



4th Nordic Specialist Course in Palliative Medicine, 2009-2011

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

Background

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

The Nordic Specialist Course in Palliative Medicine was created in 2001-2002, and the first course started in October 2003. The second course started in 2005, and the third course started in October 2007 and will end in May 2009. Due to the great interest in the course and the ongoing need for more specialists in palliative medicine, a 4th course will start in September 2009. The course content is basically the same, but slightly modified on the basis of evaluations and feedback from students and teachers.

Course Curriculum

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

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



Norwegian Association for
Palliative Medicine



Danish Association for
Palliative Medicine



Icelandic Association for
Palliative Care



Swedish Association for
Palliative Medicine



Objective of specialist training in Palliative Medicine

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

This responsibility includes:

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



Course Content 2009-2011

MODULE 1 – 28 September - 2 October 2009, Trondheim, Norway

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

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

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

B. INTRODUCTION TO COURSE PROJECT (2 days)

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

Topics: Introduction to evidence-based medicine. Epidemiology and research methods in palliative medicine. Introduction to quantitative and qualitative research methods. Research ethics. Critical reading and literature review. How to write a protocol. Planning of own project.

C. SYMPTOM MANAGEMENT IN PALLIATIVE CARE (2 1/2 days)

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

Topics: Assessment (including assessment tools), diagnosis, and management (treatment) of symptoms, such as anxiety, depression, fatigue, cognitive failure, gastrointestinal symptoms, respiratory symptoms, cachexia, anorexia. Introduction to surgical and oncological palliative care interventions. Symptom assessment in the cognitively impaired.

MODULE 2 – 25-29 January 2010, Helsinki, Finland

A. THE IMMINENTLY DYING (4 days)

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

Topics: The dying process. Pharmacological treatment of the dying patient.



Ethical aspects, hydration, withdrawal of treatment, psychological problems in patient and relatives. Social needs. Role of family in the treatment. Role of volunteers. How to handle young patients and children. Cultural problems, including other cultures, cultural and ethnic differences. Coping with emotional stress in yourself and your staff. Spiritual aspects in life and death. Follow-up in bereavement and bereavement support. Symptom control and the need of terminal sedation. How to organise the treatment of dying persons optimally (including different choices).

B. AUDIT (1 day)

Aim: Based on an understanding of the principles of quality control, to be able to perform a clinical audit in palliative care.

Topics: The principles and practice of quality control and audit. Differences and similarities between audit and research. Audit in palliative care, especially in the Nordic context.

MODULE 3 – 19-23 April 2010, Malmö, Sweden

A. COMMUNICATION – PART 1 (2 days)

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

Topics: Skills in empathic listening and open questioning, to

- elicit concerns across physical, psychological, social, and spiritual domains
- establish extent of awareness about illness and prognosis

Common barriers to communication with both patients and professionals.
Management of difficult questions and information given sensitively and as appropriate to wishes and needs of the individual.
Facilitation of decision-making and promotion of patient autonomy.
Recognition and management of conflicts between confidentiality and the need to share information with others.
Theories and evidence-base for communication practice.
Awareness and practice of a range of structures and styles of consultations.
Critical evaluation of own consulting skills.

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

B. ETHICS (1 day)

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



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

C. TEAMWORK (2 days)

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

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

MODULE 4 – 27 September - 1 October 2010, Bergen, Norway

A. DECISION-MAKING IN PALLIATIVE MEDICINE (1/2 day)

Aim: To be able to analyse difficult situations in palliative medicine and make the appropriate decisions. To be able to integrate evidence-based palliative medicine into daily clinical practice. To understand how the patient and family should be involved in decision-making.

Topics: How to apply critical appraisal skills and the skills of evidence-based medicine in daily medical practice. Decision-making.

B. EMERGENCIES IN PALLIATIVE MEDICINE. (1 day)

Aim: To be able to handle emergencies in palliative medicine.

Topics: Emergencies in palliative medicine, like hypercalcaemia, acute delirium, gastrointestinal obstruction, acute dyspnoea, bleeding, convulsions, neurological conditions (spinal cord compression, brain metastases, raised intracranial pressure). Palliative orthopaedic surgery. Wound care.

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

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

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



D. MOTOR NEURON DISEASE (1/2 day)

Aim: To learn about the special palliative care needs in motor neuron disease and how these needs may be met by the multiprofessional PC team.

Topics: Epidemiology, pathology/pathophysiology, and clinical presentation of MND. Symptom management, management of respiratory failure, ethical dilemmas in decision making in MND.

E. TEACHING (2 days)

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

Topics: Adult learning. Theory and practice of different teaching methods. Factors that promote learning. How to make a presentation, handle teaching equipment, make and evaluate a learning session, and evaluate own teaching. Practice session.

F. FOLLOW UP ON COURSE PROJECT

MODULE 5 – 24-28 January 2011, Copenhagen, Denmark

A. COMMUNICATION – PART 2 (2 days)

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

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

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

B. PAIN (3 days)

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

Topics: Classification and assessment of pain. The prevalence of pain primarily in advanced cancer. A mechanism-based evaluation (understanding of nociceptive, visceral, neuropathic, and breakthrough pain conditions). Drug treatment principles.



Opioids: Opioid sensitivity, opioid side effects (including tolerance, addiction, opioid-induced neurotoxicity) and opioid rotation.

Adjuvant analgesics: Indications and drug selection of non-opioid analgetics.

Invasive techniques: Spinal/epidural/parenteral pain treatment. Nerve blocks.

Radiotherapy and bisphosphonates. Non-drug pain therapy.

Psychological interventions in pain management. Existential pain.

C. FOLLOW UP ON COURSE PROJECTS

MODULE 6 – 9-13 May 2011, Reykjavik, Iceland

A. MANAGEMENT, ORGANISATION (1 ½ days)

Aim: To have the knowledge and the ability to set up and manage a palliative care programme. To know about different ways of organizing palliative care services. To understand palliative care from an international viewpoint.

Topics: Different organisational models for palliative care programmes, e.g. consulting teams, home care teams, in-bed units, consulting function in the hospital and in the nursing home. Management of the organisation. Recruiting and staff selection. Leadership. Differentiation between clinical and management issues Budgetary systems and economic aspects. The role of the administrator. Co-operation with national and international organisations and associations. Organisation of palliative care in each Nordic Country.

B. PALLIATIVE CARE IN NON-MALIGNANT DISEASE (1 day)

Aim: To be familiar with the natural course, signs of progress and treatment options in advanced non-malignant disease.

Topics: Congestive heart failure, chronic obstructive pulmonary disease, and dementia.

C. PRESENTATION OF RESEARCH PROJECTS (1½ days)

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

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

D. EXAMINATION and EVALUATION (1 day)

Aim: a) To evaluate if the course is designed and carried out well enough to fulfil the expectations of the participants. To check if the teaching aims have been reached and to get feed-back to the teachers.



b) To assure that the participants have the required knowledge, skills and attitudes for a specialist in palliative medicine.

Topics: Examination. Oral and written evaluation together with the Steering Committee

References:

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

Practical information

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Entry requirements and selection of participants

The course is planned for 36 students. Sweden will be assigned 10 places, Denmark 8, Norway 8, Finland 8, and Iceland 2. If one country does not fill all the assigned places, these may be offered to others.

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

The national associations will consider and nominate students among the applicants from their respective countries. For the selection amongst qualified applicants, geographical considerations



as well as each applicant's present or future role in the development of palliative care in his/her country will be taken into account, aiming at an even and fair distribution within each country. The Steering Committee makes the final selection.

Economy

The fee for each of the six course modules will be of Euro 670 (total course fee: Euro 4020). A deposit of Euro 670 should be effected no later than 30 days after the notification of a successful application, and each module should be paid in advance.

Additional costs for travel and accommodation must be added.

Every student is responsible for funding his/her course expenses. At the time of application, the student should ideally have obtained permission and provide evidence of guaranteed payment of the course costs, or be able to adequately demonstrate how he/she will finance the course.

Duration and organisation of training

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

Research project

A limited research project is included in the course. Each student will get a national tutor to assist with his or her project. The project may be quantitative or qualitative, in the form of a survey, an audit, development of clinical guidelines, or conducting a systematic review. The task will be introduced in the first module and attended to in every module, with special emphasis in module 4 and presentation of projects in module 6. Students who already have an ongoing project may use this, provided it is their own work (not more than two candidates working together).

Exams/assignments

An assignment will be given at the end of each module and must be handed in, at the latest, 4 weeks after each course.

The assignments will be graded Pass/Not pass.

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

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

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

Course evaluation

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

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



Steering Committee 2009-2011

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