



**IRISH COMMITTEE
ON HIGHER
MEDICAL TRAINING**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

PALLIATIVE MEDICINE



This curriculum of training in Palliative Medicine was developed in 2010 and undergoes an annual review by Dr. Regina McQuillan National Specialty Director, Dr. Ann O'Shaughnessy, Head of Education and Professional Development and by the Palliative Medicine Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.

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Introduction

Palliative medicine is the branch of medicine involved in the treatment of patients with life-limiting illness. The palliative care approach should be used by all doctors, but palliative medicine specialists provide care to patients with complex problems related to life-limiting illness. This includes; patients with complex and difficult to manage pain and other symptoms; patients and families with severe psychosocial problems associated with a diagnosis of life-limiting illness; complex decision making in relation to appropriate goals of care, and addressing issues of near futility, withholding and withdrawing of treatment; current, future and advance care planning in the context of life-limiting illness; conflict within and between teams, patients and families about clinical decisions. Palliative medicine specialists, through consultation services and formal and informal education, support other health care staff in providing the palliative care approach.

Palliative medicine specialists therefore need expertise in the management of life-limiting illnesses, and the associated symptoms; excellent communication skills with patients, families and other health care staff; expertise in legal and ethical concepts relevant to the field.

Aims

Upon satisfactory completion of specialist training in Palliative Medicine, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system.

Competencies, at a level consistent with practice in the specialty of Palliative Medicine, are the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals
- Capability to be a scholar, contributing to development and research in the field of Palliative Medicine
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations
- Ability to understand health care and identify and carry out system-based improvement of care

Professionalism

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness with the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

Entry Requirements

Applicants for Higher Specialist Training (HST) in Palliative Medicine must have completed a **minimum** of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or MRCP (UK*) or MRCGP or MICGP.

BST should consist of a minimum of 24 months involved with direct patient care supervised by senior clinicians and based on a clinical curriculum and professional and ethical practice learnt through mentorship by senior clinicians and supported by RCPI's mandatory courses.

BST in General Internal Medicine (GIM) is defined as follows:

- A minimum of 24 months in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.
- At least 12 of these 24 months must be spent on a service or services in which the admissions are acute and unselected.
- Assessment of knowledge and skills gained by each trainee during their clinical experience. This assessment takes place in the form of the mandatory MRCPI examination (*The MRCPI examination was introduced as mandatory for BST as of July 2011)
- For further information please review the BST curriculum

The entry to Palliative Medicine Higher training is either via the Physician or GP route. Regardless, trainees must have at least one year of acute unselected adult medical take prior to entry to the SpR scheme. Some of this may be after acquisition of the MICGP/MRCGP but must be in approved posts:

- ("Unselective take" describes the admission of acute medical patients whose problems encompass the broad generality of medicine i.e. not restricted to a single or small group of specialties. If any major component of acute medicine e.g. cerebro-vascular accidents, myocardial infarctions is excluded from the take, this experience must be gained from other posts.)

Duration & Organisation of Training

The four years of HST in Palliative Medicine are intended to produce fully trained Palliative Medicine physicians. The programmes will be flexible and designed to give opportunity for experience of the various settings in which palliative medicine is practised, i.e. in specialist palliative care units, in hospitals or other major centres with academic activity, and community based settings.

It is essential that a period of three years full time is spent in clinical practice in specialist palliative care units or teams where a full range of services are provided in different settings, two years of which must be in specialist palliative care units.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may **not** remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

One year of training may be spent in posts in general medicine or other relevant specialities e.g. medical oncology, radiation oncology, infectious diseases, haematology, geriatric medicine, pain management or general practice, provided such posts are approved for higher medical training.

The programme to which trainees are appointed will have named consultant trainers for each slot in the programme. The ICHMT will appoint a national co-ordinator for training within each speciality (National Specialty Director for Palliative Medicine).

Flexible Training

Trainees who are unable to work full-time are entitled to opt for flexible training programmes. EC Directive 93/16/EEC requires that:

Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees;

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than that of full-time trainees.

The above provision must be adhered to. A flexible trainee should undertake a pro rata share of the out-of-hours duties (including on-call and other out of hours commitments) required of their full-time colleagues in the same programme and at an equivalent stage.

For details of appointment and funding arrangements for flexible trainees, please see the 'Information and Support' section of the Higher Specialist Training page on our [website](#).

Teaching, Research & Audit

All trainees are required to participate in teaching. They should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work.

A period of supervised research relevant to Palliative Medicine is considered desirable and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to a MD, or PhD, by stepping aside from the programme for a time. Additional educational credit may be granted at the discretion of the NSD and STC for clinical work relevant to the Curriculum undertaken during the second and subsequent years of this research, up to a maximum of six months credit. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Trainees are required to engage in audit during training and to provide evidence of having completed the process.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all the medical and related specialties. It is intended that all Specialist Registrars should fulfil these competencies during Higher Medical (Specialist) Training.

Generic Components

This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.

As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.

Standards of Care

Objective: To be able to consistently and effectively assess and treat patients' problems

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.

KNOWLEDGE

Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Knowledge of the procedure for the commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

Disease prevention and health education

- screening for disease, (methods, advantages and limitations),
- health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes
- Disease notification; methods of collection and sources of data,

Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- The need and place for specific types of notes e.g. problem-orientated discharge, letters, concise out-patient reports
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

Handover

- Know what are the essential requirements to run an effective handover meeting
 - Sufficient and accurate patients information
 - Adequate time
 - Clear roles and leadership
 - Adequate IT
- Know how to prioritise patient safety
 - Identify most clinically unstable patients
 - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
 - Proper identification of tasks and follow-ups required
 - Contingency plans in place
- Know how to focus the team on actions
 - Tasks are prioritised
 - Plans for further care are put in place
 - Unstable patients are reviewed

Relevance of professional bodies

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
 - Effective listening
 - Ability to articulate and deliver instructions
 - Encourage questions and openness
 - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Ability to enlist patients' involvement in solving their health problems, providing information, education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Valuing contributions of health education and disease prevention to health in a community
- Compiling adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Audit
- Medical Council Guide to Professional Conduct and Ethics

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

Objectives: To have the knowledge and skills to be able to assess and initiate management of patients presenting as emergencies. For each scenario, trainees should, in particular, gain knowledge and skills to recognise the critically ill and:

- Immediately assess and resuscitate if necessary
- Formulate a differential diagnosis, treat and/or refer as appropriate
- Select relevant investigations and accurately interpret reports
- Communicate the diagnosis and prognosis

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

KNOWLEDGE

Management of acutely ill patients with medical problems

- How potentially life-threatening problems present; know the indications for urgent intervention, additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

Managing the deteriorating patient

- Knowledge of how to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

SKILLS

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tool (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case based discussions
- Consultant feedback

Good Professional Practice

Objective: Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

Medical Council Domains of Good Professional Practice: Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

KNOWLEDGE

Effective Communication

- How to listen to patients and colleagues
- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information according to Data Protection Act and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

- When and how to report a near miss or adverse event
- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

Raising concerns about patient safety

- The importance of patient safety relevance in health care setting
- Standardising common processes and procedures – checklists, vigilance
- The multiple factors involved in failures
- Safe healthcare systems and provision of a safe working environment
- The relationship between ‘human factors’ and patient safety
 - Safe working practice, role of procedures and protocols in optimal practice
- How to minimise incidence and impact of adverse events
- Knowledge and understanding of Reason’s Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- human and economic costs

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ability to learn from errors and near misses to prevent future errors
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Using the Open Disclosure Process Algorithm
- Managing errors and near-misses
- Managing complains
- Ethical and legal decision making skills

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- Patient Safety (on-line) – recommended
- HST Leadership in Clinical Practice
- Diploma in Leadership and Quality in Healthcare - recommended
- RCPI Ethics programmes (I-IV)
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice

Infection Control

Objective: To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Management (including Self-Management).

KNOWLEDGE

Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available (including the 5 Moments for Hand Hygiene guidelines)
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of infectious disease requiring notification
- In surgery or during an invasive procedure, understanding the increased risk of infection in these patients and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

SKILLS

- Practising aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
 - Working knowledge of those infections requiring notification
 - Undertaking notification promptly
 - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
 - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
 - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace
- Healthcare Associated Infections (on-line) – recommended

Therapeutics and Safe Prescribing

Objective: To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Medications for common medical conditions
- Range of adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine

SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Medication Safety (on-line) – recommended
- Principles of Antibiotics Use (on-line) – recommended
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

Self-Care and Maintaining Well-Being

Objective:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

KNOWLEDGE

- Self knowledge – understand own psychological strengths and limitations
- Understand how own personality characteristics (such as need for approval, judgemental tendencies, needs for perfection and control) affect relationships with patients and colleagues
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understanding of the difference between feelings of sympathy and feelings of empathy for specific patients and ability to describe factors within themselves and within patients that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- Ability to describe how own relationships with certain patients reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings (love, anger, frustration, vulnerability, intimacy, etc) in “easy” and difficult patient-doctor interactions

SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

ASSESSMENT & LEARNING METHODS

- SafeMed course – recommended
- Occupational Stress course
- On-going supervision
- Ethics courses
- HST Leadership in Clinical Practice course

Communication in Clinical Setting

Objective: To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: Relating to Patients; Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations, knowing how and when to break bad news, how to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments, how to deal with challenging or aggressive behaviour
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger, frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (written, verbal or electronic)
- Knowledge of legal context of status of records and reports, of data protection (confidentiality), Freedom of Information (FOI) issues
- Understanding of the relevance to continuity of care and the importance of legible, accessible, records
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

Maintaining continuity of care

- Understanding the relevance to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation (e.g. before handover to another team, department, specialty), of identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care such as maintaining (legible) records, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure, retain attention avoid distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of risks of information overload
- Interpreting results, significance of findings, diagnosis, explaining objectives, limitations, risks of treatment, using communication adjusted to recipients' ability to comprehend
- Ability to achieve level of understanding necessary to gain co-operation (compliance, informed choice, acceptance of opinion, advice, recommendation)

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identifying issues and responding quickly and appropriately to a complaint received

SKILLS

- Ability to elicit facts, using a mix of open and closed-ended questions appropriately
- Using "active listening" techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other's culture, opinions, patient's right to be informed and make choices
- Respecting another's right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting (and attempting to reach) realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (leaflets) diagrams, educational aids and resources appropriately
- Ability to establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- Ethics courses
- HST Leadership in Clinical Practice Course

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOWLEDGE

Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
 - Role of governance
 - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
 - Knowledge of how to prepare a budget
 - Defining value
 - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
 - How to manage staff training, development and education
- Managing performance
 - How to perform staff appraisal and deal effectively with poor staff performance
 - How to rewards and incentivise staff for quality and efficiency

Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to raise standards where possible
- How to encourage a culture of improvement and innovation

Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

Demonstrating personal qualities

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Encouraging contributions from others including patients, carers, members of the multidisciplinary team and the wider community
- Contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Scholarship

Objective: To develop skills in personal/professional development, teaching, educational supervision and research

Medical Council Domains of Good Professional Practice: Scholarship

KNOWLEDGE

Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance

SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

ASSESSMENT & LEARNING METHODS

- Health Research – An Introduction (RCPI Mandatory course)
- Effective Teaching and Supervising Skills course - recommended
- Educational Assessment Skills course - recommended
- Performing audit course –mandatory
- Health Research Methods for Clinicians - recommended

Management

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- Performing Audit course (Year 1)
- HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

Specialty Section

Principles of Palliative Medicine

Objective: The aim of this specialist training is to understand and promote the role of palliative medicine, develop and lead services and involve the patients at the centre of this service.

KNOWLEDGE

- Definition of: palliative medicine; hospice care; specialist palliative care unit; life-limiting conditions
- Evolving nature of Palliative Medicine over the course of illness, including integration with active treatment, and the significance of transition points
- Societal expectations and perceptions in regard to life-limiting conditions and death
- Differing concepts of what constitutes quality of life and a good death
- Recognise the principles of transition of care for teenagers and young adults between paediatric and adult palliative medicine services including knowledge of the differences between adult and children's hospices and the conditions they usually care for
- Understand the role of specialist palliative care in supporting other staff to provide a palliative care approach
- Health promoting concepts in palliative medicine

SKILLS

- Recognise the need for clear, timely communication between different service providers to provide a continuum of care for the patient between different settings e.g. home/hospice/hospital/nursing home
- Work with multi-professional teams, with specialist palliative medicine taking either the leading or a consultative role in hospital, hospice and community settings
- Effectively manage patients over the course of illness, including integration with active treatment, and the significance of transition points

ASSESSMENT & LEARNING METHODS

- RCPI Mastering Communications course
- Workplace based assessment
 - Case Based Discussions

Personal Qualities and Behaviours of Palliative Medicine Physicians

Objective: To develop the behaviours that will enable the doctor to become a leader able to deal with complex situations. To work effectively with teams and to prioritise the quality and safety of patient care as a prime objective. To develop the attributes and analytical skills of someone who is trusted to be able to manage complex human, legal and ethical problems. To become someone who is trusted and is known to act fairly in all situations. To develop the personal and professional qualities, skills, and attributes required for the effective practice of Palliative Medicine.

KNOWLEDGE

- Principles and methods of ethical reasoning
- Concepts of values-based practice and how this relates to ethics, law and decision-making

SKILLS

- Demonstrate those aspects of good medical practice particularly pertinent to the practice of palliative medicine including:
 - Teamwork
 - Balancing of often subtle therapeutic benefits and burdens
 - Liaison with a variety of other multi-professional teams
 - Self-awareness in regard to personal coping strategies and management / leadership style
 - Flexible and effective teaching skills
 - Reflective practice
 - Awareness of the constraints and etiquettes of working differently in different environments
 - Compassionate and appropriate communication and the ability to tailor communication methods to the needs of the patient, their families and carers
- Effective communication
 - Verbal
 - Written
- Teaching
 - Formal
 - Informal
- Conflict resolution
- Time management
- Management and mentoring of staff
- Leadership and team management

ASSESSMENT & LEARNING METHODS

- MDTs
- RCPI Mastering Communication course
- RCPI HST Leadership in Clinical Practice course (from 3rd year)
- Ethics I, II, III and IV
- Workplace-based assessments.
 - Mini-CEX
 - SpR-led meetings/rounds
 - Community palliative care team advice or advice in other settings where the SpR has not seen the patient
 -
 - Case-based discussion
 - Ethical decision-making
 - Conflict management

Optimising Comfort and Quality of Life

Objectives:

- To develop the ability to perform comprehensive specialist palliative medical assessments on patients with complex specialist palliative care needs.
- To manage co-morbidities in the context of life-limiting disease

KNOWLEDGE

Management of life limiting disease

- Initial assessment – detailed history and examination
- Assessment of the impact of the situation on the patient and family
- The factors influencing a patient's self report
- The range of management options
- Judgement of benefits and burdens of investigations, treatments and non intervention
- Anticipation and pre-emption of problems. And also specifically:
 - Recognition of transition points during course of illness
 - Recognition of dying process
- Future care planning including establishing goals of care. And also specifically:
 - Careful and effective individualised management of patient choice
 - Advance care planning
- Acknowledgement of the need for and skills in reassessment and review
- Recognition of limitations of individual knowledge and experience

Specific disease process

- The presentation, usual course and current management of cancer and other life limiting illnesses

General principles of symptom management

- History taking and appropriate examination in symptom control, and appropriate investigation
- Identify appropriate therapeutic strategies e.g. disease-modifying treatments and symptom modifying treatments
- Need for regular review of symptom response and adverse effects of treatment.
- Recognise when to refer to other agencies / disciplines

Pain and symptom assessment and management

- The physiology of pain and other symptoms
- Investigations in pain assessment
- Symptom assessment tools – clinical and research
- Drug treatment of pain – WHO analgesic ladder and appropriate use of adjuvant drugs
- The role of allied health professionals e.g. - physiotherapy, occupational therapy
- Assessment and management of symptoms and clinical problems including but not limited to gastrointestinal symptoms, fatigue, anorexia, cachexia and weakness
- Assessment of the benefits, burdens and risks of investigations
- Assessment of the benefits, burdens and risks of treatments

The approach in palliative medicine to management of emergencies such as:

- Overwhelming pain and distress
- Superior vena cava obstruction
- Hypercalcaemia
- Spinal cord compression
- Pathological fractures
- Delirium
- Massive haemorrhage
- Status epilepticus

SKILLS

- Demonstrate an ability to manage complex symptoms, either as lead clinician, or through advising colleagues.
- Diagnose and manage co-morbidities in the context of life-limiting illness
- Recognise intractable symptoms e.g. intractable nausea, irreversible delirium/cognitive impairment
- Recognise transition points in the course of illness
- Recognise the dying phase
- Provide on-going care for dying patients and their families
- Assess, anticipate, rationalise and negotiate required medications
- Manage a palliative care emergency/crisis
- Demonstrate the ability to weigh up the burdens, benefits and risks of treatment
- Demonstrate an understanding of advance care planning and an appreciation of the appropriate times to engage in discussions about preferences for care with the patient and family.
- Demonstrate ethical decision-making skills and provide expertise and advice to own team and other teams in the application of ethical principles and complex decision-making e.g. withholding / withdrawing active treatment and resuscitation status

ASSESSMENT & LEARNING METHODS

- Study days
 - RCPI Ethics IV course
- Mini-CEX
 - Physical examination
 - Advance care planning discussion
- CBD
 - Medication review
 - Complex co-morbidities
 - Symptom management
- DOPS :
 - Syringe driver set up

Pharmacology and Therapeutics

Objectives: To demonstrate knowledge, understanding and experience of treatment methods and use of drugs necessary to treat patients with life-limiting disease.

KNOWLEDGE

- General principles of pharmacodynamics and pharmacokinetics
- Adjustment of dosage in frail, elderly and children
- Adjustment of dosage in organ failure, altered metabolism, disease progression, and last days of life
- Challenges of poly-pharmacy
- The indication for starting, continuing or withdrawing primary and secondary prevention strategies
- Regulation and legislation e.g. Misuse of Drugs Act, in relation to strong opioids including methadone
- Medication Prescription requirements e.g. High Tech Drugs Scheme, the Hardship Scheme, methadone, non-licensed drugs, drugs not reimbursed on the GMS
- For drugs commonly used in palliative medicine or commonly required by patients presenting to palliative medicine:
 - Use in syringe drivers stability and miscibility
 - Availability to the community

SKILLS

- Practice evidence-based, safe and appropriate prescribing
- Reviewing therapeutic strategies as the illness develops
 - Helping patients and carers to understand and manage medications. and negotiating shared goals towards optimal adherence g
- Communication regarding pharmacology and therapeutics with relevant others
- Analysis of therapeutic possibilities, weighing up benefits and burdens of treatment interventions

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
 - Medication review
- Mini-CEX
 - Prescribing
- Medication Safety (on-line)

Rehabilitation

Objectives To demonstrate knowledge of the principles of rehabilitation in progressive illness and the skills to appropriately initiate rehabilitation for patients needing palliative care

KNOWLEDGE

- Principles of rehabilitation related to illnesses with increasing disability
- Concept of maintenance of function through exercise and therapies
- Recognition of changing goals during the course of an illness
- Managing / negotiating through patient/family/clinical services conflict associated with unrealistic goals
- Facilities available for rehabilitation
- Specific skills of allied health care professionals, e.g. physiotherapist, occupational therapist, social worker
- Support services available in the home

SKILLS

- Promote a focus towards patient and family adaptation and optimal subjective quality of life.
- Recognise and respond to changing goals during the course of illness
- Deal with patients and family members conflicts in relation to unrealistic rehabilitation goals
- Appropriately liaise with rehabilitation centres and resources
- Assess rehabilitation potential/requirements and coordinate MDT assessment and decision-making

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- Mini-CEX
 - Lead MDT
 - Coordinate rehabilitation decision-making

Discharge Planning

Objectives: To understand the process of discharge planning. To be able to document & implement a discharge plan. To understand a person-centred approach to discharge planning and the role of the multidisciplinary team, To obtain the knowledge and skills to plan the discharge of frail or terminally ill patients from one care setting to another.

KNOWLEDGE

- Understand and manage discharge planning as a process not an event
- The effect of physical or cognitive impairments on activities of daily living
- Family dynamics and socio-economic factors which affect successful discharge
- Roles and skills available within the multidisciplinary team
- Role of appropriate rehabilitation
- Service provision for patients and their carers in the community, how to access them & their role
 - Community care / community rehabilitation
 - Respite care
 - Residential care settings
 - Voluntary agencies
 - Home health-home care package provision
- Legislative background to long term residential care provision

SKILLS

- Recognise when specialist palliative care, or inpatient care, is no longer necessary for optimum care
- Co-ordinate and lead in discharge planning and care planning decisions
- Advocate role for patient
- Communicate with patient, family and primary care services
- Communicate with primary clinical team
- Demonstrate consideration of home and environmental factors in discharge planning
- Team working

ASSESSMENT & LEARNING METHODS

- Communication and negotiation skills training
- Attending multidisciplinary meetings
- Case Based Discussion
- Mini-CEX
 - Lead MDT
- Study days
- HST Leadership in Clinical Practice course

Psychosocial Care and Interventions

Objectives:

- To assess the ill person in relation to family, work and social contexts
- To demonstrate tact and compassion when ensuring patients and families have their appropriate needs met
- To demonstrate knowledge and recognition of psychological responses to illness in a range of situations, and skills in assessing and managing these in practice

KNOWLEDGE

- Appreciation of the ill person in relation to his/her family, work and social circumstances
- The role of the social worker and community welfare officer in relation to financial help and benefits
- Impact of illness on interpersonal relationships
- Impact of illness on body image, sexuality and role
- When and how to use family meetings
- To appreciate and employ strategies that accommodate the needs of partners and families in provision of palliative care in both an inpatient unit or home setting
- Managing within-family conflict
- The psychological impact of pain and intractable symptoms
- Responses to uncertainty and loss at the different stages of illness
- Presentation of illness in patients with pre-existing psychological and psychiatric problems
- Presentation of illness in patients with pre-existing complex social problems
- Responses and needs of children at the different developmental stages
- Responses and needs of patients with intellectual disabilities
- Distinction between sadness and clinical depression
- Knowledge and application of therapeutic interventions
- Knowledge of how to deal with individuals at risk of harm to themselves or others
- Awareness one's own personal values and belief systems and how these influence his / her professional judgements and behaviours
- Recognition of the importance of hope
- Manage patient and family hopes, fears and expectations
- Subjective Quality of Life measures and interpretations

SKILLS

- Specialist communication and negotiation skills
- Guide and support colleagues in their management of communication challenges in the palliative care setting
- Recognise and manage the emotional and psychological impact of working in palliative care on oneself, the team and other colleagues
- Skills specific to psychosocial patient and family assessment:
 - Construct and use genograms
 - Assess the response to illness and expectations among family members
 - Demonstrate empathetic listening and open questioning skills
 - Mediate and manage complex communication challenges in the team and with people with life-limiting conditions and their families, including the provision of information to children
- Assess personal and team member safety when conducting visits in the community
- Engage social workers and community welfare officers in relation to financial help and
- Assess suicidal ideation and refer appropriately

ASSESSMENT AND LEARNING METHODS

- Effective teaching skills course (RCPI)
- Multidisciplinary meetings
- Workplace-based assessments
 - Case based discussion
 - Mini-CEX
 - Leading a family meeting
- Study days
- Occupational Stress course
- Mastering Communication course

Grief and Bereavement

Objectives: Demonstrate the skilful application of knowledge and understanding to prepare individuals for bereavement and to support the acutely grieving person or family. Be able to anticipate and recognise abnormal grief patterns and access specialist help.

KNOWLEDGE

- Bereavement theories including the process of grieving, adjustment to loss and the social model of grief
- Awareness of cultural differences in grieving
- Grief and bereavement in children
- Bereavement support services
- Risk factors for adverse outcomes of bereavement
- The role of the palliative care social worker

SKILLS

- Demonstrate an understanding of normal and pathological responses to the diagnosis of a life-limiting illness
- Demonstrate an ability to identify those experiencing complicated grief and utilize resources to support them.
- Preparation of carers and children for bereavement in partnership with parents, guardians and other family members.
- Liaising with relevant organisations and bodies

ASSESSMENT & LEARNING METHODS

- Case based discussion
- Mastering Communication course
- Attendance at bereavement services in work-setting where available
- Study days including grief and bereavement

Culture, Language, Religion and Spirituality

Objectives: Demonstrate an awareness of and respect for the social, cultural and existential values, beliefs and practices of others. Recognise differences in religious and other beliefs and personal values. Also to be able to recognise, anticipate and deal with conflicts in these beliefs and values in the clinical team.

KNOWLEDGE

Culture and ethnicity

- Recognition of cultural influences on the meaning of illness for patient and family
- Acknowledgement and appropriate accommodation of differences in beliefs and practices to ensure thorough assessment and acceptable care
- Awareness of your own and the clinical team's personal beliefs and attitudes and the importance of not imposing these on others

Existential beliefs, Spirituality and religious creeds and practices:

- Knowledge of the major cultural and religious practices which relate to medical practice, dying, mourning and bereavement
- Spirituality issues in relation to life-threatening illness and the role of spiritual care
- Knowledge of support systems within different religious groups and work with their representatives within the multidisciplinary team

SKILLS

- Apply skilled communication and negotiating skills
- Work effectively with interpreters
- Manage conflicts of beliefs and values within the team
- Show awareness and sensitivity to the way in which cultural and religious beliefs affect approaches and decisions, and respond respectfully
- Show respect for diversity and recognise the benefits it may bring
- Able to distinguish between an individual's spiritual and religious needs
- Able to elicit and respond to spiritual concerns appropriately as part of an assessment

ASSESSMENT & LEARNING METHODS

- Case based discussion
- Study days
- Mastering Communication course
- Mini-CEX
 - Working with an interpreter

Legal Frameworks

Objectives: To demonstrate the skills and knowledge to make decisions and practice palliative medicine within a legal framework and access appropriate legal help and advice when necessary.

KNOWLEDGE

- Certification of death procedures, including definition and procedure for confirming brain death
- Coroners' Law and rules of reporting of death
- Cremation regulations
- Procedures around post mortems, both coroner and non coroner, including organ retention
- Consent
- Decision-making when the patient is not competent
- Power of attorney, enduring power of attorney and advance care planning
- Wills and capacity to testify
- Knowledge of Children First guidelines
- Discrimination – gender, race, disability and age

SKILLS

- Manage appropriate withdrawal/withholding of treatment from competent and incompetent patients
- Implementation of resuscitation guidelines
- Record keeping and facilitating access to records including the provisions of the Data Protection Acts and Freedom of Information Acts

ASSESSMENT & LEARNING METHODS

- Attend the Coroner's Court
- Case based discussion
 - Reporting case to the coroner
- Study days
- Advance Care Planning e-learning module
- Ethics programme

Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
Personal Goals Review form	Desirable	1	Training Post	Form 137
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Post	Form 045
On Call Rota	Required	1	Training Post	Form 064
Section 2 - Training Activities				
Outpatient Clinics				
Medical Oncology	Required	1	Training Programme	Form 001
Interventional pain clinic	Desirable	1	Training Programme	Form 001
Radiology Oncology	Desirable	1	Training Programme	Form 001
Interventional Radiology	Desirable	1	Training Programme	Form 001
Neurology	Desirable	1	Training Programme	Form 001
Respiratory, especially COPD	Desirable	1	Training Programme	Form 001
Cardiology especially heart failure	Desirable	1	Training Programme	Form 001
Chronic disease management/other clinics	Desirable	1	Training Programme	Form 001
Ward Rounds/Consultations				
Consultant led (minimum 2 per week)	Required	80	Year of Training	Form 002
SpR led (1 per week)	Required	40	Year of Training	Form 002
Consultations in acute hospital consult services	Required	100	Training Programme	Form 002
Procedures/Practical Skills/Surgical Skills				
Syringe driver (e.g. case where you setup syringe driver under supervision)	Required	10	Training Programme	Form 004
Paracentesis	Desirable	1	Training Programme	Form 004

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Family Meetings Including attendance at a bereavement service/meet a bereaved family (min 4)	Required	30	Year of Training	Form 102
Record of Offsite Activities				
Palliative Medicine reviews in an outpatient/hospice day care setting	Required	20	Training Programme	Form 082
Domiciliary visits (minimum 30 domiciliary visits over training)	Required	30	Training Programme	Form 082
Management Experience- committee membership e.g. risk management, audit, blood transfusion, education, or infection controls committees	Required	1	Training Programme	Form 110
Section 3 - Educational Activities				
Mandatory Courses				
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Performing Audit (Year 1)	Required	1	Training Programme	Form 006
Health Research – an Introduction	Required	1	Training Programme	Form 006
HST Leadership in Clinical Practice (year 3+)	Required	1	Training Programme	Form 006
Ethics I: Professionalism	Required	1	Training Programme	Form 006
Ethics II: Ethics & Law	Required	1	Training Programme	Form 006
Ethics III: Research	Required	1	Training Programme	Form 006
Ethics IV: End of Life	Required	1	Training Programme	Form 006
BLS	Required	1	Training Programme	Form 006
ACLS	Desirable	1	Training Programme	Form 006
RCPI: Medication Safety	Required	1	Training Programme	Form 006
Building Resilience in a Challenging Environment	Required	1	Training Programme	Form 006
RCPI: Antibiotic Course	Required	1	Training Programme	Form 006
Non – Mandatory Courses	Desirable	1	Training Programme	Form 007
Health Research Methods for Clinicians	Desirable	1	Training Programme	Form 007
Study days (minimum 4 per year)	Required	4	Year of Training	Form 008
In-House Activities/Hospice:				
General Medicine Grand rounds/teaching presentations	Required	40	Training Programme	Form 011
Palliative Medicine Grand Rounds/Journal Club	Required	40	Training Programme	Form 011
MDT palliative medicine meeting (minimum 1 per week)	Required	40	Year of Training	Form 011
Formal Teaching Activity (minimum 6 per year) e.g.	Required	6	Year of Training	Form 013

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Lecture				
Tutorial				
Bedside Teaching				
Research i.e.. demonstrate a commitment to research e.g. submission of research proposal for ethical approval	Desirable	1	Training Programme	Form 014
Audit	Required	1	Year of training	Form 015
Clinical Audit Report form	Required	1	Year of Training	Form 135
Publications	Desirable	1	Year of Training	Form 016
Presentations	Desirable	1	Year of Training	Form 017
National/International meetings e.g. IAPC, National Hospice conferences	Required	1	Year of Training	Form 010
Additional Qualifications	Desirable	1	Training Programme	Form 065
Section 4 - Assessments				
DOPS				
Syringe driver (e.g. case where you setup syringe driver under supervision)	Required	1	Training Programme	Form 021
Portacath use	Required	4	Training Programme	Form 021
CBD Examples: <ul style="list-style-type: none"> New admissions to specialist palliative care or assessed by specialist palliative care team Management of patients' symptoms, acute deterioration, palliative care emergencies 	Required	4	Year of Training	Form 020
Mini-CEX Examples: <ul style="list-style-type: none"> Clinical assessments and consideration of benefits/burdens of investigations, differential diagnosis and formation of a management plan including, for example, symptoms (incl rare/complex symptoms), delirium, acute deterioration Discussion of clinical situations with patient/family incl illness trajectory, prognosis and care planning and advance-care 	Required	4	Year of Training	Form 023

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
planning <ul style="list-style-type: none"> • Chair team meetings/communication of management plan to other colleagues • Chair/facilitate family meetings 				
Quarterly Assessments	Required	4	Year of Training	Form 092
End-of-Post/End-of-Year Assessments	Required	1	Year of Training	Form 092