



## 8th 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 established as an add-on specialty in Sweden (2015). In Iceland, palliative medicine has been approved as a subspecialty under internal medicine; work is under way to have it approved as an add-on specialty to all clinical specialties. However, despite these advances 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 7th course will end in April 2017. Due to the great interest in the course and the ongoing need for more specialists in palliative medicine, an 8th course will start in September 2017. 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), the EAPC recommendations (3), and the revised version of the British Specialty Training Curriculum (4).

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



Finnish Association for  
Palliative Medicine



Danish Association for  
Palliative Medicine



Icelandic Association for  
Palliative Care



Swedish Association for  
Palliative Medicine



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 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 interdisciplinary 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 2017-2019

MODULE 1 – 25-29 September 2017, 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:** 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 CANCER 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 – 29 January -2 February 2018, 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 management of the dying patient.



Ethical aspects: hydration, withdrawal of treatment, palliative sedation.  
Psychological problems and social needs in patients and relatives. Role of family in the treatment. Cultural and ethnic issues. Coping with emotional stress in yourself and your staff. Spiritual aspects in life and death and in bereavement.

## **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 – 16-20 April 2018, 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 (1 day)**

**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.

### **D. 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. To understand the special palliative care needs of the frail elderly and persons with dementia, and how these needs may be met by the multiprofessional team.

**Topics:** Symptom management, advance care planning, ethical dilemmas in decision making.

## **MODULE 4 – 24-28 September 2018, Bergen, Norway**

### **A. DECISION-MAKING IN PALLIATIVE MEDICINE (1 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. To understand the role of the palliative care consult team.

**Topics:** How to apply critical appraisal skills and the skills of evidence-based medicine in daily medical practice. Decision-making. The palliative care consult team.

### **B. EMERGENCIES IN PALLIATIVE MEDICINE (1 day)**

**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 understand factors that promote learning and be able to apply them in own teaching. To be able to plan a learning session.

**Topics:** Learning theory. Theory and practice of different teaching methods. How to plan a learning session. How to make and give a presentation; how to evaluate a learning session and own teaching. Practice session.

### **F. FOLLOW UP ON COURSE PROJECT**

MODULE 5 – 21-25 January 2019, 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. 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.

#### **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 – 6-10 May 2019, 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 in hospitals and nursing homes, home care teams, in-patient units. 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. Cooperation with national and international organisations and associations. International guidelines.

#### **B. PALLIATIVE CARE IN NON-MALIGNANT DISEASE AND PAEDIATRIC PALLIATIVE CARE (2 days)**

**Aim:** To be familiar with the natural course, signs of progress and treatment options in advanced non-malignant disease. To have an overview of paediatric palliative care.

**Topics:** Congestive heart failure, chronic obstructive pulmonary disease, ALS and other neurological diseases. Paediatric palliative care.

#### **C. PRESENTATION OF COURSE PROJECTS (1 day)**

**Aim:** To be able to present the results from 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 learning 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**

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2. Svensk läroplan i palliativ medicin. Svensk Förening för Palliativ Medicin, 2001.  
[www.slf.se/sfpm](http://www.slf.se/sfpm)
3. Recommendations of the European Association for Palliative Care for the development of postgraduate Curricula Leading to Certification in Palliative Medicine. Report of the EAPC Task Force on Medical Education. EAPC 2009.  
<http://www.eapcnet.eu/LinkClick.aspx?fileticket=2DHXbM1zaMI%3d>
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](http://www.gmc-uk.org/education/palliative_medicine.asp)

## **Practical information**

### **Course secretariat**

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### **Course web site**

[www.nscpm.org](http://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 2017.

## **Economy**

The fee for each of the six course modules will be Euro 1000 (total course fee: Euro 6000).

A deposit of Euro 1000 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 2-2.5 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).

Students coming on the course need to be aware of the time and effort required to complete the project and need to make the necessary arrangements.

## **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 the 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, the exam, all assignments and the course 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

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