

Palliative Medicine

Code: 102910
ECTS Credits: 3

Degree	Type	Year	Semester
2502442 Medicine	OT	6	0

Contact

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Use of Languages

Principal working language: catalan (cat)
Some groups entirely in English: No
Some groups entirely in Catalan: Yes
Some groups entirely in Spanish: No

Prerequisites

It is advisable to have acquired basic knowledge of Physiopathology, Semiology and Pharmacology.

Objectives and Contextualisation

The fundamental objective is to provide the student with resources to recognize, understand and effectively relieve suffering. To do this, all doctors should receive basic training in palliative medicine.

The specific objectives are:

- 1 Integrate the knowledge of other health disciplines, differentiating curative and palliative approaches
- 2 Recognize the causes of the suffering of patients and families, evaluating their physical, emotional, social and spiritual components
- 3 Describe the pathophysiology of pain and other symptoms and its therapeutic approach
- 4 Demonstrate communication skills with the patient, family and team
- 5 Emphasize that all interventions should focus on the patient's needs, considering its principles and values
- 6 Discuss ethical aspects and decision making at the end of life
- 7 Understand that the patient and family form a unit of care
- 8 Identify one's own attitudes towards illness and death
- 9 Recognize the multidisciplinary approach of palliative care and plan teamwork
- 10 Identify the various palliative care systems in hospital and home and their relationships
- 11 Provide help in the grieving process

Competences

- Demonstrate understanding of the manifestations of the illness in the structure and function of the human body.
- Establish a diagnostic approach and a well thought-out strategy for action, taking account of the results of the anamnesis and the physical examination, and the results of the appropriate complementary tests carried out subsequently.
- Formulate hypotheses and compile and critically assess information for problem-solving, using the scientific method.
- Indicate the basic diagnosis techniques and procedures and analyse and interpret the results so as to better pinpoint the nature of the problems.
- Indicate the most suitable treatment for the most prevalent acute and chronic processes, and for the terminally ill.
- Obtain and prepare a patient record that contains all important information and is structured and patient-centred, taking into account all age and gender groups and cultural, social and ethnic factors.
- Perform a general and a system-by-system physical examination appropriate to the patient's age and sex, in complete and systematic way, and a mental evaluation.
- Recognise the basic elements of the medical profession as the result of an evolving, scientific, social and cultural process, including ethical principles, legal responsibilities and patient-oriented professional practice.

Learning Outcomes

1. Assess physical incapacity, and its impact on patients and their families.
2. Assess the importance of every sign and symptom in the current illness.
3. Conduct the interview correctly to obtain significant clinical data.
4. Describe the main diagnostic and therapeutic techniques performed in the hospital service corresponding to the subject.
5. Describe the pain mechanisms and other common symptoms in the terminal phase and establish a treatment plan.
6. Describe the person as a multidimensional being in which the interplay of biological, psychological, social, environmental and ethical factors determines and alters the states of health and disease and their manifestations.
7. Establish a therapeutic action plan considering the needs of patients and their family and social environment, and involving all members of the healthcare team.
8. Formulate hypotheses and compile and critically assess information for problem-solving, using the scientific method.
9. Gather, choose and record important information patient supplied by patients and accompanying persons.
10. Identify serious clinical situations.
11. Identify symptoms of anxiety, depression, psychosis, toxics consumption, delirium and cognitive deterioration.
12. Identify the fundamental principles of palliative medicine.
13. Identify type, evolution and limitations in chronic diseases, their possible treatments and prevention of complications.
14. Indicate the basic complementary examinations for interpreting the manifestations of the illness in the different organs and systems of the human body.
15. Make a record that includes the personal, physiological and pathological antecedents of the illness, as well as the main symptoms of diseases of the respiratory, circulatory and digestive systems, blood and hematopoietic organs, nervous system, musculoskeletal system, genitourinary system, metabolism and endocrine system.
16. Order signs and symptoms to perform a differential syndromic diagnosis.
17. a complete physical examination general and the respiratory, circulatory and digestive systems, blood and hematopoietic organs, nervous system, musculoskeletal system, genitourinary system, metabolism and endocrine system.

Content

Theory

Unit 1. Protagonists of the terminal situation: the patient, the family and the health professionals. Factors that contribute to suffering. Palliative medicine as a response to suffering. Evaluation of needs of patients and families. General strategy of symptom control.

Unit 2 Adaptation of the patients to the process of dying. Reactions to one's loss Experiences of meaning and serenity at the end of life.

Unit 3. Pain. Mechanisms Evaluation. Prognostic factors. Basic principles of analgesic treatment. WHO analgesic ladder.

Unit 4. Management of opioid analgesics. Adjuvant drugs. Difficult pain

Unit 5 Digestive problems: vomiting, constipation and intestinal obstruction. Cachexia. Respiratory symptoms: dyspnoea and cough.

Unit 6. The agitated patient: cognitive alterations, anxiety, depression and insomnia

Unit 7. Palliative emergencies. The last days of life.

Unit 8. Ethical decisions in the final period of life: limitation of therapeutic effort, sedation and Euthanasia.

Unit 9. Attention to the family. The grieving process.

Topic 10. The stress of health professionals: recognition and prevention. Recommendations on Self-care

Classroom practices

1 Workshop: how to inform patients and families about bad news

2 Workshop: recognition and management of one's emotions in the face of suffering

3. Analysis of patient testimonies (video)

Clinical case seminars

Seminar 1. Clinical cases of pain

Seminar 2. Clinical cases of evaluation and control of symptoms.

Virtual classes

Topic 1. Death in our society

Topic 2. Palliative care in cancer patients

Topic 3. Palliative care in patients with organic insufficiencies

Item 4. Organization of palliative care

Topic 5. Interactive problem solving

Methodology

This Guide describes the framework, contents, methodology and general rules of the subject, in accordance with the current curriculum. The final organization of the subject in terms of the number and size of groups, distribution in the calendar and dates of examinations, specific evaluation criteria and review of exams, will be

specified in each of the Hospital Teaching Units (UDH), which will make it explicit to through their web pages and the first day of class of each subject, through the teachers responsible for the subject to the UDH.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Classroom practices (PAUL)	3	0.12	6, 7, 11, 3, 9, 1
Clinical case seminars (SCC)	2	0.08	7, 8, 11, 10, 14, 16, 2
Contents given as oral lectures (Theory)	10	0.4	6, 7, 13, 12, 11, 10, 14, 16, 1, 2
Type: Supervised			
External Practices (PEXT)	8	0.32	7, 8, 13, 11, 10, 14, 16, 3, 17, 15, 9, 1
Tutorials	2	0.08	
Virtual classes (VIRT)	6	0.24	7, 13
Type: Autonomous			
Preparations for written works	5	0.2	6, 7, 12, 1
Self-study and reading articles/reports of interest	35.25	1.41	6, 7, 13, 12, 11, 14, 16, 1, 2

Assessment

The attendance at the directed educational activities and the participation in the supervised ones will have a weight of 30% in the final grade.

There will be a written exam consisting of 20 multiple choice questions. The weight of this examination in the qualification will be 40%.

There will be an examination of 10 short questions. The weight of this exam in the final grade will be 30%.

Students who do not show up for the assessment tests will have a "Not Evaluable" grade.

There will be a recovery test consisting of a written test of 10 short questions and an exam

written of 10 questions type test, according to calendar

In the case that a student suspends and his average grade is lower than 5, the resulting average will be that of the grade of the final grade

In the case that a student suspends and his median grade is higher than 5, the resulting median will be the lowest rating

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and active participation in class and seminars	30%	1.25	0.05	5, 6, 4, 7, 8, 12, 10, 3, 17, 15, 9, 1

Written evaluation: Objective test Essay test of restricted questions	30%	1	0.04	5, 6, 7, 8, 13, 12, 11, 10, 14, 16, 1, 2
Written evaluation: Objective test Multiple choice questions	40%	1.5	0.06	5, 6, 7, 8, 13, 12, 11, 10, 14, 16, 1, 2

Bibliography

Books

- Centeno C, Nabal M, Gómez Sancho M, Pascual A. Manual de Medicina Paliativa. Pamplona. Eunsa. 2009
- Cherny N, Fallon M, Kaasa S, Portenoy RK, Currow DC. Oxford Textbook of Palliative Medicine. Oxford. Oxford University Press 2015

Journals

Medicina Paliativa. Elsevier

Articles

- Benito E, Maté J, Pascual A. Estrategias para la detección, exploración y atención del sufrimiento en el paciente. FMC 2011; 18:392-400
- Hui D, Bruera E. A personalized approach to assessing and managing pain in patients with cancer. J Clin Oncol 2014; 37: 1640-1648
- Caraceni A, Hanks G, Kaasa S et al. Use of opioids analgesics in the treatment of cancer pain: evidence based recommendations from the EAPC. Lancet Oncol 2012; 13: e58-68
- Tuca A, Jimenez-Fonseca P, Gascón P. Clinical evaluation and optimal management of cancer cachexia Reviews in Oncology/Hematology 2013, 88: 625-636
- Centeno C, Sanz A, Vara F, Perez E, Bruera E. Abordaje terapéutico del delirium en pacientes con cáncer avanzado. Medicina Paliativa 2003; 10: 149-156
- Ripamonti C, Easson A, Gerdes H. Management of malignant bowel obstruction. Eur J Cancer 2008; 44: 1105-1115
- Kamal A, Maguire J, Wheeler J, Currow D, Abernethy A. Dyspnea review for the palliative care professional: treatment goals and Therapeutic options. J Palliat Med 2012; 15: 106-114
- Nabal M, Guanter L. Manejo terapéutico de síntomas difíciles en cuidados paliativos. Medicina Paliativa 2002; 9: 96-101
- Mount B, Boston P, Cohen SH. Healing connections: on moving from suffering to a sense of well-being. J Pain Symptom Manage. 2007; 33: 372-388
- Chochinov H. Dignidad y la esencia de la medicina: el A,B,C y D del cuidado centrado en la dignidad. Medicina Paliativa 2009; 16: 95-99
- Benito E, Arranz P, Cancio H. Herramientas para el autocuidado del profesional que atiende a personas que sufren. FMC 2011; 18: 59-65
- Bruera E. Palliative care: lessons learned by our team over the last 25 years. Palliat Med 2013; 27: 939-951

Practical clinical guide line

http://www9.euskadi.net/sanidad/osteba/datos/e_06_08_Cuidados_Paliat.pdf

Internet

www.secpal.com
www.eapc.net

Lectures recommended

- Victor Frankl. El hombre en busca de sentido. Herder 2011
- Elisabeth Kubler-Ross. Sobre la muerte y los moribundos. Debolsillo, 2010
- Alba Payas. El mensaje de las lágrimas. Paidós, 2014

