



7th Nordic Specialist Course in Palliative Medicine

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. Palliative medicine has been approved as a formal competence field in Finland (2007), Norway (2011) and Denmark (2013) and will be launched as an add-on medical specialty in Sweden from 2015. However, there is still a considerable shortness of physicians with experience and education in this field of medicine, and we are facing the situation that new palliative care units and programs might be established without the appropriate medical staffing. This situation, therefore, presents a 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. Since then a new course has started every second year; the 6th course will end in April 2015. Due to the great interest in the course and the ongoing need for more specialists in palliative medicine, a 7th course will start in September 2015. 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 other palliative medicine curricula more or less were based on this. Attention has also been paid to the Swedish Curriculum (2), revised versions of the British Specialty Training Curriculum (3,4) and the EAPC White Paper on palliative care education (5,6).

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. This is a theoretical course giving a deepened understanding of the different topics that together compose the field of palliative medicine. The course is not intended to deliver a complete cookbook on 'how to do', but rather provide an expanded framework to stimulate the participants to



Norwegian Association for
Palliative Medicine



Finnish Association for
Palliative Medicine



Danish Association for
Palliative Medicine



Icelandic Association for
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Swedish Association for
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independently take a closer look at details. This structure presupposes a high degree of activity and responsibility from the participants, including studies of the course literature, articles, and assignments between the modules.

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.

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) mobilizing the assistance of doctors from other medical specialties for further measures, such as intervention therapy, radiotherapy, surgery, chemotherapy, and specialized investigations
- d) actively contributing to teambuilding and to the collaboration of the professionals in an 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 GP, 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 2015-2017

MODULE 1 – 21-25 September 2015, 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 patients with advanced cancer.

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 2016, Helsinki, Finland

A. THE IMMINENTLY DYING (4 days)

Aim: To acknowledge the special needs of the dying patient and his/her family, including religious, cultural and spiritual aspects. To acknowledge the influence of nearby death on suffering and family structure. To be aware of and reflect upon ethical issues in death and dying.



Topics: The dying process. Pharmacological treatment of the dying patient. Ethical aspects: hydration, withdrawal of treatment, euthanasia. 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 terminal sedation. Organisation of care for the dying.

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 – 11-15 April 2016, 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 – 26-30 September 2016, 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 1/2 days)

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

Topics: Emergencies in palliative medicine, e.g. hypercalcemia, 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, definitions, legal aspects. Examples of common practice of alternative/complementary treatments in palliative care patients, effects and side effects.



D. ORGANISATION OF PALLIATIVE CARE IN THE NORDIC COUNTRIES (1/2 day)

Aim: To know about and understand the organisation of palliative care in the Nordic countries and see oneself as part of the big picture.

Topics: Organisation of palliative care in each Nordic Country.

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 – 23-27 January 2017 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 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 analgesics. Invasive techniques: Spinal/epidural/parenteral pain treatment and nerve blocks. Pain treatment in oncology: Radiotherapy and bisphosphonates.



Non-drug pain therapy, e.g. physiotherapy. Psychological interventions in pain management. Existential pain.

C. FOLLOW UP ON COURSE PROJECTS

MODULE 6 – 24-28 April 2017, Stockholm, Sweden

A. MANAGEMENT, ORGANISATION (1 day)

Aim: To have the knowledge and the ability to set up and manage a palliative care program. To know about different organisational models for palliative care. To understand palliative care from an international perspective.

Topics: Different organisational models for palliative care programs, e.g. consult teams, home care teams, in-bed units. International standards and definitions. 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. International guidelines.

B. PALLIATIVE CARE IN NON-MALIGNANT DISEASE (1 1/2 days)

Aim: To be familiar with the natural course, signs of progress and treatment options in non-malignant disease. To learn about the special palliative care needs in motor neuron disease and how they may be met by the multiprofessional PC team.

Topics: Congestive heart failure, chronic obstructive pulmonary disease, dementia and motor neuron disease. Symptom management, management of respiratory failure, advance care planning, ethical dilemmas in decision making.

C. PRESENTATION OF RESEARCH PROJECTS (1 1/2 days)

Aim: The student should be able to present the results from his/her own study in a concise and precise way, in English, at a scientific level. To be able to write an abstract and give an oral presentation.

Topics: Presentation of own project. Evaluation and feedback in the course group (colleagues and teachers).

D. EXAMINATION and EVALUATION (1 day)

Aim: a) To evaluate if each course module fulfils the stated learning outcomes and the expectations of the participants. To check if the teaching aims of the course have been reached and to get feedback 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. Svensk läroplan i palliativ medicin. Svensk Förening för Palliativ Medicin, 2001.
www.slf.se/sfpm
3. Specialty Training Curriculum for Palliative Medicine. London: Joint Royal Colleges of Physicians Training Board, 2007.
4. Specialty Training Curriculum for Palliative Medicine. London: Joint Royal Colleges of Physicians Training Board, 2010, amended 2014. http://www.gmc-uk.org/education/palliative_medicine.asp
5. Gamondi C, Larkin P, Payne S. Core competencies in palliative care: an EAPC White Paper on palliative care education – part 1. Eur J Palliat Care 2013; 20:86-91.
6. Gamondi C, Larkin P, Payne S. Core competencies in palliative care: an EAPC White Paper on palliative care education – part 2. Eur J Palliat Care 2013; 20:140-5.

Practical information

Course secretariat

Nordic Specialist Course in Palliative Medicine
Executive Officer Ragnhild Green Helgås
Department of Oncology
St. Olavs Hospital, Trondheim University Hospital
4 etg. Kunnskapssenteret Vest, St. Olavs Hospital
N-7030 Trondheim, Norway

Phone: +47 72 82 61 46 Cell phone: +47 911 00 971

E-mail: ragnhild.g.helgas@ntnu.no

Accounts

Lægeforeningen
Secretary Kirsten Koch
Economy Department
Kristianiagade 12
DK-2100 København Ø, Denmark

Phone: +45 35 44 84 03

E-mail: kk@dadl.dk

Course web site

www.nscpm.org

Entry requirements and selection of participants

The course is planned for a total of 36 students. 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).



The national associations will consider and nominate students among the applicants from their respective countries. When making the final selection between qualified applicants, geographical considerations as well as each applicant's role or coming role in the development of palliative care in his/her country will be taken into account. The Steering Committee makes the final selection and applicants will be notified in the beginning of May 2015.

Economy

The fee for each of the six course modules will be of Euro 800 (total course fee: Euro 4800).

A deposit of Euro 800 should be effected no later than 30 days after the notification of a successful application, and each module should be paid in advance.

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 on the project. The project may be quantitative or qualitative, in the form of a survey, an audit, development of a clinical guideline, 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 on-going project may use this, provided it is their own work (not more than two candidates working together).

Assignments and exam

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

Bodil Abild Jespersen, anaesthesiologist MPG, Consultant in Palliative Medicine
Member of the board of the Danish Association for Palliative Medicine,
Palliative Care Team, Department of Oncology, Aarhus University Hospital, Aarhus, Denmark
E-mail: bodijesp@rm.dk

Lise Pedersen, PhD, oncologist, Lead Consultant in Palliative Medicine
Member of the Danish Association for Palliative Medicine,
Palliative Medicine Unit, Bispebjerg Hospital, Copenhagen, Denmark
E-mail: lise.pedersen.01@regionh.dk

Dagny Faksvåg Haugen, PhD, oncologist, Lead Consultant and Professor of Palliative Medicine
Member of the board of the Norwegian Association for Palliative Medicine (NFPM)
Kompetansesenter i lindrande behandling Helseregion Vest
Haukeland University Hospital, Bergen, Norway
E-mail: dagny.haugen@helse-bergen.no

Sebastian von Hofacker, anaesthesiologist, Consultant in Palliative Medicine
Member of the Norwegian Association for Palliative Medicine (NFPM)
Sunniva senter for lindrende behandling, Haraldsplass Diakonale Sykehus, Bergen, Norway
E-mail: sebastian.vonhofacker@haraldsplass.no

Staffan Lundström, PhD, oncologist and pain specialist, Consultant in Palliative Medicine
Member of the board of the Swedish Association for Palliative Medicine (SFPM)
Department of Palliative Medicine, Stockholms Sjukhem Foundation and Karolinska Institute,
Stockholm, Sweden
E-mail: staffan.lundstrom@stockholmssjukhem.se

Carl-Magnus Edenbrandt, PhD, hematologist, Associate Professor of Medicine,
Consultant in Palliative Medicine
Member of the Swedish Association for Palliative Medicine (SFPM)
Department of Clinical Sciences, Lund University, Lund, Sweden
E-mail: carl-magnus.edenbrandt@med.lu.se

Outi Hirvonen, PhD, oncologist, Consultant in Palliative Medicine
Member of the board of the Finnish Association for Palliative Medicine
Department of Oncology and Radiotherapy, Turku University Hospital, Turku, Finland
E-mail: outi.hirvonen@tyks.fi

Paula Poukka, specialist in Internal Medicine, Consultant in Palliative Medicine
Member of the Finnish Association for Palliative Medicine
Laakso Hospital, Helsinki, Finland
E-mail: paula.poukka@kolumbus.fi

Valgerdur Sigurdardottir, PhD, oncologist, Lead Consultant in Palliative Medicine
Member of the Icelandic Association for Palliative Care
The Palliative Care Unit, Landspítali University Hospital Kopavogur, Kopavogur, Iceland
E-mail: valgersi@landspitali.is