



The Royal Australasian College of Physicians

CLINICAL FOUNDATION IN PALLIATIVE MEDICINE

CURRICULUM

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Developed by a joint working party of the:

Australasian Chapter of Palliative Medicine

Royal Australasian College of Physicians

Royal Australian College of General Practitioners

Royal New Zealand College of General Practitioners

Australia and New Zealand Society of Palliative Medicine

Australian College of Rural & Remote Medicine

Faculty of Pain Medicine

Faculty of Radiation Oncology

Medical Oncology Group of Australia

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The Foundation program

This *Curriculum* describes the roles undertaken by Foundation holders in Palliative Medicine in Australia and New Zealand and sets down the knowledge, skills and attitudes necessary to fulfil these roles.

The aim of the Clinical Foundation in Palliative Medicine Program is to better equip generalists and specialists from other areas to cope with the palliative care needs of the patients they encounter in their practice.

The Foundation Program aims to provide clinical experience in palliative medicine for general practitioners and those specialists who have an interest in palliative medicine.

The CanMEDS 2000 Project has listed these roles as:

- *Medical Expert/Clinical Decision Maker*
- *Communicator*
- *Collaborator*
- *Manager*
- *Health Advocate*
- *Scholar*
- *Professional*

(“Skills for the new millennium: report of the societal needs working group. CanMEDS 2000 project”. The Royal College of Physicians and Surgeons of Canada’s Canadian Medical Education Directions for Specialists 2000 Project. September 1996)

These roles are developed, maintained and exercised throughout each doctor’s career from the first days of medical school to retirement. All doctors are moulded by the experiences of their personal lives, their training and their working career, which in turn affect the care provided to individual patients and the community at large. Each doctor will implement these roles in a different mix depending on their individual personality and field of practice.

This Curriculum is based on the *Curriculum for the Training and Continuing Professional Development of Specialists in Palliative Medicine – 2005* developed by a joint working party of the Australasian Chapter of Palliative Medicine and the Specialist Advisory Committee in Palliative Medicine of the Royal Australasian College of Physicians. The curriculum is drawn extensively from the language and models of the CanMEDS 2000 document and uses these roles to frame the Foundation training program in Palliative Medicine. It aims to encapsulate the essence of Palliative Medicine practice and describes the knowledge, skills and attitudes expected of Foundation Holders in their practice. The sections of the Curriculum governing the processes of training are designed to support the acquisition of skills, knowledge and experience by ensuring appropriate

and effective teaching and learning, supervision, and assessment of trainees. In addition, they provide guidance for supervisors, staff and all others involved in training.

The following table summarises the major themes.

The table is followed by the detailed objectives of the clinical Foundation training program.

<u>Role/Key Focus Areas</u>	<u>Themes</u>
I. Medical Expert and Clinical Decision Maker	<ul style="list-style-type: none"> • knowledge of the pathophysiology, symptom management, psychosocial and spiritual issues related to life-limiting illness and imminent death; • understand the experience of disease from the perspective of the patient and the meaning and consequences of illness to the patient and their family; • make appropriate clinical decisions; • provide medical care that is structured around the patients' and families' needs, their level of understanding and their priorities, with the aim of maximising quality of life, relieving suffering, and providing support; • have expertise in the management of patients that is specific to their location, whether that be in their own home, in a hospital, a hospice or a residential care facility; • understand both the natural history and the role of disease-specific treatments in the management of advanced cancer and other progressive life-limiting illnesses; • practice culturally responsible medicine with understanding of personal, historical, contextual, legal and social/societal influences;
II. Communicator	<ul style="list-style-type: none"> • communicate effectively with patients and their families and with the multi-disciplinary team of health professionals involved in the patients' care; • form therapeutic and supportive relationships with patients and their families based on understanding, trust, empathy and confidentiality;

	<ul style="list-style-type: none"> • discuss end of life issues with patients and their families with sensitivity and proficiency; • sensitively explore patients' and families' concerns across physical, cultural, psychological, social and spiritual domains;
III. Collaborator	<ul style="list-style-type: none"> • consult effectively with other health care professionals; • contribute to inter-disciplinary activities; • work with health workers from across the spectrum of health care to maximise palliative care provision;
IV. Manager	<ul style="list-style-type: none"> • management of time and resources in order to balance patient care; • understand the psychological impact of caring for dying patients and their families and the need for self-care;
V. Health Advocate	<ul style="list-style-type: none"> • advocate for the needs of individual patients; • advocate for the needs of social groups and cultures within the community who have specific palliative care needs or do not have effective access to palliative care services
VI. Scholar	<ul style="list-style-type: none"> • develop a career-long commitment to the maintenance and development of clinical knowledge/skills/experience; • contribute to the education of patients, students, health workers and the community; • support the development of new knowledge through research.
VII. Professional	<ul style="list-style-type: none"> • deliver the highest quality care with integrity, honesty and compassion; • exhibit appropriate personal and interpersonal professional behaviour; • practice ethically responsible medicine that respects medical, legal and professional obligations; • manage the personal challenges of dealing on a daily basis with death and grief; • reflect on the personal practice of medicine and the use of this process to guide both continuing professional development and ongoing pursuit of wisdom.

Explanation of Layout and Terms in this Syllabus

Focus Area/Theme Groups

Focus Areas and Themes are used to group similar areas together. This helps to identify and differentiate the '*broad areas of study*' within the curriculum.

Learning Outcomes

Learning outcomes are relatively broad, holistic statements that clearly outline what should be achieved by training i.e. the knowledge, skills and attitudes that the learner will gain and be able to demonstrate as a result of their active participation in the learning process. They also guide Foundation holder in the ongoing tasks of continuing professional development and the maintenance of their professional standards.

Learning Objectives

Learning objectives outline the specific knowledge, skills and attitudes required to achieve the curriculum's more broadly based learning outcomes. A number of learning objectives relating to a common theme may be found within a single learning outcome.

Learning objectives:

- Guide the selection of teaching methodology, activities, reference materials and assessment processes
- Encompass specific knowledge, skills and related behavioural attitudes
- Include both objective and subjective skills
- Specify the specific standard or criteria against which assessment will occur and the context or situation within which it will be measured.

Knowledge

Knowledge is the underpinning or background theory that will facilitate comprehension or understanding of a particular subject or process, facilitate the ability to perform a task, enable a clinician to correctly interpret data and make an informed diagnosis.

Skills

Skills are the practical ability to perform processes or tasks.

Attitudes and Behaviours

Attitudes and Behaviours refer to the manner in which tasks are approached and undertaken or the '*feeling*' exhibited during the process. These are assessed in part by the subjective responses of an observer.

I. Medical Expert and Clinical Decision Maker

KEY FOCUS AREA:

The Palliative Medicine Foundation holder is a Medical Expert and Clinical Decision Maker

KEY THEMES:

The Palliative Medicine Foundation holder:

- has knowledge of the pathophysiology, symptom management, psychosocial and spiritual issues related to life-limiting illness and imminent death;
- understands the experience of disease from the perspective of the patient and the meaning and consequences of illness to the patient and their family;
- makes appropriate clinical decisions to provide medical care that is structured around the patients' and families' needs;
- has particular expertise in the management of patients that is specific to their location whether that be within the home, a hospital, hospice or residential care facility.

LEARNING OUTCOME:

1. Manage symptoms and other clinical problems secondary to life-limiting progressive disease as well as other common concurrent medical problems.

LEARNING OBJECTIVE:

1a) *Manage pain effectively.*

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Identify different types of pain (eg. somatic, visceral, neuropathic, and incident). • Describe common pain syndromes (eg. plexopathies, central sensitisation). • Explain the management of pain within both the community setting and hospital liaison service, highlighting differences that may occur from inpatient management. 	<ul style="list-style-type: none"> • Perform a thorough history and examination in pain assessment. • Demonstrate ability to form therapeutic relationships with patients and their families necessary for the management of pain and other symptoms. • Select appropriate investigations for pain diagnosis and management. 	<ul style="list-style-type: none"> • Recognise the role of cognitive, emotional and spiritual factors in the symptom experience. • Recognise the value of a multi-disciplinary approach to symptom management. • Exhibit a holistic approach to care of patients and their families.

<ul style="list-style-type: none"> • Describe the drug treatment of pain including the place of WHO analgesic ladder, use of adjuvants, opioid prescribing, indications for opioid substitution, management of medication side effects. • Understand the role of anticancer therapies, radiation therapy and surgery in the palliation of pain. • Describe non-pharmacological approaches to pain management (eg. TENS, acupuncture, physiotherapy, immobilisation). • Identify psychological interventions in pain management. • Outline the principles of spinal analgesia and the use of epidural and intrathecal catheters, and infusion pumps. • Outline the use of common nerve blocks and neurosurgical procedures. • Identify commonly used clinical pain assessment tools. 	<ul style="list-style-type: none"> • Apply knowledge to develop a management plan for, and in partnership with, the patient in pain. <ul style="list-style-type: none"> • Evaluate treatment plans in light of patient's own priorities and prognosis. • Evaluate treatment plans with knowledge of drug pharmacology, efficacy and toxicity. • Demonstrate use of syringe drivers and subcutaneous access. • Demonstrate the appropriate prescribing of subcutaneous medications. 	<ul style="list-style-type: none"> • Exhibit a compassionate attitude towards the patient in pain and their family. • Recognise and initiate appropriate referral to specialist palliative care services and/or pain management services.
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LEARNING OBJECTIVE:

1b) *Manage other symptoms and concurrent medical problems effectively.*

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the clinical management of the following conditions within the palliative care setting: nausea and vomiting, fatigue (asthenia), dyspnoea, delirium, constipation, diarrhoea, tenesmus, sore and dry mouth, halitosis, ascites, dyspnoea, dysphagia, cough, hiccups, haemorrhage, bladder spasm, anorexia/cachexia, jaundice, itch, fever, malignant bowel obstruction, muscle spasm, myoclonus. • Identify the medications commonly used in the management of the above symptoms and understand their use. • Understand the role of anticancer and other disease targeted therapies in the palliation of symptoms. • Describe the appropriate management of the common biochemical abnormalities in the terminally ill. • Describe the appropriate management (including knowing when to treat and when to refer) of other complications of progressive disease: Pathological fractures, raised intracranial pressure, paraneoplastic syndromes, urinary retention and incontinence, postural hypotension, and thromboembolic disease. • Outline the management of skin complications seen in palliative care: Lymphoedema, fistulae, wound breakdown, bleeding/fungating wounds, odour, pressure sores, and fungal infections. • Describe the indications for invasive procedures to manage symptoms (e.g.. Pleurodesis, paracentesis, pericardial window). 	<ul style="list-style-type: none"> • Perform a thorough history and examination in other symptom assessment. • Select appropriate investigation for other symptom diagnosis and management. • Apply knowledge to develop a realistic management plan for the patient with other symptoms. • Establish the underlying pathophysiology of the symptoms in planning treatment when appropriate. • Demonstrate an awareness of how symptoms may be managed in the community setting. • Demonstrate appropriate use (and withdrawal) of oxygen, nebulisers and other non-invasive respiratory support devices (e.g. CPAP). • Demonstrate management of stomas, tracheostomies, gastrostomies, nasogastric tubes, urinary and suprapubic catheters, implanted ports, PICC and central venous lines. 	<ul style="list-style-type: none"> • Recognise and act on the advent of the terminal phase. • Recognise and initiate appropriate referral to specialist services (e.g. oncology, radiotherapy, nuclear medicine, surgery, gastroenterology, respiratory). • Recognise and initiate appropriate referral to specialist palliative care.

LEARNING OUTCOME:		
2. Address the psychological, emotional and social issues of patients and their families.		
LEARNING OBJECTIVE:		
2a) <i>Undertake a comprehensive assessment of the family, work and social context of the patient.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the impact of illness, uncertainty and the threat of death on interpersonal relationships, family functioning, body image, sexuality and role functioning. Be aware of how these issues can impact on the experience of pain and other symptoms. Describe the role of other health professionals in the multi-disciplinary management of such patients (e.g. chaplains, social workers, grief counsellors, psychologists, psychiatrists, hypnotherapists, art therapists). 	<ul style="list-style-type: none"> Demonstrate an awareness of the patient in relation to his/her family, work and social circumstances. Demonstrate culturally safe practice in the assessment of cultural differences. Describe the ways of assessing social emotional wellbeing in patients from ethnic and social backgrounds different to the practitioner. 	<ul style="list-style-type: none"> Exhibit an empathic approach to patient and family distress. Recognize stress/distress within themselves. Recognise and involve other appropriate health professionals (social workers, psychologists, counsellors) in assessment outcome.
LEARNING OBJECTIVE:		
2b) <i>Identify normal bereavement and communicate sensitively with and support the grieving person and their family</i>		
2c) <i>Anticipate and recognise abnormal grief and access specialist help</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Identify the understanding, responses and needs of patients and families in regards illness, death and bereavement. Identify the bereavement support organisations within their community, the role of specialist psychological services and indicators for their referral. 	<ul style="list-style-type: none"> Evaluate the risk level for patient and families in grief and bereavement reactions. Select the appropriate bereavement support for the individual or family. 	<ul style="list-style-type: none"> Exhibit an awareness of the impact of the grief of others on themselves. Participate in bereavement follow-up for families.
LEARNING OBJECTIVE:		

2d) <i>Sensitively explore and evaluate psychological and/or emotional concerns with patient and family</i>		
2e) <i>Provide supportive counselling and set realistic management goals for these concerns, where appropriate, in consultation with patient and family</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Identify the common psychological concerns of patients as disease progresses (from time of original diagnosis). Outline the use of therapeutic interventions in minimising psychological distress including counselling, behavioural therapy, group activities, relaxation/meditation, imagery/visualisation and creative therapies. 	<ul style="list-style-type: none"> Demonstrate an ability to respond to and explore emotional cues/concerns with patients and their families (eg, fear, anger, guilt, uncertainty, sadness and despair). Refer to an appropriate agency/support service where necessary 	<ul style="list-style-type: none"> Exhibit an openness to explore emotional and psychological issues with patients and their families, including those from different cultures and with different languages. Understand and practise cultural safety in grief and bereavement care.

LEARNING OUTCOME:		
3. Manage psychological symptoms and psychiatric illness within the palliative care context.		
LEARNING OBJECTIVE:		
3a) <i>Recognise psychiatric symptoms.</i>		
3b) <i>Implement pharmacological and non-pharmacological treatments including referral to psychiatric services when indicated.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the clinical features and management of: Anxiety, depression, mania, acute delirium, hallucinations, post-traumatic stress disorder, adjustment reactions, insomnia, and alcohol and drug withdrawal. Understand the theories regarding ‘desire for death’, requests for euthanasia and suicidal ideation in the context of palliative care. Describe the drug treatment of common psychiatric conditions in palliative care. 	<ul style="list-style-type: none"> Evaluate mental state/mood and distinguish between sadness and clinical depression. Demonstrate ability to manage psychiatric conditions within a variety of settings including the patient’s own home. 	<ul style="list-style-type: none"> Consult with psychiatric services when appropriate. Adopt an ethical approach when dealing with requests for hastening death

LEARNING OUTCOME:		
4. Manage specific disease processes and common emergencies which may arise in the context of palliative care.		
LEARNING OBJECTIVE:		
4a) <i>Apply knowledge of the disease process applicable to palliative care.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the appropriate indications for and the advantages and disadvantages of: surgery, chemotherapy, radiotherapy, immune therapy, hormone therapy, radioisotope therapy etc for palliation in malignant disease. Describe the management of other life limiting, progressive illness treated in palliative care (eg. motor neurone disease, AIDS, COPD, renal failure, hepatic failure, cardiac failure, other progressive neurological diseases especially dementia, and intractable cardiac ischaemia). 	<ul style="list-style-type: none"> Interpret the complete clinical picture to estimate prognosis. Apply knowledge of the natural history of cancer behaviour to anticipate and pre-empt problems, recognise transition points in the illness and recognise the advent of the terminal phase. Communicate clearly about the benefits and burdens from investigations, interventions and non-intervention to patient and family. 	<ul style="list-style-type: none"> Contribute to successful multidisciplinary planning and shared care of patients with other specialties, being aware of benefits, difficulties and need for facilitation and aiming for best patient outcomes. Recognise the limitations as well as the strengths of modern medicine in what it can deliver to patients with progressive, life threatening illness.
LEARNING OBJECTIVE:		
4b) <i>Recognise, and appropriately manage the emergencies which may arise in the palliative care context.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Outline the management of the emergencies that occur in the palliative care setting: severe pain, acute dyspnoea, opioid toxicity, superior vena caval obstruction, spinal cord/cauda equina compression, cardiac tamponade, massive haemorrhage, seizures, sepsis, coning, drug/tobacco withdrawal acute dystonia, Addisonian crisis etc. 	<ul style="list-style-type: none"> Apply knowledge to develop an effective and appropriate management plan for emergencies in palliative care. Activate a rapid referral to specialist services where indicated 	<ul style="list-style-type: none"> Exhibit a calm, reassuring manner during emergencies. Recognise the validity of inaction, other than remaining present, in response to overwhelming catastrophe. Keep family fully informed during a crisis situation.

LEARNING OUTCOME:		
5. Prescribe medications within the palliative care setting.		
LEARNING OBJECTIVE:		
5a) <i>Prescribe medication safely based on a sound knowledge of pharmacology and best available evidence.</i>		
5b) <i>Communicate medication issues clearly to patients, family and other care givers.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe dose adjustment principles for commonly used medications with regard to: frail, elderly, children, altered metabolism, organ failure, end of life. Define the following for commonly used palliative care medications: Routes of administration, absorption, excretion, metabolism, half-life, usual frequency of administration, toxicity and adverse effects and their management, use in syringe drivers, interactions with other medications, possibility of tolerance, dependence, addiction and discontinuation syndromes. Outline the cost and availability issues for community prescribing. Describe the commonly used complementary and alternate medicines/therapies and be aware of their potential interactions and complications. 	<ul style="list-style-type: none"> Teach patients and carers to understand and manage their medications. Select appropriate medication for the patient's symptom profile, underlying diagnoses, patient's own preferences and stage of illness. Evaluate the impact of complementary therapies in light of available evidence, likelihood of benefit or harm to the patient and interaction with other therapies. 	<ul style="list-style-type: none"> Participate in ongoing education about medications, and prescribe based on best available evidence. Exhibit openness to discussing the use of alternate and complementary medicines/therapies with patients/families/whanau (NZ) and with other health professionals

LEARNING OUTCOME:		
6. Care for dying people.		
LEARNING OBJECTIVE:		
6a) <i>Sensitively and appropriately care for the dying patient with a focus on symptom management, family support, awareness of spiritual issues and accurate prognostication.</i>		
6b) <i>Comply with legal and ethical requirements.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Identify the advent of the terminal phase of a progressive illness, and describe the signs of approaching death. Describe the care requirements of a dying person and their family including the physical, emotional, social, cultural and spiritual dimensions. Identify the major ethical issues that surround end of life care including withdrawal of 'active' treatments, withdrawal or withholding of invasive feeding and fluids, request for euthanasia, documentation of 'not for resuscitation' orders and consent for body or tissue donation. Identify criteria to pronounce death. Identify legal requirements for the certification of death, including burial, cremation and reporting of death to the Coroner. Identify and outline the management of symptoms which occur at the end of life: Alteration in conscious state, restlessness, 'death rattle', swallowing problems, mouth dryness and soreness. Identify the medications commonly used at the end of life to manage symptoms. 	<ul style="list-style-type: none"> Apply knowledge of the care requirements of a dying person including specific disease processes, symptom management and pharmacology in order to competently assess the dying patient and develop appropriate management plans for the end-of-life care. Communicate prognosis sensitively to family members and carers. Participate in multi-disciplinary end-of-life care in a variety of settings, including the home setting. Discuss with family their relevant duties around the time of death. 	<ul style="list-style-type: none"> Exhibit compassionate care of dying patients and their families. Recognise the emotional challenges, grief and loss in themselves, Exhibit a willingness to 'be with' the dying person and their family. Recognise the spirituality of the dying person.

LEARNING OUTCOME:		
7. Recognise that spirituality may be a key dimension of the experience of dying patients and ensure spiritual issues are addressed.		
LEARNING OBJECTIVE:		
7a) <i>Recognise that spirituality, however expressed, may be a key dimension of the human experience.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the nature of spirituality. 	<ul style="list-style-type: none"> Demonstrate consideration of spiritual issues and organise a more extensive spiritual assessment when appropriate. 	<ul style="list-style-type: none"> Recognise that spirituality may be an integral part of a patient's experience.
LEARNING OBJECTIVE:		
7b) <i>Have understanding of how spiritual issues can impact on suffering.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the concept of 'quality of life'. Describe the concept of suffering 	<ul style="list-style-type: none"> Demonstrate an understanding of the combined impact of pain, other physical symptoms and psychological and spiritual distress on the patient. 	<ul style="list-style-type: none"> Recognise that spiritual pain can contribute to suffering. Be prepared to explore spiritual issues for individual patients or to refer them to appropriate pastoral care or personnel

II. Communicator

<p>KEY FOCUS AREA:</p> <p>The Palliative Medicine Foundation holder is an excellent <u>Communicator</u></p>		
<p>KEY THEMES:</p> <p>The Palliative Medicine Foundation holder:</p> <ul style="list-style-type: none"> establishes therapeutic and supportive relationships with patients and their families based on understanding, trust, empathy and confidentiality; is able to discuss end of life issues with patients and their families; is able to sensitively explore the patients' concerns across physical, psychological, social, cultural and spiritual domains; communicates effectively with patients, their families and other health professionals involved in the patients' care. 		
<p>LEARNING OUTCOME:</p> <p>1. Establish therapeutic and supportive relationships with patients and families, with particular expertise in discussing end of life issues, exploring patient and family concerns across physical, psychosocial, cultural and spiritual domains, and obtaining, integrating and interpreting relevant clinical information.</p>		
<p>LEARNING OBJECTIVE:</p> <p>1a) <i>Able to establish and maintain therapeutic and supportive relationships with patient and families based on understanding, trust, empathy and confidentiality.</i></p>		
<p>Knowledge</p> <ul style="list-style-type: none"> Describe the importance of good doctor-patient communication and its effect on patients' satisfaction, compliance, psychological adjustment and quality of care. 	<p>Skills</p> <ul style="list-style-type: none"> Establish rapport with patients of different ages, life stage, gender, ethnicity, cultures and socioeconomic groups. Demonstrate skill in overcoming barriers to communication such as language difficulties, deafness, confusion and dementia. 	<p>Attitudes and Behaviours</p> <ul style="list-style-type: none"> Exhibit relationships with patients and their family that are characterised by mutual understanding, trust, respect and empathy. Recognise the importance of patient confidentiality and the conflict between confidentiality and need to share information with others.

LEARNING OBJECTIVE:		
<i>1b) Obtain, interpret and provide information from/to the patient, their family and other health professionals, in order to facilitate optimal care of the patient.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Explain the importance of cooperation among health professionals in ensuring delineation of roles and consistency of communication with patients and families taking into consideration cultural and language differences. • Explain the advantages and disadvantages of interviewing a patient both alone or with their partner/family/carer/whanau (NZ) present 	<ul style="list-style-type: none"> • Elicit and synthesise relevant history from patients, families and referring teams and listen effectively. • Evaluate patients' wishes regarding the amount of information they want and the degree to which they would like to be involved in decisions about care. • Elicit the patients' expectations and wishes regarding the management of their illness and its associated problems. • Demonstrate ability to inform and counsel the patient and their family in a sensitive and humane manner and in such a way that is understandable and tailored to the information preferences of the individual. • Facilitate patients' participation in decision-making to the degree that they wish. • Discuss treatment options so that the patient understands the implications. • Maintain clear, concise, accurate and appropriate records. • Communicate effectively within the multidisciplinary palliative care team and with referring GPs and other specialists in order to ensure optimal and consistent care of the patient and their family. 	<ul style="list-style-type: none"> • Exhibit effective and sensitive listening skills. Communicate with patients and families in language which can be easily understood. • Demonstrate a willingness to spend an appropriate amount of time with patients and families

LEARNING OBJECTIVE:

1c) *Sensitively explore patient and family concerns and discuss prognosis and end-of-life issues.*

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the range and types of concerns expressed by patients and families at the end of life. • Describe the benefits and drawbacks to patients/families of various coping strategies including denial and collusion 	<ul style="list-style-type: none"> • Evaluate the patients' physical, psychological, social and spiritual concerns and which of these have greatest priority. • Establish the patients' understanding of their illness and prognosis. • Respond to emotional cues and concerns and provide support to patients and families. • Demonstrate ability to handle difficult questions and discuss the full range of issues that are important to patients and their families in a non-judgemental and sensitive manner. • Manage anger and strong emotions in patients and their families sensitively and effectively. • Manage denial and collusion within the family in a sensitive and respectful manner, considering the patients' needs and wishes and their cultural environment. 	<ul style="list-style-type: none"> • Exhibit competence and sensitivity in discussing end-of-life issues/dying and show judgement in knowing when and how to raise these issues.

III. Collaborator

KEY FOCUS AREA:		
The Palliative Medicine Foundation holder is a <u>Collaborator</u>		
KEY THEMES:		
The Palliative Medicine Foundation holder:		
<ul style="list-style-type: none"> • Consults effectively with other physicians and health care professionals; • Contributes effectively to other inter-disciplinary activities. 		
LEARNING OUTCOME:		
1. Work effectively with others and collaborate effectively amongst health professionals.		
LEARNING OBJECTIVE:		
1a) <i>Describe the roles, expertise and limitations of interdisciplinary teams working in patient care</i>		
Knowledge	Skills	Attitudes and Behaviours
Describe the nature and functioning of an interdisciplinary team	<ul style="list-style-type: none"> • Ensure wide participation of team members so that all are able to make relevant contributions. 	<ul style="list-style-type: none"> • Exhibit a willingness to contribute to the interdisciplinary team
<u>LEARNING OBJECTIVE:</u>		
1b) <i>Develop care plans in collaboration with members of the interdisciplinary team.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Explain what team members contribute to the care plan and how they can contribute to management. 	<ul style="list-style-type: none"> • Demonstrate how to organise and implement a treatment plan through collaboration with team members and other colleagues. 	<ul style="list-style-type: none"> • Recognise that treatment plans are best formulated by the team in consultation.

IV. Manager

KEY FOCUS AREA:		
The Palliative Medicine Foundation holder is a <u>Manager</u>		
KEY THEMES:		
The Palliative Medicine Foundation holder:		
<ul style="list-style-type: none"> manages time and resources in order to balance patient care 		
LEARNING OUTCOME:		
1. Utilize time and resources effectively in order to balance patient care, management duties, professional development, outside activities and personal life		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Demonstrate application of time management skills Has an awareness of the personal stresses involved in caring for the dying 	<ul style="list-style-type: none"> Perform tasks in a timely manner Demonstrate ability to prioritise tasks demonstrates an awareness of the importance of self-care 	<ul style="list-style-type: none"> Exhibit productivity in their work Exhibit flexibility in responding to unexpected urgent events Access opportunities for de-briefing or professional supervision

V. Health Advocate

KEY FOCUS AREA:		
The Palliative Medicine Foundation holder is a Health Advocate		
KEY THEMES:		
The Palliative Medicine Foundation holder:		
<ul style="list-style-type: none"> • advocates for the needs of individual patients; • advocates for the needs of social groups and cultures within the community who have specific palliative care needs or do not have effective access to palliative care services; • promotes palliative care in health systems in which they work. 		
LEARNING OUTCOME:		
1. Participate in advocacy for the welfare of individual patients with a life-limiting illness and their families, and facilitate discussion/ encourage promotion of palliative care issues within the general community.		
LEARNING OBJECTIVE:		
1a) <i>Recognise determinants of the experience of illness, dying and bereavement, promote understanding of these issues and engage in appropriate advocacy.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe resources and services available in local area 	<ul style="list-style-type: none"> • Communicate appropriately with those from diverse cultural backgrounds to ensure partnership in decision making processes within palliative care. • Discuss with patients and families their options in regards access to care at the place of their choosing (eg. home, hospital, hospice, nursing home). 	<ul style="list-style-type: none"> • Recognise the value of patients and communities participating fully in decision making regarding palliative care issues. • Contribute to a '<i>healthy</i>' and normalising experience of dying and bereavement with patients, families and communities. • Contribute to a sense of empowerment within patients who are dying and their families. • Exhibit a willingness to talk openly about death and dying with patients, family, other health professionals and the general community

VI. Scholar

KEY FOCUS AREA:		
The Palliative Medicine Foundation holder is a <u>Scholar</u>		
KEY THEMES:		
The Palliative Medicine Foundation holder:		
<ul style="list-style-type: none"> • makes a career-long commitment to the maintenance and development of their own clinical knowledge, skills and experience; • contributes to the education of patients, students, health workers and the community. 		
LEARNING OUTCOME:		
1. Engage in career-long learning and apply the principles of critical appraisal.		
LEARNING OBJECTIVE:		
1a) <i>Be involved in a personal continuing education program.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Identify strategies to answer a clinical question; including the available resources and literature searching techniques (eg. electronic databases, world wide web). 	<ul style="list-style-type: none"> • Formulate a personal continuing education programme to address own knowledge deficiencies. 	<ul style="list-style-type: none"> • Recognise own responsibility for determining personal learning needs and their own knowledge strengths and knowledge weaknesses.
LEARNING OBJECTIVE:		
1b) <i>Be able to critically appraise the literature.</i>		
Knowledge	Skills	Attitudes and Behaviours
	<ul style="list-style-type: none"> • Be competent in the critical appraisal of the medical literature. 	
LEARNING OUTCOME:		
2. The Foundation holder will be involved in the promotion of palliative care through the education of others.		

LEARNING OBJECTIVE:		
<i>2a) Participate in education of others in palliative care issues.</i>		
Knowledge	Skills	Attitudes and Behaviours
		<ul style="list-style-type: none"> Contribute to the education of others. This may manifest in a number of forms (eg. daily communication with patients, as a supervisor of junior medical staff and nurses, as a teacher of students, role play, problem based learning, bedside teaching, large group presentations). Education of peers eg in GP Divisions

VII. Professional

<p>KEY FOCUS AREA:</p> <p>The Palliative Medicine Foundation holder is a <u>Professional</u></p>		
<p>KEY THEMES:</p> <p>The Palliative Medicine Foundation holder:</p> <ul style="list-style-type: none"> • delivers the highest quality care with integrity, honesty and compassion; • exhibits appropriate personal and interpersonal professional behaviour; • practises medicine in an ethically responsible manner that respects the medical, legal and professional obligations of belonging to a self-regulating group; • manages the personal challenges of dealing on a daily basis with death and grief; and • reflects on their personal practice of medicine and uses this process to guide both continuing professional development and the ongoing pursuit of wisdom. 		
<p>LEARNING OUTCOME:</p> <p>1. Understand the principles of integrity, honesty and compassion and how these are applied in the practice of medicine in general and Palliative Medicine in particular.</p>		
<p>LEARNING OBJECTIVE:</p> <p>1a) <i>Understand relevant cultural, racial and societal issues and their impact on the practice of medicine.</i></p>		
<p>Knowledge</p> <ul style="list-style-type: none"> • Describe the impact of belief systems on the health care choices of patients and families. 	<p>Skills</p> <ul style="list-style-type: none"> • Consider issues of culture when obtaining necessary information. • Communicate with people from across the spectrum of the community. 	<p>Attitudes and Behaviours</p> <ul style="list-style-type: none"> • Exhibit openness to exploring the culture of those from a different background from their own. • Exhibit a non-judgemental attitude to the belief systems of others.

LEARNING OUTCOME:		
2. The Foundation holder will behave in an appropriate personal and interpersonal manner in the role of a professional in the community.		
LEARNING OBJECTIVE:		
2a) <i>Understand and accept the importance of personal accountability for the decisions made and the actions taken.</i>		
Knowledge	Skills	Attitudes and Behaviours
	<ul style="list-style-type: none"> Demonstrate decision-making ability and acceptance of associated responsibilities. 	<ul style="list-style-type: none"> Exhibit open and positive acceptance of responsibilities.

LEARNING OUTCOME:		
3. Know the medical, legal and professional obligations of a Foundation holder in Palliative Medicine and apply them in an ethical manner to their day to day practice.		
LEARNING OBJECTIVE:		
3a) <i>Understand the importance of an appropriate balance between personal and professional roles including the setting of boundaries to work and the maintenance of an independent personal life.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Explain the importance for personal emotional health of a balanced lifestyle with adequate recreation and leisure time away from work. 	<ul style="list-style-type: none"> Establishing boundaries in patient/family relationships. 	<ul style="list-style-type: none"> Participate in leisure and recreation.
LEARNING OBJECTIVE:		
3b) <i>Acquire knowledge of the professional, legal and ethical codes by which medical practitioners are bound</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Outline the legal framework within which we practice including the laws that govern medical registration. 	<ul style="list-style-type: none"> Apply this framework in everyday practice. 	<ul style="list-style-type: none"> Exhibit professional, legal and ethical behaviour.

LEARNING OBJECTIVE:		
3c) <i>Develop the ability to recognise, analyse and address ethical issues in clinical practice. These include truth telling, informed consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation and research ethics.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the central importance of honesty, confidentiality, informed consent, and advanced directives to the practice of Palliative Medicine. Identify ethical issues relating to end-of-life care. 	<ul style="list-style-type: none"> Practice these principles in day to day practice. Demonstrate self awareness of conflict of interest. 	<ul style="list-style-type: none"> Exhibit honesty and openness in approaching the full range of ethical issues in palliative care practice.

LEARNING OBJECTIVE:		
3d) <i>Understand and apply the legislation relevant to their practice of Medicine.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Source relevant legislation such as that covering medical registration, use of medications, certification of death, notifiable diseases, coroner's acts, etc. 	<ul style="list-style-type: none"> Apply the legislation in day to day practice and for the maintenance of registration. 	

LEARNING OUTCOME:		
4. Manage the personal and emotional challenges of dealing with death, dying and grief.		
LEARNING OBJECTIVE:		
4a) <i>Develop an awareness of their own personal beliefs, including cultural origins, and the impact that these have on the ability to deal with death and dying.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Identify their own personal culture and beliefs, and the impact these have on the ability to deal with death and dying of others. 	<ul style="list-style-type: none"> Evaluate and recognise the interaction between their own culture and beliefs, and the experience of dealing on a daily basis with death and dying. Translate this evaluation into emotionally 	<ul style="list-style-type: none"> Openness to reflection on the cultural basis of the practitioner's own beliefs and their impact on their reactions to the beliefs, grief and death of our patients and their families.

	sustainable practice.	
	<ul style="list-style-type: none"> Maintain a high level of self awareness. 	
LEARNING OBJECTIVE:		
4b) <i>Understand how one's own beliefs can impact on the interactions with patients and families.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Outline the risks of the projection of personal belief systems into doctor-patient interactions and of strategies to avoid these risks. 	<ul style="list-style-type: none"> Be able to separate their own beliefs from those of patients and families so as to meet the latter's needs. 	<ul style="list-style-type: none"> Recognise the belief systems of others.
LEARNING OBJECTIVE:		
4c) <i>Develop an awareness of how the losses and grief of patients and families can influence doctors' ability to deal with their own losses.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Identify processes whereby exposure to the grief of patients and their families can rekindle grief for doctors and other health workers. 	<ul style="list-style-type: none"> Discuss these issues and deal with them in an appropriate manner. 	<ul style="list-style-type: none"> Exhibit willingness to acknowledge their own potential issues of loss and grief.

LEARNING OBJECTIVE:		
4d) <i>Learn when to seek personal support for dealing with the emotional and existential issues that inevitably arise in the course of work as a Foundation holder in Palliative Medicine, and develop individualised supports suitable to the Foundation holder's needs.</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the importance of personal support and debriefing for the maintenance of personal health and wellbeing. 	<ul style="list-style-type: none"> Discuss personal emotional and existential issues when necessary. 	<ul style="list-style-type: none"> Choose and access appropriate supports.

Resources

The following list of resources is provided as a suggested guide to resources relevant to palliative medicine in Australasia.

Oxford Textbook of Palliative Medicine. eds Doyle, Hanks and Macdonald, Oxford Medical Publications (OUP) 3rd edn 2003

Palliative Medicine. R Woodruff Asperula Melbourne 4th edn 2004

Standards for Providing Quality Palliative Care for all Australians. Palliative Care Australia.2005

Therapeutic Guidelines: Palliative Care version 2. 2005

Journals

Palliative Medicine

Journal of Palliative Care

Progress in Palliative Care

Journal of Pain and Symptom Management

Pain

Societies

Australian and New Zealand Society of Palliative Medicine

<http://www.anzspm.org.au>

Palliative Care Australia

<http://www.pallcare.org.au>

Bibliography

This document was created by the Diploma Steering Committee and contains a large amount of material extracted and adapted from existing documents of the Australasian Chapter of Palliative Medicine and the Specialist Advisory Committee in Palliative Medicine of the Royal Australasian Collage of Physicians.

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- Curriculum in Palliative Medicine: Curriculum for the Training and Continuing Professional Development of Specialists in Palliative Medicine. RACP 2005
- Skills for the new millennium: report of the societal needs working group. CanMEDS 2000 project". The Royal College of Physicians and Surgeons of Canada's Canadian Medical Education Directions for Specialists 2000 Project. September 1996
- UK Curriculum for Palliative Medicine
- Guidelines for the selection of Continuing Professional Development activities for Fellows of the Australasian Chapter of Palliative Medicine
- Australasian Chapter of Palliative Medicine Training Manual
- Requirements for Physician Training in Australia and New Zealand - Adult Internal Medicine, RACP
- Requirements for Physician Training in Australia and New Zealand - Paediatrics & Child Health, RACP

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