others</p> <p>Ability to recognise and deal with conflicts of beliefs and values within the team</p>	<p>Reflective practice</p> <p>Case review</p> <p>Tutored clinical experience</p> <p>Multi-disciplinary teamwork</p> <p>Tutored clinical experience</p> <p>Personal study</p> <p>Reflective practice</p>	<p>Trainer's report</p> <p>Portfolio of cases</p> <p>Team feedback</p> <p>Evidence of reflective practice</p> <p>Portfolio of cases</p> <p>Trainer's report</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p> <p>Satisfactory team feedback</p> <p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>

<p>4.2 The trainee will have the knowledge and skills to elicit spiritual concerns, recognise and respond to spiritual distress and demonstrate respect for differing religious beliefs and practice and accommodation of these in patient care</p>	<p>Ability to distinguish between an individual's spirituality and religious needs</p> <p>Ability to elicit spiritual concerns appropriate as part of assessment</p> <p>Spirituality issues in relation to life-threatening physical illness and the role of spiritual care</p> <p>Recognition of the importance of hope and ability to nurture hope in palliative care</p> <p>Ability to acknowledge and respond to spiritual distress, including referral to others</p> <p>Knowledge of pastoral systems within different religious groups and work with their representatives within the multidisciplinary team</p> <p>Knowledge of the major cultural and religious practices which relate to medical practice, dying and bereavement</p>	<p>Reflective practice</p> <p>Communication skills teaching</p> <p>Tutored clinical experience</p> <p>Spend time with pastors of different religious groups</p> <p>Work with chaplains / pastors within multi-disciplinary team at hospital/hospice</p>	<p>Trainer's report</p> <p>Feedback from chaplains / pastors</p> <p>Portfolio of cases</p> <p>Appropriate, informal feedback from patients</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory feedback from chaplains/pastors</p> <p>Satisfactory completion of portfolio</p>
---	---	---	--	--

## ETHICS

### 5.1 Theoretical ethics

### 5.2 Applied ethics in clinical practice of palliative care

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING / LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
5.1 the trainee will demonstrate an understanding of the theoretical basis for applied ethics in clinical practice, and be able to evaluate personal attitudes, beliefs and behaviours.	<p>History of medical ethics, with emphasis on evolving philosophy and codes of practice, including those from the GMC and BMA</p> <p>Critical analysis of current theoretical approaches to medical ethics, including, 'four principles (beneficence, non-maleficence, justice and respect for autonomy) with attention to scope'; rights, and futility.</p>	<p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Reflective practice within multi-professional team</p>	Trainer's report	Satisfactory trainer's report
5.2 the trainee will demonstrate skills in ethical reasoning and decision-making in end-of-life care, at consultant level, both for their own patients and for those that are referred to them in an advisory capacity.	<p>Applied ethics in clinical practice:</p> <ul style="list-style-type: none"> <li>▪ Everyday clinical practice and teamwork</li> <li>▪ Consent</li> <li>▪ Giving information</li> <li>▪ Confidentiality</li> <li>▪ Competence to make particular decisions</li> <li>▪ Non-autonomous individuals</li> <li>▪ Best interest judgements</li> <li>▪ Conflicts of interest between patients and relatives</li> </ul>	<p>Reflective practice</p> <p>Personal study</p> <p>Formal teaching</p> <p>Case presentations and discussion</p> <p>Tutored clinical experience</p>	<p>Appropriate application of theory to practice in portfolio of cases</p> <p>Contribution to ethical discussion/debates assessed by trainer</p>	<p>Satisfactory portfolio of cases</p> <p>Satisfactory trainer's report</p>

<p>The trainee demonstrate the skills and ability to justify their own ethical position in relation to palliative care practice using sound philosophical arguments.</p>	<ul style="list-style-type: none"> <li>▪ Responsibility for decisions</li> <li>▪ Resource allocation</li> <li>▪ Research / clinical trials</li> <li>▪ Withdrawing and withholding of treatment, including hydration / non-hydration</li> <li>▪ Euthanasia</li> <li>▪ Physician-assisted suicide</li> <li>▪ Doctrine of double effect</li> <li>▪ CPR decisions</li> </ul>			
--	--	--	--	--

## LEGAL FRAMEWORKS

- 6.1 Death
- 6.2 Therapeutics
- 6.3 Doctor/patient relationship
- 6.4 Organisational
- 6.5 Charity and company law

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING / LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
<p>The trainee will demonstrate the skills and knowledge to</p> <p>Make decisions and practice palliative medicine within a legal/lawful framework</p> <p>Access appropriate legal help and advice when necessary</p>	<p>Law (common, parliamentary Scottish and European) in relation to end of life medical care including euthanasia and physician assisted suicide</p> <p>Knowledge of appropriate guidelines produced by BMA, GMC, Royal Colleges and defence bodies</p> <p><i>6.1 Death</i>            Definition inc. brain death            Certification of death            Procedures for relatives following a death            Role of the undertaker            Cremation and burial regulations</p> <p><i>6.2 Therapeutics</i>            Definitions of treatment            Refusal of treatment by patients            Responsibilities of prescriber / pharmacist/ nurse            Controlled drug storage            Non licensed use of drugs</p>	<p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Subject specific discussion /examples in daily practice</p> <p>Tutored clinical experience</p>	<p>Trainer's reports</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>

	<p>Withdrawal / withholding of treatment from competent and incompetent patients          Doctrine of double effect          Obligations to treat/not to treat          Resuscitation guidelines</p> <p>6.3 Doctor/patient relationship          Consent          Autonomous / non autonomous / partially autonomous patients          Capacity / competency          Power of attorney          Record taking and storage (including data protection)          Patient access to records          Confidentiality          Assault / battery / manslaughter as applied to medicine          Custody / care of minors          Wills</p> <p>6.4 Organisational          Laws and regulations relating to nursing homes          Employment law including equal opportunities          Discrimination - gender, race, disability and age</p> <p>Charity and Company Law          Corporate governance          Trusteeship          Charity acts and charity commissioners          The company limited by guarantee</p>			
--	---	--	--	--

## TEAMWORK

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
<p>7.0 The trainee will demonstrate effective membership and leadership of multi-professional specialist palliative care teams.</p>	<p>Ability to work in a team</p> <p>Theories of teamwork e.g. psychological, psychodynamic and managerial</p> <p>Identification of oneself in relation to these differing theoretical models of teamwork</p> <p>Role and responsibilities of doctors in multiprofessional teams (GMC 1998)</p> <p>Skills and contributions of other members of the multiprofessional team</p> <p>Nature of roles in teams: some overlapping, others professionally distinct, with the boundaries sometimes unclear</p> <p>Team dynamics in different situations and over time</p> <p>Different forms of team support</p> <p>Strategies that facilitate team functioning, and those which do not</p> <p>The inevitability of conflict within the team, and</p>	<p>Working within a number of different multiprofessional teams</p> <p>Tutored clinical experience, including chairing of clinical meetings/ward rounds</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Observation and/or participation in interviews for junior staff</p> <p>Providing consultant cover for short periods of absence, with feedback</p> <p>Preparation and discussion of cases in portfolio</p>	<p>Multi-professional observation and review of trainee's work within the multi-professional team.</p> <p>Participation in discussions</p> <p>Observations by other professionals with whom the team liaises</p> <p>Portfolio of cases</p> <p>Audio and videotaping of team meetings (where facilities and training available)</p> <p>Trainer's report</p>	<p>Satisfactory and appropriately verified reports by trainer and/or other senior team members</p> <p>Satisfactory completion of portfolio</p> <p>For targeted training: completion of secondment to another unit, or videotaping of team meetings</p>

	<p>strategies to manage this</p> <p>Skill mix of the team, particularly in relation to the appointment of new members</p> <p>Chairing of team meetings Balancing the needs of the different or overlapping teams of which the doctor may be a member at any one time</p> <p>Wide application of teamwork to include all the individuals, professionals and organisations who may be involved in patient care, including specialist nurses, statutory and voluntary organisations.</p> <p>The impact on patients and carers of the number of professionals that may be involved in their care.</p>	<p>Clinical attachments to other teams, eg GP practices, other hospital specialists</p>		
--	---	---	--	--

## LEARNING AND TEACHING

8.1 Learning

8.2 Teaching

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
<p><i>8.1 Learning</i></p> <p>The trainee will demonstrate the attitudes &amp; skills to maintain a safe, contemporary and competent practice and will demonstrate an under-standing of postgraduate education and supervision</p> <p>The trainee will demonstrate skills &amp; knowledge to access, analyse and apply the evidence base to clinical practice</p>	<p>Principles of adult learning, life-long learning, personal learning style and reflective practice</p> <p>Roles and responsibilities of trainer &amp; trainee</p> <p>Role of supervision, mentoring, learning contracts, critical appraisal and feedback experiential learning</p> <p>Role of the Postgraduate Dean &amp; Royal Colleges of Physicians</p> <p>Continuing Professional Development (CPD): Concept and practice</p> <p>Evidence based medicine including: Searching for best evidence by electronic data bases/ world wide web Critical appraisal of literature (both qualitative and quantitative) Application of evidence to patient care</p>	<p>Self directed private study</p> <p>Appropriate post graduate education courses</p> <p>Trailing and incorporating skills (e.g. results of literature search) into every day clinical practice</p> <p>Reflective practice</p> <p>Case studies incorporating literature searches, critical appraisal of evidence and discussion of application to clinical practice</p>	<p>Trainer's report</p> <p>Portfolio of cases</p>	<p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>

<p><i>8.2 Teaching</i></p> <p>The trainee will be an effective and confident teacher, with the ability to improve their students' learning</p>	<p>Teaching methods and structure including:  Lecturing  Problem based learning  Role play  Bed-side</p> <p>Teaching contexts (e.g. large/small group, undergraduate/  Postgraduate, medical/non medical)</p> <p>Selection, preparation and presentation of teaching materials</p> <p>Presentation skills inc. verbal/ non verbal</p> <p>Methods of assessment including OSCE, observed long cases, modified essay questions, project reports and case studies</p>	<p>Teaching practice in as many different situations and with as many different methods as appropriate</p> <p>Feedback from observer/student assessment forms</p> <p>Appropriate post graduate education courses</p> <p>Self directed private study</p> <p>Participation in student assessments</p>	<p>Observation of teaching by trainer/external assessor</p> <p>Log book of teaching opportunities</p>	<p>Satisfactory trainers/external assessors report of teaching observation</p> <p>Appropriate teaching experience recorded in log book</p>
--	--	---	---	--

## RESEARCH

LEARNING OUTCOMES	SUBJECT MATTER	TEACHING / LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
<p>The trainee will demonstrate understanding of the scope of healthcare research in general, and palliative care research in particular</p> <p>The trainee will demonstrate the ability to evaluate published research and understand implications for current practice</p> <p>The trainee will demonstrate the ability to initiate and see through to completion, a project based on sound research principles</p>	<p>The scientific basis of medicine and its limits applied in the field of palliative care.</p> <p>Research topics and trends in palliative care and allied disciplines eg oncology, pain management, rehabilitation.</p> <p>Legal and ethical dimensions of research, including standards such as the GMC Guide to Good Practice (1998), Declaration of Helsinki, Guidelines for Pharmaceutical companies</p> <p>Knowledge of research process: Formulation of original research questions Development of ideas by reading and using local peer group and appropriate research supervision Application of appropriate study designs eg. Randomised controlled trials, n of 1 trials, qualitative techniques, single centre or multi-centre studies Planned statistical analysis appropriate to research question</p>	<p>Personal study, including relevant journals and databases</p> <p>Journal clubs</p> <p>Participation in the development of ideas at local research groups</p> <p>Attendance and participation in scientific meetings</p> <p>Supervised personal research</p> <p>Observation and assistance of other researchers within the multi-professional team</p> <p>Collaborative research with other disciplines</p> <p>Attendance at postgraduate courses in statistics, research methods etc, as appropriate to trainee's interests and</p>	<p>Trainer's report</p> <p>Ability to contribute to discussion and planning of research ideas</p> <p>Formulation of research questions in response to clinical practice</p> <p>Presentation of research ideas or original research to a variety of professional groups</p> <p>Critical appraisal of published research</p>	<p>Satisfactory trainers' report</p>

	<p>Production of protocols  Sources of funding and the writing of grant applications  Patient information and informed consent  Patient safety and actions to be taken if an adverse event occurs  Ethics committee application  Collaborative research teamwork  Data analysis  Presentation of research findings in a relevant format eg. critical review, original research paper in a peer-reviewed journal, poster or oral presentation at a scientific meeting</p>	<p>needs  Participation in the formulation of clinical guidelines and protocols</p>		
--	--	---	--	--

**MANAGEMENT**

- |      |                        |      |                                |
|------|------------------------|------|--------------------------------|
| 10.1 | Human resources        | 10.5 | Structures                     |
| 10.2 | Leadership skills      | 10.6 | Running a palliative care unit |
| 10.3 | Management of work     | 10.7 | Financial management           |
| 10.4 | Information management | 10.8 | Clinical governance            |
|      |                        | 10.9 | Audit                          |

OBJECTIVE	SUBJECT MATTER	TEACHING / LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE
10.1 To provide the trainee with the skills and knowledge to manage the human resources in a specialist palliative care in patient unit and palliative care team	Job descriptions and person specifications	Personal study	Feedback from chairman of selection committee	Appropriately completed recruitment
	References	Involvement in recruitment task	Written reference for file	Satisfactory completion of portfolio
	Shortlisting and interviewing skills	Role-play simulation and/or observation with one to one teaching	Trainer's observation and report	Satisfactory trainer's report
	Contract negotiation	Tutored experience	Portfolio	Confirmed attendance at appropriate course
	Induction and training	Direct observation	Attendance at lecture	Successful completion of written submission
	Mentoring skills	Appropriate postgraduate course		Satisfactory trainer's report
	Appraisal			Evidence of
	Key issues in employment law			
	Disciplinary procedures			
	10.2 The trainee will demonstrate skills needed to lead a clinical team effectively	Motivating and leading a team	Lectures	Observe competence in group work and role-play
Management styles		Group work	Trainer's report	

<p>10.3 The trainee will manage their work effectively and efficiently</p>	<p>Goal setting</p> <p>Negotiating skills Directing and delegating</p> <p>Short and long term strategic planning</p> <p>Strategic implementation o audit</p> <p>Time management</p> <p>Working with a secretary Formulating business plans Budget setting and management</p> <p>Planning implementing and evaluating change</p>	<p>Role-play</p> <p>Personal study</p> <p>Involvement in projects within attachment</p> <p>Tutored experience</p> <p>Tutored experience</p>	<p>Projects brought to completion</p> <p>Observed competence by trainer</p> <p>Feedback from secretary</p>	<p>completed projects</p> <p>Satisfactory trainer's report</p>
<p>10.4 The trainee will demonstrate knowledge and skills in using information systems</p>	<p>Computer security and backup systems</p> <p>NHS net and communication systems</p> <p>Patient data collection including NCHSPCS minimum data set</p> <p>Data protection act</p>	<p>Use of local computer systems and databases</p> <p>Practical experience</p> <p>Private study</p> <p>Formal teaching</p>	<p>Trainer's observation</p> <p>Participation in approved course</p>	<p>Satisfactory trainer's report</p> <p>Record of attendance at course</p>

<p>10.5 The trainee will demonstrate knowledge of organisational structures</p>	<p>Management structures of hospices</p> <p>The organisation of the NHS</p> <p>The structure and roles of:</p> <p>Strategic health authorities</p> <p>Commissioners of health care</p> <p>NHS provider units</p> <p>NHS executive and NHS frameworks</p> <p>The Department of Health/Scottish Health Department</p> <p>Major organisations and charities involved in palliative care</p>	<p>Lecture</p> <p>Personal study</p> <p>Tutored experience</p> <p>Tutorials</p> <p>Management course</p>	<p>Participation in approved management course</p> <p>Trainer's report</p>	<p>Satisfactory participation in approved course</p> <p>Satisfactory trainer's report</p>
<p>10.6 The trainee will demonstrate knowledge and skills necessary to run a palliative care unit.</p>	<p>Deputising services and co-operatives</p> <p>Supply of drugs to hospices, stock lists, financing and regulations for controlled drugs</p> <p>Nursing home registration</p> <p>Storage and retrieval of case notes</p>	<p>Lecture</p> <p>Involvement in 3<sup>rd</sup>/4<sup>th</sup> year running a unit</p> <p>Tutored experience</p> <p>Tutorials</p>	<p>Portfolio</p> <p>Trainer's report</p>	<p>Satisfactory completion of portfolio</p> <p>Satisfactory trainer's report</p>

<p>10.7 The trainee will understand the principles of financial management in relation to organisations and budgets and will act with probity</p> <p>10.8 The trainee will demonstrate knowledge and skills in the methodology of clinical governance.</p>	<p>Health and Safety issues</p> <p>Equipment safety and maintenance</p> <p>Hospice security</p> <p>The role and management of volunteers</p> <p>Disposal of bodies</p> <p>Public and charitable health funding structure</p> <p>Interacting with fundraisers</p> <p>Familiarity with accounts</p> <p>Responsibilities of doctors: professional and organisational goals.</p> <p>Quality assurance in relation to service and organisation</p> <p>Service review and accreditation</p> <p>Role of NICE/health technology board for Scotland</p>	<p>Lecture</p> <p>Personal study</p> <p>Attachments at units</p> <p>Tutorials</p> <p>Lectures</p> <p>Personal study</p> <p>Attendance at clinical governance meetings</p> <p>Diary of critical incidents</p>	<p>Attendance at approved course or attachment</p> <p>Trainer's report</p> <p>Attendance and participation in meetings</p> <p>Trainer's report</p> <p>Portfolio</p>	<p>Record of attachment of attendance at approved course</p> <p>Satisfactory trainer's report</p> <p>Record of attendance at clinical governance meetings</p> <p>Satisfactory trainer's report</p> <p>Satisfactory completion of portfolio</p>
--	--	--	---	--

<p>10.9 The trainee will demonstrate knowledge and skill in conducting audit in practice conducting audit in practice</p>	<p>Expectations of GMC</p> <p>Outcome measures and performance indicators</p> <p>Risk management</p> <p>Application of SIGN guidelines (Scotland)</p> <p>Dealing with poor performance.</p> <p>Clinical and organisational and multi-professional audit of palliative care</p> <p>Collection of activity data, including NCHSPC data sets</p> <p>Setting standards in relation to palliative care</p> <p>Methods of auditing structure, process and outcome applied to palliative care</p>	<p>Tutored experience</p>	<p>Completion of suitable audit</p> <p>Demonstration of ability to complete audit cycle</p>	<p>Satisfactory trainer's report</p>
---	--	---------------------------	---	--------------------------------------



## APPENDIX

### Abbreviations

APM	-	Association for Palliative Medicine of Great Britain and Ireland
BMA	-	British Medical Association
CSM	-	Committee for Safety of Medicines
GMC	-	General Medicine Council
NCHSPC		National Council for Hospice and Specialist Palliative Care Services
OSCE	-	Objective, Structured, Clinical Examination
SPA	-	Scottish Partnership Agency for Cancer and Palliative Care
SIGN	-	Scottish Intercollegiate Guidelines Network

## **SYLLABUS**

### **1. Introduction to Palliative Care**

- 1.2 History, philosophy and definitions
- 1.3 Personal qualities and attributes of palliative medicine physicians
- 1.4 Communication between services

### **2. Physical Care**

- 2.1 Disease process and management
  - 2.1.1 Management of life limiting, progressive disease
  - 2.1.2 Specific disease processes
  - 2.1.3 Management of concurrent clinical problems encountered in palliative care
- 2.2 Symptoms - understanding and management
  - 2.2.1 General principles of symptom management
  - 2.2.2 Pain
  - 2.2.3 Other symptoms and clinical problems
  - 2.2.4 Emergencies in palliative medicine
  - 2.2.5 Practical procedures
- 2.3 Pharmacology and therapeutics
  - 2.3.1 General
  - 2.3.2 Drug specific
- 2.4 Rehabilitation
- 2.5 Care of the dying patient and their family

### **3. Psychosocial Care**

- 3.1 Social and family relationships
- 3.2 Communication with patients and relatives
- 3.3 Psychological responses of patients and carers to life-threatening illness and loss
- 3.4 Attitudes and responses of doctors and other professionals
- 3.5 Grief and bereavement
- 3.6 Patient and family finance

### **4. Culture, Language, Religious and Spiritual Issues**

- 4.1 Culture and ethnicity
- 4.2 Religion and spirituality

### **5. Ethics**

- 5.1 Theoretical ethics
- 5.2 Applied ethics in clinical practice of palliative care

### **6. Legal Frameworks**

- 6.1 Death
- 6.2 Treatment
- 6.3 Doctor/patient relationship
- 6.4 Organisational
- 6.5 Charity and company law

### **7. Teamwork**

## **8. Teaching and Learning**

- 8.1 Teaching
- 8.2 Learning

## **9. Research**

## **10. Management**

- 10.1 Human resources
  - 10.1.1 Recruitment
  - 10.1.2 Staff development
  - 10.1.3 Disciplinary procedures
- 10.2 Leadership skills
- 10.3 Management of work
- 10.4 Information management
- 10.5 Structures
- 10.6 Running a palliative care unit
- 10.7 Financial management
- 10.8 Clinical governance
- 10.9 Audit

## **INTRODUCTION TO PALLIATIVE CARE**

### **1. History, philosophy and definitions**

- Definitions of: palliative care approach; general palliative care; specialist palliative care; hospice; specialist palliative care unit; palliative medicine; supportive care
- Changing role of, and definitions within, palliative care over time (including extension to diseases other than cancer)
- Evolving nature of palliative care over the course of illness, including integration with active treatment, and the significance of transition points
- Re-adaptation and rehabilitation
- Societal expectations and perceptions in progressing and advanced disease, and death
- Differing concepts of what constitutes quality of life (including measurement) and a good death

### **1.2 Personal qualities and attributes of palliative medicine physicians**

- The requirements of good medical practice as described by the GMC (1998) including:
  - Tact, empathy, respect and concern for patients and their families
  - Appropriate self confidence tempered by critical self-appraisal and a recognition of limitations.
- The further development of those aspects of good medical practice particularly pertinent to the practice of palliative care:
  - Teamwork
  - Balancing of (often subtle) therapeutic benefits and burdens
  - Liaison with a variety of other multiprofessional teams
  - Judgement about when to act swiftly
  - Self-awareness in regard to personal coping strategies and management / leadership style
  - Flexible and effective teaching skills

- Reflective practice
- Respect for social and religious values and practices which differ from ones own
- Awareness of the constraints and etiquettes of working differently in different environments

### 1.3 Communication between services

- Recognition of the need for clear, timely communication between different service providers to provide a continuum of care for the patient between different settings e.g. home/hospice/hospital/nursing home
- Shared care with other multiprofessional teams, with specialist palliative care taking either the leading or a supportive role in both hospital and community settings

## 2. Physical Care

### 2.1 Disease process and management

#### 2.1.1 Management of life limiting, progressive disease

- initial assessment - detailed history and examination; assessment of impact of situation on patient and family
- judgement of prognosis
- consideration of wide range of management options
- judgement of benefits and burdens of investigations, treatments, and non intervention
- acknowledgement of the need for and skills in reassessment and review
- anticipation and pre-emption of problems
- recognition of transition points during course of illness
- recognition of dying process
- crisis management
- shared care with other specialties – benefits, difficulties, facilitation

#### 2.1.2 Specific disease processes

- the principles of cancer management
- the presentation, paths of spread and current management of all major malignancies
- the presentation, usual course and current management of other life limiting, progressive illnesses treated within specialist palliative care

#### 2.1.3 Management of concurrent clinical problems encountered in palliative care

- infections and infection control measures
- alternative methods of nutrition and hydration
- renal failure
- COPD and common respiratory disorders
- thromboembolic disease
- diabetes mellitus
- hyper and hypothyroidism, adrenal failure, pituitary failure
- ischaemic heart disease, heart failure, arrhythmias, hypotension
- peripheral vascular disease
- peripheral neuropathy

- autonomic neuropathy
- dermatological problems
- liver failure
- anxiety and depression, psychoses
- fractures, osteoporosis, Paget's disease
- pre-existing drug dependence
- pre-existing chronic pain

## 2.2 Symptoms -understanding and management

### 2.2.1 principles of symptom management

- history taking and appropriate examination in symptom control
- symptoms as sensory, psychological and social and psychosocial experience for patients and carers
- need for diagnosis of pathophysiology of a symptom (due to concurrent disorders and treatment related as well as cancer related aetiology)
- the wide range of therapeutic options - disease modifying treatments and symptom modifying treatments (palliative surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drugs, physical therapies, psychological interventions, complementary therapies)
- appropriate choice of treatment / non treatment considering burdens and benefits of all options
- management of adverse effects of treatment
- need for regular review of symptom response
- methods of assessment of symptom response
- management of intractable symptoms - recognition and support for patients, carers, multiprofessional teams and self
- referral to other agencies when needed

### 2.2.2 Pain

- physiology of pain
- history taking, physical examination and investigations in pain assessment
- pain assessment tools - clinical and research
- different types of pain- nociceptive, visceral, neuropathic, incident
- recognised pain syndromes
- drug treatment of pain - WHO analgesic ladder and appropriate use of adjuvant drugs
- range of opioids, relative benefits and indications
- indications for an appropriate use of opioid switching
- management of side effects of drug treatments
- assessment of burdens and benefits of treatments, including radiotherapy
- non- drug treatment - TENS, acupuncture, physiotherapy, immobilisation
- common nerve blocks and other neurosurgical procedures
- principles of spinal delivery of analgesics
- psychological interventions in pain management
- appropriate referral to and shared care with pain management service

### 2.2.3 Other symptoms and clinical problems

- Causes assessment and management of
- sore mouth
- nausea and vomiting

- swallowing problems
- constipation / faecal impaction
- diarrhoea
- tenesmus
- ascites
- intestinal obstruction
- jaundice
- itching
- breathlessness
- cough
- hiccups
- airways/ SVC obstruction
- pleural and pericardial effusion
- haemoptysis
- bladder spasm
- urinary obstructions
- sexual problems
- lymphoedema
- fistulae
- wound breakdown
- bleeding / fungating lesions
- smell
- pressure sores
- pathological fractures
- anorexia, cachexia
- weakness, lethargy
- electrolyte disturbances e.g. hypercalcaemia, hyponatraemia, hypomagnesaemia
- paraneoplastic syndromes
- inappropriate ADH secretion
- neuropathies
- raised intracranial pressure
- communication problems
- depression and other mood disorders
- anxiety and fear
- insomnia
- confusional states
- hallucinations
- pre-existing drug dependence
- treatment induced symptoms – radiotherapy, chemotherapy, immunotherapy, drugs
- symptoms occurring in the last few days of life

#### 2.2.4 Management of emergencies in palliative medicine

- overwhelming pain and distress
- SVCO obstruction
- Hypercalcaemia
- spinal cord compression
- cardiac tamponade
- pathological fractures
- terminal delirium/agitation

- cardiopulmonary arrest
- massive haemorrhage
- epileptic fits
- anaphylaxis
- acute confusional states
- the violent patient
- acute suicidal ideation
- overdose
- alcohol and drug withdrawal
- hypoglycaemia
- acute dystonia, oculogyric and serotonergic crises
- neuroleptic malignant syndrome
- acute urinary retention
- pneumothorax
- pulmonary embolism
- stridor
- bronchospasm
- acute CCF
- acute renal failure
- predictable complications of therapeutic inventions or procedures including advanced life support if appropriate

#### 2.2.5 Practical procedures

- Competence in the following
- clinical history taking and examination of patients with advanced illness
- management of stomas
- management of tracheostomies
- managing PEGS
- passing nasogastric tube
- pleural aspiration
- paracentesis
- management of non invasive ventilation
- urethral catheterisation
- syringe driver set up
- nebuliser setup
- management of epidural / intrathecal catheters (using local guidelines)
- simple nerve blocks
- TENS application

### 2.3 Pharmacology and Therapeutics

#### 2.3.1 General

- the application of evidence based medicine to palliative care
- recommendations, guidelines and protocols – writing, implementation and use
- relevant national guidelines and protocols
- the roles and limitations of drugs, physical therapies, psychological interventions and complementary therapies in palliative care
- the use of appropriate measurement tools when assessing treatment response
- analysis of therapeutic possibilities, weighing up benefits and burdens of treatment or intervention

- communication about therapeutic goals and possible adverse effects with patients and carers; enabling their input to decision making
- communication about the above with others in the clinical team
- compliance and non-compliance with treatments – reasons for non-compliance and ways of increasing compliance

### 2.3.2 Drug specific

- general principles of pharmacodynamics and pharmacokinetics
- pharmacogenetics
- adjustment of dosage in frail, elderly and children
- adjustment of dosage in altered metabolism, disease progression and last few days of life
- the role of hospital and community pharmacy service
- drug formularies in palliative care
- managing a pharmacy budget; issues of cost versus benefit
- prescribing – legal issues, generic prescribing
- legal and ethical issues relating to the prescription of controlled drugs
- use of drugs on a named patient basis
- use of drugs outside their product licence
- use of drugs in clinical trials
- problems of polypharmacy
- helping patients and carers to understand and manage tablets
- reporting adverse drug reactions to CSM

For drugs commonly used in palliative medicine or commonly taken by patients presenting to palliative care

- routes of administration
- absorption, metabolism, excretion
- half-life, usual frequency of administration
- adverse effects and their management
- use in syringe drivers stability and miscibility
- interactions with other drugs
- possibility of tolerance, dependence, addiction and discontinuation reactions
- availability in the community

## 2.4 Rehabilitation

- principles of rehabilitation related to illnesses with gradually increasing disability
- concept of maintenance of function through exercise and therapies
- recognition of changing goals during the course of an illness
- dealing with patient / family conflict in relation to unrealistic goals
- facilities available for rehabilitation
- specific skills of PAMs and disease/cancer site specific specialist nurses in rehabilitation
- appliances available in the home
- use of disablement centre for artificial limbs and appliances
- support services available in the home

## Care of the dying patient and their family

- recognition of the dying phase
- initial assessment of the dying patient
- providing ongoing care for dying patients and their families:
- assessment of required medications
- recognising when to discontinue further investigations and treatment
- managing symptoms in the dying phase
- management of mouth care and bowel care
- psychological care of the family
- knowledge of major cultural and religious customs which relate to medical practice, dying and bereavement
- understanding of ethical dilemmas in the dying phase
- understanding pharmacology in dying patients, including use of a syringe driver
- understanding the rôle of care pathways in improving care of the dying.

## Psychosocial Care

### **3. Social and Family Relationships**

- Appreciation of the ill person in relation to his/her family, work and social circumstances
- Impact of illness on interpersonal relationships
- Impact of illness on body image, sexuality and role
- Construction and use of genograms
- Assessment of the response to illness and expectations among family members
- When and how to use family meetings
- Ways to accommodate needs of partners and families in provision of palliative care in both an inpatient unit or home setting
- Palliative care provision in relation to the homeless and those in custody
- Understanding of the concepts of resonance, family scripts, homeostasis in families and the impact of illness and loss on the family system
- Awareness of transference and counter-transference in professional relationships with patients and family members

#### 3.2 Communication with patients and relatives

- 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 for both patients and professionals
- Management of difficult questions and information giving 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
- Common communication problems: deafness, expression and learning disabilities (see also section 4)
- 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

### 3.3 Psychological Responses of Patients and Carers to Life-threatening Illness and Loss

- Recognition of the different responses and emotions expressed by the patient and others, including fear, guilt, anger, sadness and despair
- Psychological impact of pain and intractable symptoms
- Responses to uncertainty and loss at different stages in the illness
- Illness in people with dementia or pre-existing psychological or psychiatric problems
- Identification of psychological responses as a source of additional problems for patient and family and as potentially obstructing the goals of care
- Dealing with
  - anger and strong emotions
  - anxious preoccupation
  - transference
  - collusion and conspiracy of silence
  - denial
- Responses and needs of children (including siblings) at different developmental stages
- Responses and needs of children and adults with learning difficulties
- Distinction between sadness and clinical depression
- Knowledge and application of therapeutic interventions including
  - counselling
  - behavioural therapy
  - cognitive therapy
  - group activities
- Roles of relaxation/hypnotherapy, imagery and visualisation, creative therapies
- Role and availability of the specialist psychological/psychiatric services and indications for referral
- Dealing with violent/suicidal individuals; use of compulsory treatment (Mental Health Act)

### 3.4 Attitudes and Responses of Doctors and other Professionals

- Awareness of personal values and belief systems, and how these influence professional judgements and behaviours
- Awareness of own skills and limitations, and effect of personal loss or difficulties
- Ability to ask for help or hand over to others where necessary
- Potential sources of conflict in the doctor-patient relationship and how to deal with these including:
  - over-involvement
  - personal identification
  - negative feelings/personality clash
  - demands which cannot be met
- Recognition and management of the emotional and psychological impact of palliative care on oneself, the team and other colleagues

- Being a supportive colleague to other members of staff
- Recognition of individuals who are having difficulties and understanding of when, and how, to take action if this adversely affects patient care
- Recognition of ways staff support can be offered/co-ordinated
- Assessment of personal and team member safety when conducting visits in the community

### 3.5 Grief and Bereavement

- Theories about bereavement including the process of grieving, adjustment to loss and the social model of grief
- Grief and bereavement in children
- Recognition of multiple losses and effects on the individual
- Preparation of carers and children for bereavement
- Support of the acutely grieving individual or family
- Anticipation and identification of abnormal and complicated bereavement in adults
- Knowledge of bereavement support and organisation of support services
- Identification of appropriate bereavement support for an individual or family
- Epidemiological impact of bereavement
- Risk factors for adverse outcomes of bereavement

### 3.6 Patient and Family Finance

- Financial assessment
- Accessing benefits, grants and allowances available to patients and families
- The role of the social worker and/or welfare benefits officer

## 4. Culture, language, religion and spirituality

### 4.1 Culture and ethnicity

- Recognition of cultural influences on the meaning of illness for patient and family
- Acknowledgement and accommodation of differences in belief and practice to ensure thorough assessment and acceptable care
- Use and support of interpreters
- Awareness of personal beliefs and attitudes and the importance of not imposing these on others
- Ability to recognise and deal with conflicts of beliefs and values within the team

### 4.2 Religion and spirituality

- Ability to distinguish between an individual's spirituality and religious needs
- Ability to elicit spiritual concerns appropriately as part of assessment
- Spirituality issues in relation to life-threatening physical illness and the role of spiritual care
- Recognition of the importance of hope and ability to nurture hope in palliative care
- Ability to acknowledge and respond to spiritual distress, including referral to others

- Knowledge of pastoral systems within different religious groups and work with their representatives within the multidisciplinary team
- Knowledge of the major cultural and religious practices which relate to medical practice, dying and bereavement.

## **5. Ethics**

### **5.1 Theoretical ethics**

- History of medical ethics, with emphasis on evolving philosophy and codes of practice, and with particular regard for current GMC guidance's and BMA guidelines
- Critical analysis of current theoretical approaches to: medical ethics, including 'four principles (beneficence, nonmaleficence, justice and respect for autonomy) with attention to scope' with acknowledgement to: Raanan Gillon, Medical ethics: four principles plus attention to scope, *BMJ* 1994; 309: 184-188; futility; virtues and rights.

### **5.2 Applied ethics in clinical practice of palliative care:**

- Acknowledgement of ethical issues in daily clinical practice and teamwork
- Consent
- Giving information
- Confidentiality
- Competence to make particular decisions
- Non-autonomous or incompetent individuals
- Best interest judgements
- Conflicts of interest between patient and their relatives
- Responsibility for decisions (doctors, patients & teams)
- Resource allocation (including of oneself)
- Withholding and withdrawing of treatment (including hydration / non-hydration)
- Euthanasia
- Physician-assisted suicide
- Doctrine of double effect
- CPR decisions
- Research / clinical trials

## **6. Legal Frameworks**

- Common law, Parliamentary law Scottish and European law in relation to end of life medical care including euthanasia and physician assisted suicide
- Knowledge of appropriate guidelines produced by BMA, GMC, Royal Colleges and defence bodies

### **6.1 Death**

- Certification of death procedures, including definition and procedure for confirming brain death
- Cremation regulations
- Procedures for relatives following a death

- The role of the undertaker
- Procedures around post mortems

## 6.2 Therapeutics

- Definitions of treatment
- Refusal of treatment by patients
- Responsibilities of prescriber /pharmacist/nurses
- Controlled drugs/ Storage
- Non licensed use of drugs
- Withdrawal/withholding of treatment from competent & incompetent patients
- Doctrine of double effect
- Obligations to treat/ not to treat
- Resuscitation guidelines

## 6.3 Doctor/patient relationship

- Consent
- Autonomous/non-autonomous/ partially autonomous patients
- Capacity/competency
- Power of attorney
- Record taking & patient access to records
- Confidentiality and its limits
- Assault/battery/manslaughter as applied to medicine
- Care of minors
- Wills

## 6.4 Organisational

- Corporate law relating to charities/trusts e.g responsibilities/liabilities of trustees and employers
- Laws & regulations relating to nursing homes
- Employment law, including equal opportunities
- Discrimination – gender, race, disability, age

## 6.5 Charity and company law

- Corporate governance
- Trusteeship
- Charity acts and charity commissioners
- The company limited by guarantee

## 7. Teamwork

- Ability to work in a team
- Theories of teamwork, e.g. psychological, psychodynamic, managerial
- Identification of oneself in relation to these differing theoretical models of teamwork
- Role and responsibilities of doctors in multiprofessional teams (GMC 1998, *Good Medical Practice*)

- Skills and contributions of other members of the multiprofessional team
- Nature of roles within teams: some overlapping, others professionally distinct, with the boundaries sometimes unclear
- Team dynamics in different situations and over time
- Forms of team support
- Strategies which facilitate team functioning, and those which do not.
- The inevitability of conflict within a team, and strategies to manage this
- Skill mix of a team, particularly in relation to the appointment of new members
- Chairing of team meetings
- Balancing the needs of the different or overlapping teams of which the doctor may be a member at any one time
- Wide application of teamwork to include all the professionals and organisations involved in the care of a particular patient, including specialist nurses, statutory and voluntary organisations
- The impact on patients and carers of the number of professionals who may be involved in their care

## **8. Learning & Teaching**

### **8.1 Learning**

- Principles of adult and life-long learning, personal learning style and reflective practice
- Roles and responsibilities of trainee and trainer
- Role of supervision, mentoring, learning contracts, critical appraisal and feedback, experiential learning
- Planning learning aims, objectives, methods and outcomes
- Role of the Postgraduate Dean
- Role of the Royal Colleges of Physicians in postgraduate education
- Concept of continuing professional development
- Evidence based medicine including use of electronic databases and worldwide web
- Critical appraisal of literature including qualitative and quantitative research
- Application of evidence to patient care

### **8.2 Teaching**

- Teaching contexts (eg large/ small group, undergraduate/ postgraduate, medical/ non medical)
- Teaching methods and structure, including lecturing, problem based learning, role play, bedside teaching
- Selection, preparation and presentation of teaching materials
- Presentation skills
- Methods of assessment including OSCE, observed long case, modified essay questions, project reports and case studies

## **9. Research**

- The scientific basis of medicine and its limitations applied in the field of palliative care
  - Research topics and trends in palliative care and allied disciplines e.g. oncology, pain management, rehabilitation
  - Legal and ethical dimensions of research, including standards such as the GMC Guide to Good Medical Practice (1998), Declaration of Helsinki, guidelines for pharmaceutical companies
  - Research ethics, design and methods in the specific context relevant to palliative care
  - Knowledge of the research process
- 
- Formulation of original research questions
  - Development of ideas by reading and using local peer group and appropriate research supervision
  - Application of appropriate study designs e.g. randomised controlled trials, trials, qualitative techniques, single centre or multi-centre studies
  - The appropriate use and limitations of a pilot studies
  - Planned statistical analysis, appropriate to research question
  - Supervised production of protocols
  - Sources of funding and supervised writing of grant applications
  - Patient information and informed consent
  - Patient safety and actions to be taken if an adverse event occurs
  - Research ethics committee applications
  - Ability to work within collaborative research teams
  - Data analysis
  - Presentation of research findings in a relevant format e.g. critical review, original research paper in a peer-reviewed journal, poster or oral presentation at a scientific meeting.

## **10. Management**

### **10.1 Human resources**

#### 10.1.1 Recruitment

- Writing a job description and person specification
- Short-listing and interviewing skills
- Writing a reference
- Contract negotiation

#### 10.1.2 Staff development

- Induction and training
- Mentoring skills
- Appraisal
- Assessment of trainees/junior colleagues

### 10.1.3 Disciplinary procedures

- Key issues in employment law
- When and how to institute disciplinary procedures

## 10.2 Leadership skills

- Motivating and leading a team
- Management styles
- Goal setting
- Short and long term strategic planning
- Negotiating skills
- Strategic implementation of audit
- Directing and delegating

## 10.3 Management of work

- Time management
- Working with a secretary
- Formulating business plans
- Budget setting and management
- Planning, implementing and evaluating change

## 10.4 Information management

- Patient data collection including the NCHSPCS minimum data set
- Data protection act, including rights of access for patients to information held on them
- Computer security and backup systems
- NHS net and communication systems

## 10.5 Structures

- Management structures of hospices
- The structures and roles of:
  - Local Health Authorities
  - NHS provider units
  - NHS Executive and NHS frameworks
  - Department of Health/Scottish Executive Health Department
  - Major organisations and charities involved in palliative care
  - Deputising services and co-operatives

## 10.6 Running a palliative care unit

- Supply of drugs to hospices, stock lists, financing and regulations for controlled drugs
- Nursing home registration
- Storage and retrieval of case notes
- Health and safety issues
- Equipment safety and maintenance
- Hospice security

- Role and management of volunteers
- Disposal of bodies

#### 10.7 Financial management

- Public and charitable health funding structure
- Interacting with fundraisers
- Understanding accounts

#### 10.8 Clinical Governance

- Responsibilities of doctors; professional and organisational goals
- Quality assurance in relation to service and organisation
- Service review and accreditation of palliative care services
- Role of NICE
- Role of clinical standards board for Scotland
- Expectations of GMC
- Outcome measures and performance indicators
- Risk management in relation to palliative care
- Application of SIGN guidelines (Scotland)

#### 10.9 Audit

- Clinical, organisational and multiprofessional audit
- Collection of activity data, including NCHPCS or SIGN data sets
- Setting standards in relation to palliative care
- Methods of auditing structure, process and outcome applied to palliative care

## APPENDIX

### Abbreviations

APM	-	Association for Palliative Medicine of Great Britain and Ireland
BMA	-	British Medical Association
CSM	-	Committee for Safety of Medicines
GMC	-	General Medicine Council
NCHSPC	-	National Council for Hospice and Specialist Palliative Care Services
OSCE	-	Objective, Structured, Clinical Examination
SPA	-	Scottish Partnership Agency for Cancer and Palliative Care
SIGN	-	Scottish Intercollegiate Guidelines Network