



The Royal Australasian
College of Physicians

Palliative Medicine

Advanced Training Curriculum

*Adult Medicine Division
Paediatrics & Child Health Division
Australasian Chapter of Palliative Medicine*





The Royal Australasian
College of Physicians

Physician Readiness for Expert Practice (PREP) Training Program

Palliative Medicine Advanced Training Curriculum

TO BE USED IN CONJUNCTION WITH:

Basic Training Curriculum – Adult Internal Medicine

Basic Training Curriculum – Paediatrics & Child Health

Professional Qualities Curriculum

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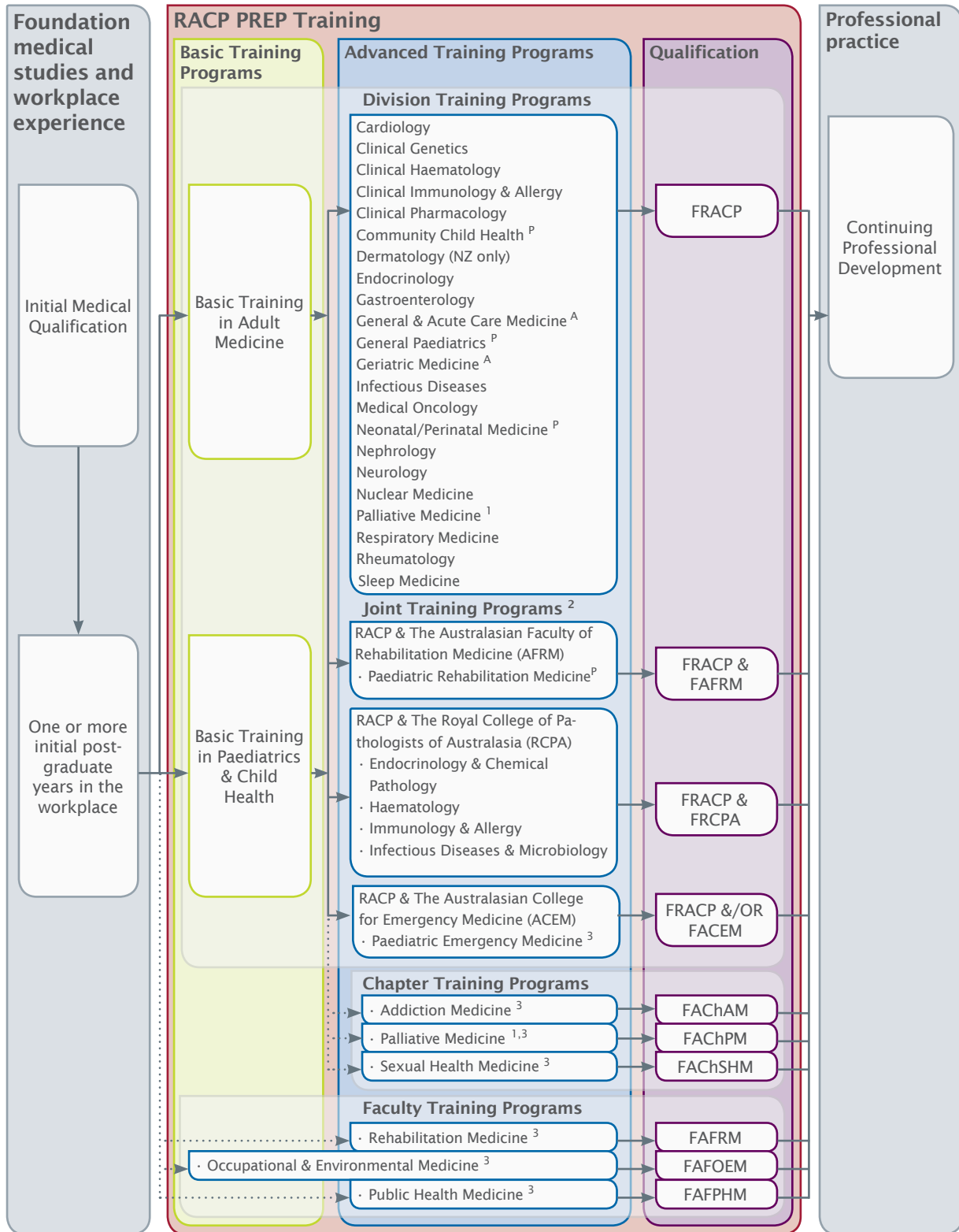
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Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

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RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



^P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.

^A Trainees must complete Basic Training in Adult Medicine to enter this program.

¹ Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FACHPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FACHPM upon completion.

² The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.

³ Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.

NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.

NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

OVERVIEW OF THE SPECIALTY

Palliative medicine is the study and management of patients with active, progressive, far advanced disease, for whom the prognosis is limited and the focus of care is the quality of life (QoL). Palliative medicine involves comprehensive symptom management and support of individuals with life-limiting illness, and their families by a palliative care team. The management of pain, of other symptoms and of psychological, social, and spiritual problems, is paramount. Palliative medicine includes bereavement and family support.

Advanced Training in palliative medicine is based on a broad experience in palliative medicine, as well as specific experience in cancer medicine and general medicine.

The emphasis for the trainee is on clinical aspects of palliative medicine. This includes diagnosis and appropriate management of major symptoms, based on relevant pathophysiology, clinical pharmacology, awareness of a range of medical and non-medical options available for the management of palliative care patients and the psychosocial care of the patient and their family at the end-of-life.

Whilst emphasis is on the development of clinical skills, it is essential that an understanding be developed of the principles of comprehensive palliative care and the role of the palliative medicine physician in coordinating other professional staff.

It is a requirement that the trainee work in more than one palliative care service during the mandatory 24 months of palliative medicine core training.

CURRICULUM OVERVIEW

Palliative Medicine – Advanced Training Curriculum

This Curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly used by palliative medicine physicians and paediatricians within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on existing cognitive and practical skills. At the completion of the Palliative Medicine Advanced Training Program, trainees should be competent to provide at consultant level, unsupervised comprehensive medical care in palliative medicine.

Attaining competency in all aspects of this curriculum is expected to take three years of training. It is expected that all teaching, learning and assessment associated with the Palliative Medicine Advanced Training Curriculum will be undertaken within the context of the physician's/paediatrician's everyday clinical practice and will accommodate discipline specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; however, to avoid repetition, these have been assigned to only one area. In practice it is anticipated that within the teaching/learning environment, the progression of each objective would be explored.

NB: The curricula should always be read in conjunction with the relevant College Training Handbook available on the College website.

Professional Qualities Curriculum

The Professional Qualities Curriculum (PQC) outlines the range of concepts and specific learning objectives required by, and used by, all physicians or paediatricians, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training programs and is also used as a key component of the CPD program.

Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's/paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt, and assessed within the context of everyday clinical practice. Thus, it is important that they be aligned with, and fully integrated into, the learning objectives within this curriculum.

EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical, and societal contexts. At the completion of the Advanced Training Program in Palliative Medicine, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent palliative medicine practice. It is expected that a new Fellow will be able to:

- express expert knowledge of the pathophysiology, symptom
- explain management, psychosocial, and spiritual issues related to life-limiting illness and imminent death
- understand the experience of disease from the perspective of a patient and the meaning and consequences of illness to a patient and their family
- make appropriate clinical decisions to provide medical care that is structured around the patients' and families' needs, their understanding and priorities, with the aim of maximising QoL, relieving suffering, supporting the family, and normalising their experiences
- display particular expertise in the management of patients within the home, as well as the hospital and hospice
- describe the natural history and role of disease specific treatments in the management of advanced cancer and other progressive life-limiting illnesses
- practise culturally responsible medicine with understanding of the personal, historical, contextual, legal, cultural and social influences on both health workers and patients and families
- provide expert advice as a consultant
- establish therapeutic and supportive relationships with patients and their families based on understanding, trust, empathy, and confidentiality
- confidently discuss end-of-life issues with patients and their families
- sensitively explore patients' concerns across physical, psychological, social, cultural, and spiritual domains
- communicate effectively with patients, their families, and other health professionals involved in the patients' care
- manage his/her own time and resources effectively in order to balance patient care, professional development, managerial and administrative duties, learning needs, and personal life
- work effectively and efficiently in a health care organisation
- manage human resource, financial, quality assurance, data management, and administrative aspects of his/her own practice or palliative care service
- allocate finite healthcare and health education resources effectively.

As a **medical expert** and **clinical decision maker**, the palliative medicine specialist:

- has expert knowledge of the pathophysiology, symptom management, psychosocial, and spiritual issues related to life-limiting illness and imminent death
- understands the experience of disease from the perspective of the patient and the meaning and consequences of illness to the patient and their family
- makes appropriate clinical decisions to provide medical care that is structured around the patients' and families' needs and their understanding and priorities, with the aim of maximising QoL, relieving suffering, supporting the family, and normalising their experiences
- has particular expertise in the management of patients within the home, as well as the hospital and hospice
- understands the natural history and role of disease specific treatments in the management of advanced cancer and other progressive life-limiting illnesses
- practises culturally responsible medicine with understanding of the personal, historical, contextual, legal, cultural, and social influences on health workers, patients, and families
- provides expert advice as a consultant.

As a **communicator** and **collaborator**, the palliative medicine specialist:

- establishes therapeutic and supportive relationships with patients and their families based on understanding, trust, empathy, and confidentiality
- is an expert in discussing end-of-life issues with patients and their families
- is able to sensitively explore the patients' concerns across physical, psychological, social, cultural, and spiritual domains
- communicates effectively with patients, their families and other health professionals involved in the patients' care
- consults effectively with other physicians and health care professionals
- contributes effectively to other interdisciplinary activities
- is willing to educate trainee specialists.

As a **manager**, the palliative medicine specialist:

- manages his/her own time and resources effectively in order to balance patient care, professional development, managerial and administrative duties, learning needs, and personal life with particular reference to the demands of dealing with death and dying
- works effectively and efficiently in a health care organisation
- is able to manage human resource, financial, quality assurance, data management, and administrative aspects of his/her own practice or palliative care service
- allocates finite health care and health education resources effectively.

As a **health advocate**, the palliative medicine specialist:

- advocates for the needs of individual patients, social groups and cultures within the community who have specific palliative care needs or do not have effective access to palliative care services
- promotes palliative care in the health systems in which they work
- contributes to appropriate acknowledgment of palliative care issues within the community.

As a **professional**, the palliative medicine specialist:

- practises palliative medicine in an ethically responsible manner that respects the medical, legal, and professional obligations of belonging to a self-regulating group with particular reference to the complex issues that can surround end-of-life care
- manages the personal challenges of dealing on a daily basis with death and grief
- reflects on their personal practice of palliative medicine and use this process to guide both CPD and the ongoing pursuit of wisdom.

CURRICULUM THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents have been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

Domains

The domains are the broad fields which group common or related areas of learning.

Themes

The themes identify and link more specific aspects of learning into logical or related groups.

Learning Objectives

The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills, and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

Hierarchy of learning importance

E = essential – core or underpinning, must be known and readily and effectively applied at the appropriate level in a range of contexts, will form a major part of assessment.

I = important – should be known or be able to be readily accessed, significantly enhances understanding of the field, may be an important component of broader assessments.

U = useful – worth being familiar with, relevant general background, may make field more interesting, may help link related concepts, unlikely to be assessed.

LEARNING OBJECTIVES TABLES

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER
Theme 1.1	Manage Symptoms and Other Clinical Problems Secondary to Life-limiting Progressive Disease, as well as Other Common Concurrent Medical Problems
Learning Objectives	
1.1.1	Manage other symptoms and concurrent medical problems effectively
1.1.2	Apply an in-depth knowledge of the disease process, with special focus on the field of oncology
Theme 1.2	Manage Pain Effectively
Learning Objectives	
1.2.1	Manage pain effectively

Theme 1.3	Address the Psychological, Emotional and Social Issues of Patients with Life-limiting Illness and their Families
Learning Objectives	
1.3.1	Undertake a comprehensive assessment of the family, work, and social context of the patient
1.3.2	Identify normal bereavement and communicate sensitively with and support the grieving person and their family
1.3.3	Anticipate and recognise abnormal grief and access specialist help
1.3.4	Sensitively explore and evaluate psychological and/or emotional concerns with patients and their families
1.3.5	Provide supportive counselling and set realistic management goals for these concerns, where appropriate, in consultation with patients and their families
Theme 1.4	Identify and Appropriately Manage Psychiatric Illness
Learning Objectives	
1.4.1	Recognise psychiatric symptoms and implement treatment as appropriate
Theme 1.5	Manage Common Emergencies
Learning Objectives	
1.5.1	Recognise and appropriately manage emergencies
Theme 1.6	Prescribe Appropriate and Safe Pharmacotherapy
Learning Objectives	
1.6.1	Prescribe medication safely based on a sound knowledge of pharmacology and best available evidence
1.6.2	Communicate medication issues clearly to patients, family, and other care givers
Theme 1.7	Care for Dying Patients
Learning Objectives	
1.7.1	Sensitively and appropriately care for the dying patient with a focus on symptom management, family support, awareness of spiritual issues, and accurate prognostication
1.7.2	Comply with legal and ethical requirements
Theme 1.8	The Role of Spirituality in the Experience of Patients, their Families, and Carers
Learning Objectives	
1.8.1	Recognise that spirituality, however expressed, is a key dimension of the human experience and understand how spiritual issues can impact on suffering

DOMAIN 2	COMMUNICATOR/COLLABORATOR
Theme 2.1	Communicator
Learning Objectives	
2.1.1	Establish and maintain therapeutic and supportive relationships with patients and their families based on understanding, trust, empathy, and confidentiality
2.1.2	Obtain, interpret and provide information from and to the patient, their family and other health professionals, in order to facilitate optimal care of the patient
2.1.3	Explore patient and family concerns and discuss prognosis and end-of-life issues
Theme 2.2	Collaborator
Learning Objectives	
2.2.1	Demonstrate awareness and respect for the roles, expertise, and limitations of multidisciplinary teams
2.2.2	Communicate with members of an interdisciplinary team in the resolution of conflicts, provision of feedback and where appropriate assume a leadership role
2.2.3	Collaborate with colleagues in the setting of a multidisciplinary clinical (or research) team or in the role of palliative medicine consultant
DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE
Theme 3.1	Manager
Learning Objectives	
3.1.1	Outline the managerial aspects of running a practice or palliative care service
Theme 3.2	Health Advocate
Learning Objectives	
3.2.1	Recognise determinants of the experience of illness, dying and bereavement, promote understanding of these issues, and engage in appropriate advocacy
Theme 3.3	Professional
Learning Objectives	
3.3.1	Describe relevant cultural, ethnic and societal issues around death and dying, and their impact on the practice of palliative medicine
3.3.2	Recognise, analyse, and address ethical issues in clinical practice. These include truth telling, informed consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation, and research ethics
3.3.3	Identify own personal beliefs, including cultural origins, and the impact that these have on the ability to deal with death and dying

3.3.4	Describe how one's own beliefs can impact on the interactions with patients and their families and how the beliefs of patients and their families can challenge the doctor's own values
3.3.5	Explain how the losses and grief of patients and their families can influence a doctor's ability to deal with their own losses
3.3.6	Learn when to seek personal support for dealing with the emotional and existential issues that inevitably arise, and develop individualised supports suitable to patients' needs

DOMAIN 1		MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.1		Manage Symptoms and Other Clinical Problems Secondary to Life-limiting Progressive Disease as well as Other Common Concurrent Medical Problems	
Learning Objective 1.1.1		Manage other symptoms and concurrent medical problems effectively	
Knowledge		Skills	
<ul style="list-style-type: none"> describe the pathophysiology and clinical management of the following conditions within the palliative care setting: 		<ul style="list-style-type: none"> perform a thorough history and examination in other symptom assessment (E) evaluate symptom profile and treatment plan in light of patient's own priorities and prognosis (E) select appropriate investigation for other symptom diagnosis and management (E) develop a realistic management plan for the patient with other symptoms (E) establish the underlying pathophysiology of the symptoms in planning treatment when appropriate (E) demonstrate an awareness of how symptoms may be managed in the community setting (E) assess and manage symptoms in patients from different cultures (E) assess and manage symptoms in a culturally safe manner perform thoracocentesis and paracentesis for diagnostic and therapeutic purposes (I) demonstrate appropriate use and withdrawal of oxygen, nebulisers and other non-invasive respiratory support devices, e.g. continuous positive airway pressure (CPAP) (I) demonstrate management of stomas, tracheostomies, gastrostomies, nasogastric tubes, urinary and suprapubic catheters, implanted ports, peripherally inserted central catheter (PICC) and central venous lines. (I) 	
<ul style="list-style-type: none"> anorexia cachexia ascites bladder spasm constipation cough delirium diarrhoea dysphagia dyspnoea fatigue (asthenia) fever haemorrhage 	<ul style="list-style-type: none"> halitosis hiccups itch jaundice malignant bowel obstruction muscle spasm myoclonus nausea and vomiting sore and dry mouth tenesmus (E) 		
<ul style="list-style-type: none"> identify the medications commonly used in the management of the above symptoms (E) describe the use of anticancer and other disease targeted therapies in the palliation of symptoms (E) describe the appropriate management of the common biochemical abnormalities in the terminally ill: 			
<ul style="list-style-type: none"> adrenal failure hepatic failure hypercalcaemia hyperglycaemia and hypoglycaemia hyperkalaemia 	<ul style="list-style-type: none"> hypomagnesaemia hyponatraemia and syndrome of inappropriate ADH secretion renal failure (E) 		
<ul style="list-style-type: none"> describe the appropriate management of other complications of progressive disease: paraneoplastic syndromes pathological fractures postural hypotension raised intracranial pressure thromboembolic disease urinary retention and incontinence (E) 			

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.1	Manage Symptoms and Other Clinical Problems Secondary to Life-limiting Progressive Disease as well as Other Common Concurrent Medical Problems	
Learning Objective 1.1.1	Manage other symptoms and concurrent medical problems effectively	
<ul style="list-style-type: none"> • outline the pathophysiology and management of skin complications seen in palliative care: <ul style="list-style-type: none"> • bleeding/fungating wounds • fistulae • fungal infection • lymphoedema • odour • pressure sores • wound breakdown (E) • list indications for invasive procedures to manage symptoms, e.g. pleurodesis, paracentesis, and pericardial window (E) • explain the effect of cultural and language differences on symptom assessment. (E) 		
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> • describe the pathophysiology and management of commonly encountered symptoms in the paediatric setting (E) • describe developmental influences on symptom assessment and management (E) • identify psychological interventions in the management of other symptoms. (I) 	<ul style="list-style-type: none"> • assess symptoms in children from a range of age groups (E) • communicate in a developmentally appropriate way with children from a range of age groups (E) • use psychological interventions in the management of other symptoms (E) <p>NB: Paediatric trainees are not expected to acquire skills in thoracocentesis or abdominal paracentesis.</p>	
Attitudes and Behaviours		
<ul style="list-style-type: none"> • recognise and act on the advent of the terminal phase (E) • recognise and initiate appropriate referral to other services, e.g. oncology, radiotherapy, nuclear medicine, surgery, gastroenterology, respiratory (E) • exhibit an openness to deal with the assessment of symptoms in patients from different cultures. (E) 		

DOMAIN 1		MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.1		Manage Symptoms and Other Clinical Problems Secondary to Life-limiting Progressive Disease as well as Other Common Concurrent Medical Problems	
Learning Objective 1.1.2		Apply an in-depth knowledge of the disease process, with special focus on the field of oncology	
Knowledge		Skills	
<ul style="list-style-type: none"> • describe the principles of cancer management: <ul style="list-style-type: none"> • chemotherapy • hormone therapy • immune therapy • surgery • radio-isotope therapy • radiotherapy (E) • describe the appropriate use, and advantages and disadvantages, of surgery, chemotherapy, radiotherapy, immune therapy, hormone therapy and radioisotope therapy to palliation of people with malignant disease (E) • state the presentation, natural history, prognosis, and current management of the most prevalent malignancies, as well as specific low prevalence malignancies with poor prognosis, such as glioma, ovarian cancer, and pancreatic cancer (E) • describe the presentation, usual course and current management of other life-limiting, progressive illness treated in palliative care, including: <ul style="list-style-type: none"> • motor neurone disease • AIDS • chronic obstructive pulmonary disease (COPD) • renal failure • hepatic failure • cardiac failure • other progressive neurological diseases especially dementia and intractable cardiac ischaemia (I) • describe the management of common concurrent illnesses seen in the palliative care setting, including: <ul style="list-style-type: none"> • infections • respiratory illness • cardiovascular disease • peripheral vascular disease • hypertension • osteoporosis • thromboembolism • diabetes mellitus • other endocrine conditions 		<ul style="list-style-type: none"> • interpret clinical picture to estimate prognosis (E) • apply knowledge of the natural history of cancer behaviour to anticipate and pre-empt problems, recognise transition points in the illness, and recognise the advent of the terminal phase (E) • evaluate treatment plans in light of disease progression and impact on patient and family (E) • communicate clearly about the benefits and burdens from investigations, interventions and non-intervention to patient and family (E) • access information about rare life-limiting illnesses (E) • analyse new anti-cancer therapies applicable to palliative care patients based on literature review. (I) 	

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.1	Manage Symptoms and Other Clinical Problems Secondary to Life-limiting Progressive Disease as well as Other Common Concurrent Medical Problems	
Learning Objective 1.1.2	Apply an in-depth knowledge of the disease process, with special focus on the field of oncology	
<ul style="list-style-type: none"> • peripheral and autonomic neuropathy • skin conditions • liver disease • pre-existing chronic pain • renal disease (I) <ul style="list-style-type: none"> • source current infection control guidelines. (U) 		
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> • state the presentation, natural history, prognosis, and current management of the most prevalent paediatric malignancies, especially leukaemia, as well as malignancies with a lower incidence but a high mortality rate, e.g. central nervous system tumours, neuroblastoma, and sarcomas (E) • describe the presentation, natural history and current management of other progressive, life-limiting conditions encountered in paediatric palliative care, including muscular dystrophies, metabolic disorders, congenital anomalies, chromosomal disorders, and other neurodegenerative conditions (I) • describe the management of concurrent illnesses such as epilepsy, orthopaedic complications of neuromuscular conditions, gastro-oesophageal reflux, excessive salivation, feeding difficulties, and respiratory complications. (I) 		
Attitudes and Behaviours		
<ul style="list-style-type: none"> • contribute to successful multidisciplinary planning and shared care of patients with other specialties, being aware of benefits, difficulties and need for facilitation and aiming for best patient outcomes (E) • exhibit ability to discuss possible therapies available to a patient in an open and non-judgemental manner (E) • recognise the limitations as well as the strengths of modern medicine in what it can deliver to patients with progressive, life-threatening illness (E) • consult with other specialists when appropriate for the best care of the patient. 		

DOMAIN 1		MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.2		Manage Pain Effectively	
Learning Objective 1.2.1		Manage pain effectively	
Knowledge		Skills	
<ul style="list-style-type: none"> describe the pathophysiology of pain and the pathways involved in pain transmission and modulation (E) identify different types of pain, e.g. somatic, visceral, neuropathic, and incident (E) describe common pain syndromes, e.g. plexopathies, central sensitization (E) describe the painful complications of anti-cancer therapies, e.g. post-surgery, chemotherapy, and radiotherapy (E) explain the management of pain within both the community setting and hospital liaison service, highlighting differences that may occur from inpatient management (E) describe the drug treatment of pain, including the place of World Health Organisation (WHO) analgesic ladder, use of adjuvants, opioid prescribing, indications for opioid substitution, and management of medication side-effects (E) explain the effect of cultural and language differences on pain assessment (E) describe the use of anti-cancer therapies in the palliation of pain (E) describe non-pharmacological approaches to pain management, e.g. transcutaneous electrical nerve stimulation (TENS), acupuncture, physiotherapy, and immobilisation (E) identify psychological interventions in pain management (E) outline the principles of spinal analgesia and the use of epidural and intrathecal catheters, and infusion pumps (I) outline common nerve blocks and neurosurgical procedures (I) identify clinical and research pain assessment tools. (I) 		<ul style="list-style-type: none"> perform a thorough history and examination in pain assessment (E) form therapeutic relationships with patients and their families necessary for the management of pain and other symptoms (E) assess pain in patients from different cultures (E) select appropriate investigations for pain diagnosis and management (E) develop a management plan in partnership with the patient in pain (E) evaluate treatment plan in light of patient's own priorities, efficacy, toxicity, and prognosis (E) practise establishing the underlying pathophysiology of pain in planning treatment (E) assess burdens and benefits of treatments, including radiotherapy, radio-isotopes, chemotherapy and surgery, and communicate this clearly to patients, their families and other health professionals (E) communicate ongoing pain management plans to patients, their families, and other providers of care upon discharge from an inpatient facility (E) demonstrate the appropriate prescribing of subcutaneous medications (E) demonstrate use of syringe drivers and subcutaneous access (I) demonstrate TENS application (I) perform simple nerve blocks, e.g. intercostal, occipital, and femoral. (U) 	

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.2	Manage Pain Effectively	
Learning Objective 1.2.1	Manage pain effectively	
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> describe the different pain behaviours exhibited by children in acute and chronic pain (E) describe developmental influences on pain assessment and management (E) identify pain assessment tools appropriate for use with neonates, infants, toddlers, preschool-aged children, school-aged children, adolescents, and disabled children with poor communication skills (E) describe the pharmacokinetic differences important in the management of children's pain (E) identify psychological interventions in the management of children's pain. (I) 	<ul style="list-style-type: none"> assess pain in children from a range of age-groups (E) communicate in a developmentally appropriate way with children from a range of age groups (E) use appropriate psychological interventions in the management of pain. (I) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> recognise the role of cognitive, emotional, and spiritual factors in the symptom experience (E) recognise the value of a multidisciplinary approach to symptom management (E) exhibit willingness to alter management plans if appropriate (E) exhibit tenacity and leadership in situations of difficult to control pain (E) exhibit a wholistic approach to care of patients and their families (E) exhibit a compassionate attitude towards the patient in pain and their family (E) recognise and initiate appropriate referral to other pain management services (E) exhibit an openness to deal with the assessment of pain in patients from different cultures. (E) 		
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> exhibit a capacity for working effectively with parents (E) recognise the importance of working with the child's paediatrician. (E) 		

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.3	Address the Psychological, Emotional and Social Issues of Patients with Life-limiting Illness and their Families	
Learning Objective 1.3.1	Undertake a comprehensive assessment of the family, work and social context of the patient	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the impact of illness, uncertainty and the threat of death on interpersonal relationships, family functioning, body image, sexuality, and role functioning (E) outline how these issues can impact on the experience of pain and other symptoms (E) describe the ways of assessing social emotional wellbeing in patients from ethnic and social backgrounds which differ from the practitioner (E) describe the role of other health professionals in the multidisciplinary management of such patients, e.g. chaplains, social workers, grief counsellors, psychologists, psychiatrists, hypnotherapists, and art therapists etc. (I) 	<ul style="list-style-type: none"> demonstrate an awareness of the patient in relation to his/her family, work, and social circumstances (E) assess response to illness and expectations of patients and their families when developing a management plan (E) demonstrate culturally safe practice in the assessment of cultural differences. (E) 	
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> describe the impact of illness, uncertainty and threat of death on the neonate, infant, toddler, preschool aged child, school aged child, and adolescent (E) describe the impact of illness, uncertainty, and threat of death on parents (E) outline how these issues impact on the experience of pain and other symptoms in the paediatric setting. (E) 	<ul style="list-style-type: none"> demonstrate an understanding of the child in relation to his/her family, school/kindergarten circumstances (E) develop a management plan that considers the child's needs, e.g. play, school attendance, and those of the parents. (E) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> exhibit an empathic approach to patient and family distress (E) recognise stress/distress within themselves (E) recognise and involve other appropriate health professionals, e.g. social workers/psychologists/counsellors, in assessment outcome exhibit openness and respect in dealing with people from different cultural backgrounds. (E) 		

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.3	Address the Psychological, Emotional and Social Issues of Patients with Life-limiting Illness and their Families	
Learning Objective 1.3.2	Identify normal bereavement and communicate sensitively with and support the grieving person and their family	
Learning Objective 1.3.3	Anticipate and recognise abnormal grief and access specialist help	
Knowledge	Skills	
<ul style="list-style-type: none"> identify the understanding, responses and needs of children at different developmental stages in regards illness, death and bereavement. (I) for adults; (E) for paediatrics identify the issues of bereavement for patients from different cultures and with different languages (E) identify the bereavement support organisations within their community, the role of specialist psychological services and indicators for their referral (I) outline the theories about bereavement including the process of grieving and adjustment to loss. (I) 	<ul style="list-style-type: none"> evaluate the risk level for patients and their families in grief and bereavement reactions (E) communicate effectively with distressed patients and their families in a variety of settings, e.g. outpatient clinic, at the bedside, family meetings, and patient's own home (E) evaluate the risks and communicate effectively with patients from different cultures and with different languages (E) select the appropriate bereavement support for the individual or family. (I) 	
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> outline bereavement support organisations available for parents and siblings (E) describe the features of parental grief (E) identify the features of complicated grief in childhood (I) describe the psychological impact of illness, disability, and impending death at various ages. (I) 		
Attitudes and Behaviours		
<ul style="list-style-type: none"> exhibit an awareness of the impact of the grief of others on themselves (E) exhibit openness to dealing with grief and bereavement in people from different cultures and with different languages (E) participate in bereavement follow-up for families. (U) 		
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> recognise the impact the death of a child may have on themselves. (E) 		

DOMAIN 1		MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.3		Address the Psychological, Emotional and Social Issues of Patients with Life-limiting Illness and their Families	
Learning Objective 1.3.4		Sensitively explore and evaluate psychological and/or emotional concerns with patients and their families	
Learning Objective 1.3.5		Provide supportive counselling and set realistic management goals for these concerns, where appropriate, in consultation with patients and their families	
Knowledge		Skills	
<ul style="list-style-type: none"> identify the common psychological concerns of patients as disease progresses from time of original diagnosis (E) explain how to assess psychological or emotional concern in people with different cultures and languages (E) outline the use of therapeutic interventions in minimising psychological distress, including: <ul style="list-style-type: none"> behavioural therapy counselling creative therapies imagery/visualisation group activities relaxation/meditation (I) outline the incidence and management approaches to sexual dysfunction within the palliative care setting. (U) 		<ul style="list-style-type: none"> respond to and explore emotional cues/concerns with the patient and their family, e.g. fear, anger, guilt, uncertainty, sadness, and despair. This ability must also be demonstrated for people with different cultures and languages (E) discuss concerns about sexuality and body image when appropriate (I) practise supportive counselling. (U) 	
Attitudes and Behaviours			
<ul style="list-style-type: none"> openness to exploring emotional and psychological issues with patients and their families, including those from different cultures and with different languages (E) understand and practise cultural safety in grief and bereavement care. 			

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.4	Identify and Appropriately Manage Psychiatric Illness	
Learning Objective 1.4.1	Recognise psychiatric symptoms and implement treatment as appropriate	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the clinical features and management of: <ul style="list-style-type: none"> acute delirium adjustment reactions alcohol and drug withdrawal anxiety depression hallucinations insomnia mania post-traumatic stress disorder (E) explain theories regarding 'desire for death', request for euthanasia and suicidal ideation in the context of palliative care (E) describe the drug treatment of psychiatric conditions in palliative care: <ul style="list-style-type: none"> antipsychotics drug complications and interactions psychostimulants prescribing patterns as patients near death use of antidepressants, sedatives, and hypnotics (E) outline the prevalence of psychiatric illness at different stages of an illness trajectory. (I) 	<ul style="list-style-type: none"> demonstrate ability to form therapeutic relationships with patients and their families in the management of psychiatric complications (E) evaluate mental state/mood and distinguish between sadness and clinical depression (I) effectively assess a patient with psychiatric complications and develop an appropriate management plan (I) demonstrate ability to manage psychiatric conditions within a variety of settings especially including the patient's own home. (I) 	
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> describe the use of medications in the treatment of psychiatric symptoms in the paediatric age group. 		
Attitudes and Behaviours		
<ul style="list-style-type: none"> exhibit a wholistic approach to care of patients with psychiatric complications consult with psychiatric services when appropriate. 		

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER
Theme 1.5	Manage Common Emergencies
Learning Objective 1.5.1	Recognise and appropriately manage emergencies
Knowledge	Skills
<ul style="list-style-type: none"> • outline the pathophysiology and management of the emergencies that occur in the palliative care setting: <ul style="list-style-type: none"> • acute dystonia • acutely suicidal patient • acute pulmonary oedema • addisonian crisis • anaphylaxis • autonomic dysreflexia • cardiac tamponade • choking • coning • drug/tobacco withdrawal • massive haemorrhage • neuroleptic malignant syndrome • oculogyric and serotonergic crises • opioid toxicity • overdose • pneumothorax • seizures • sepsis • severe pain and distress • spinal cord/cauda equina compression • stridor • superior vena caval obstruction • violent patient. (E) 	<ul style="list-style-type: none"> • develop an effective and appropriate management plan for emergencies. (E)
Attitudes and Behaviours	
<ul style="list-style-type: none"> • exhibit a calm, reassuring manner during emergencies (E) • recognise the validity of inaction, other than remaining present, in response to overwhelming catastrophe. (E) 	

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.6	Prescribe Appropriate and Safe Pharmacotherapy	
Learning Objective 1.6.1	Prescribe medication safely based on a sound knowledge of pharmacology and best available evidence	
Learning Objective 1.6.2	Communicate medication issues clearly to patients, their families, and other caregivers	
Knowledge	Skills	
<ul style="list-style-type: none"> • describe dose adjustment principles for commonly used medications with regard to: <ul style="list-style-type: none"> • altered metabolism • children • elderly • end-of-life • frail • organ failure (E) • define the following for commonly used palliative care medications: <ul style="list-style-type: none"> • absorption • dependence, addiction, and discontinuation syndromes • excretion • half-life • interactions with other medications • metabolism • possibility of tolerance • routes of administration • toxicity and adverse effects and their management • use in syringe drivers • usual frequency of administration (E) • outline the cost and availability issues for community prescribing (E) • outline specific medication issues as they relate to palliative care: <ul style="list-style-type: none"> • prescribing outside licence, legislation and regulation governing prescribing, clinical trials, and polypharmacy (E) • describe the general principles of drug pharmacokinetics and pharmacodynamics (I) • describe the commonly used complementary and alternate medicines/therapies and be aware of their potential interactions and complications. (I) 	<ul style="list-style-type: none"> • teach patients and carers to understand and manage their medications (E) • select appropriate medication for the patient's symptom profile, underlying diagnoses, patient's own preferences, and stage of illness (E) • evaluate regularly the effectiveness and ongoing requirement for medications prescribed (E) • evaluate the impact of complementary therapies in light of available evidence, likelihood of benefit or harm to the patient, and interaction with other therapies (I) • critically evaluate the palliative care literature in regards to medications. (E) 	

DOMAIN 1		MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.6		Prescribe Appropriate and Safe Pharmacotherapy	
Learning Objective 1.6.1		Prescribe medication safely based on a sound knowledge of pharmacology and best available evidence	
Learning Objective 1.6.2		Communicate medication issues clearly to patients, their families and other caregivers	
For Paediatric Palliative Medicine			
<ul style="list-style-type: none"> describe the use of commonly used medications in neonates, infants, children, and adolescents (E) describe the physiological factors that impact upon drug use at these various ages. (E) 			
Attitudes and Behaviours			
<ul style="list-style-type: none"> participate in ongoing education about medications and prescribe based on best available evidence (E) consult reference sources to ensure safety in prescribing (E) exhibit due care in prescribing medications (E) collaborate with pharmacists in clinical practice (I) exhibit openness to discussing the use of alternate and complementary medicines/therapies with patients, their families, and other health professionals. 			

DOMAIN 1		MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.7		Care for Dying Patients	
Learning Objective 1.7.1		Sensitively and appropriately care for the dying patient with a focus on symptom management, family support, awareness of spiritual issues and accurate prognostication	
Learning Objective 1.7.2		Comply with legal and ethical requirements	
Knowledge		Skills	
<ul style="list-style-type: none"> • identify the advent of the terminal phase of a progressive illness, and describe the signs of approaching death (E) • describe the care requirements of a dying person and their family, including the physical, emotional, social, cultural, and spiritual dimensions (E) • identify the major ethical issues that surround end-of-life care, including: <ul style="list-style-type: none"> • documentation of 'not for resuscitation' orders and consent for body or tissue donation • request for euthanasia • withdrawal of 'active' treatments 		<ul style="list-style-type: none"> • apply knowledge of the care requirements of a dying person, specific disease processes, symptom management, and pharmacology to perform a competent assessment of the dying patient and to develop appropriate management plans for the end-of-life care (E) • communicate prognosis sensitively to family members and carers (E) • evaluate the care plan in the light of patient's comfort and life-expectancy (E) • perform end-of-life care in a variety of settings, especially including the home setting (E) 	

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.7	Care for Dying Patients	
Learning Objective 1.7.1	Sensitively and appropriately care for the dying patient with a focus on symptom management, family support, awareness of spiritual issues and accurate prognostication	
Learning Objective 1.7.2	Comply with legal and ethical requirements	
<ul style="list-style-type: none"> • withdrawal or with-holding of invasive feeding and fluids (E) • identify and critically evaluate the role of integrated care pathways for dying patients across all clinical settings (I) • identify criteria to pronounce death (E) • identify legal requirements for the certification of death, including burial, cremation, and reporting of death to the coroner (E) • identify and outline the management of symptoms which occur at the end-of-life: <ul style="list-style-type: none"> • alteration in conscious state • 'death rattle' • mouth dryness and soreness • restlessness • swallowing problems (E) • identify the medications commonly used at the end-of-life to manage symptoms (E) • identify relevant legislation for Advanced Directives (I) • outline the available tools for prognostication (I) • outline the common cultural practices in regards the handling of the body after death and the process of laying out of the deceased. 	<ul style="list-style-type: none"> • negotiate in circumstances of different treatment goals between health care professionals, especially when death seems imminent (I) • enable other care providers to 'diagnose dying' and implement appropriate care especially in community and hospital settings (I) • implement care pathways for dying patients where clinically indicated across all settings (I) • discuss with family their relevant duties around the time of death (I) • develop a service/organisational policy for decision making about the initiation or withholding of cardiopulmonary resuscitation (CPR) in the palliative setting. (U) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> • exhibit compassionate care of dying patients and their families (E) • recognise the emotional challenges, grief and loss in themselves, other staff and families (E) • exhibit a willingness to 'be with' the dying person and their family (E) • exhibit a respectful, wholistic approach to care of dying patients and their families (E) • exhibit respect for the body after death, supporting individual religious and cultural practices (E) • contribute to an improved awareness of the care needs of the dying among colleagues and the general community (I) • recognise the spirituality of the dying person (I) • display awareness for and respect of the significant cultural and religious customs that relate to palliative care, death, grief, and bereavement. (I) 		

DOMAIN 1	MEDICAL EXPERT/CLINICAL DECISION MAKER	
Theme 1.8	Understand the Role of Spirituality in the Experience of Patients, Their Families, and Carers	
Learning Objective 1.8.1	Recognise that spirituality, however expressed, is a key dimension of the human experience and understand how spiritual issues can impact on suffering	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the nature of spirituality (E) outline the concept of transcendence (I) outline the major religions and other cultural belief systems or forms of spirituality and how they influence the patients' and their families' capacity to deal with suffering, death, and dying (I) outline the specific contributions of spiritual or personal advisors from major religions/cultures and the general nature of spiritual support from palliative care team members (I) identify techniques for the management of spiritual issues (I) describe the nature of suffering (I) describe the concept of QoL. (I) 	<ul style="list-style-type: none"> demonstrate consideration of spiritual issues and organise a more extensive spiritual assessment when appropriate (E) consult appropriately with spiritual advisors in addressing a patient's spiritual concerns and those of their family (E) demonstrate ability to discuss the spiritual nature of suffering (I) apply knowledge of how different belief systems deal with suffering, dying, and death in the care of patients and their families. (I) 	
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> describe the nature of spirituality at various stages of childhood. (I) 		
Attitudes and Behaviours		
<ul style="list-style-type: none"> recognise that spirituality is an integral part of a patient's experience (E) recognise that spiritual pain can contribute to suffering (E) recognise the phenomenon of transcendence and the contribution of spirituality to hopefulness, meaning, and freedom. (I) 		

DOMAIN 2	COMMUNICATOR/COLLABORATOR	
Theme 2.1	Communicator Establish therapeutic and supportive relationships with patients and their families, with particular expertise in discussing end-of-life issues, exploring patient and family concerns across physical, psychosocial, cultural and spiritual domains, and obtaining, integrating and interpreting relevant clinical information	
Learning Objective 2.1.1	Establish and maintain therapeutic and supportive relationships with patients and their families based on understanding, trust, empathy and confidentiality	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the importance of good doctor-patient communication and its effect on patients' satisfaction, compliance, psychological adjustment, and quality of care (E) describe a range of communication styles and approaches to palliative medicine consultations (E) outline relevant theories and evidence base for communication practice. (I) 	<ul style="list-style-type: none"> establish rapport with patients of different ages, gender, ethnicity, cultures, socioeconomic groups, and at different life stages (E) demonstrate skill in overcoming barriers to communication such as language difficulties, deafness, confusion, and dementia. 	
For Paediatric Palliative Medicine		
<ul style="list-style-type: none"> describe the factors to consider when communicating with children from a range of age groups (E) describe the use of various modes of communication with children from a range of age groups, e.g. drawings, music, stories, and play (E) describe the principles of communicating with children with poor verbal skills and/or developmental delay (I) outline the issues relating to confidentiality and consent in adolescent patients. (I) 	<ul style="list-style-type: none"> demonstrate an ability to gain the trust and confidence of children (E) demonstrate skill in managing the information needs of children and adolescents. (I) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> exhibit relationships with patients and their families that are characterised by mutual understanding, trust, respect, and empathy (E) recognise the importance of patient confidentiality and the conflict between confidentiality and need to share information with others (E) recognise that being a good communicator is essential to practising effectively in Palliative Medicine (E) recognise the value of ongoing reflection, evaluation and refinement of one's own consulting and communication skills. (I) 		

DOMAIN 2		COMMUNICATOR/COLLABORATOR
Theme 2.1		Communicator Establish therapeutic and supportive relationships with patients and their families, with particular expertise in discussing end-of-life issues, exploring patient and family concerns across physical, psychosocial, cultural and spiritual domains, and obtaining, integrating and interpreting relevant clinical information
Learning Objective 2.1.2		Obtain, interpret and provide information from/to the patient, their families and other health professionals, in order to facilitate optimal care of the patient
Knowledge		Skills
<ul style="list-style-type: none"> explain the importance of cooperation among health professionals in ensuring delineation of roles and consistency of communication with patients and families taking into consideration cultural and language differences (E) explain the core elements of eliciting a patient's history (E) explain the advantages and disadvantages of interviewing a patient both alone or with their partner, family and/or carer present. (E) 		<ul style="list-style-type: none"> elicit and synthesise relevant history from patients, their families and referring teams and listen effectively (E) evaluate a patient's wishes regarding the amount of information they want and the degree to which they would like to be involved in decisions about care (E) elicit a patient's expectations and wishes regarding the management of their illness and its associated problems (E) inform and counsel a patient and their family in a sensitive and humane manner and in such a way that is understandable and tailored to the information preferences of the individual (E) check a patient's understanding of, and reaction to, any information that is given and to clarify misunderstandings (E) facilitate patient's participation in decision-making to the degree that they wish (E) discuss treatment options so that a patient understands the implications (E) demonstrate skills in working with an interpreter or cultural advocate (E) perform an interview using an interpreter (E) facilitate a family conference (E) maintain clear, concise, accurate, and appropriate records (E) communicate effectively within the multidisciplinary palliative care team and with referring GPs and other specialists in order to ensure optimal and consistent care of the patient and their family. (E)

DOMAIN 2	COMMUNICATOR/COLLABORATOR
Theme 2.1	Communicator Establish therapeutic and supportive relationships with patients and their families, with particular expertise in discussing end-of-life issues, exploring patient and family concerns across physical, psychosocial, cultural and spiritual domains, and obtaining, integrating and interpreting relevant clinical information
Learning Objective 2.1.2	Obtain, interpret and provide information from/to the patient, their families and other health professionals, in order to facilitate optimal care of the patient
Attitudes and Behaviours	
<ul style="list-style-type: none"> exhibit effective and sensitive listening skills. (E) 	

DOMAIN 2	COMMUNICATOR/COLLABORATOR	
Theme 2.1	Communicator Establish therapeutic and supportive relationships with patients and their families, with particular expertise in discussing end-of-life issues, exploring patient and family concerns across physical, psychosocial, cultural and spiritual domains, and obtaining, integrating and interpreting relevant clinical information	
Learning Objective 2.1.3	Explore patient and family concerns and discuss prognosis and end-of-life issues	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the range and types of concerns expressed by patients and their families at the end-of-life (E) describe the range of approaches exhibited by patients and their families in discussing prognosis (E) describe the benefits and drawbacks to patients and their families of various coping strategies including denial and collusion. (E) 	<ul style="list-style-type: none"> evaluate a patient's physical, psychological, social and spiritual concerns and which of these have greatest priority (E) establish a patient's understanding of their illness and prognosis (E) respond to emotional cues and concerns and provide support to patients and families (E) demonstrate ability to handle difficult questions and discuss the full range of issues that are important to patients and their families in a non-judgemental and sensitive manner (E) manage anger and strong emotions in patients and their families sensitively and effectively (E) manage denial and collusion within the family in a sensitive and respectful manner, considering a patient's needs and wishes and their cultural environment. (E) 	

DOMAIN 2	COMMUNICATOR/COLLABORATOR
Theme 2.1	Communicator Establish therapeutic and supportive relationships with patients and their families, with particular expertise in discussing end-of-life issues, exploring patient and family concerns across physical, psychosocial, cultural and spiritual domains, and obtaining, integrating and interpreting relevant clinical information
Learning Objective 2.1.3	Explore patient and family concerns and discuss prognosis and end-of-life issues
Attitudes and Behaviours	
<ul style="list-style-type: none"> exhibit competence and sensitivity in discussing end-of-life issues/dying and show judgement in knowing when and how to raise these issues. (E) 	

DOMAIN 2	COMMUNICATOR/COLLABORATOR	
Theme 2.2	Collaborator	
Learning Objective 2.2.1	Demonstrate awareness and respect for the roles, expertise, and limitations of multidisciplinary teams	
Knowledge	Skills	
<ul style="list-style-type: none"> outline the advantages and disadvantages of having an interdisciplinary team in palliative care (I) explain the role of each of the various professionals and their contribution in a palliative care team. (I) 	<ul style="list-style-type: none"> ensure wide participation of team members in an interdisciplinary meeting so that all are able to make relevant contributions. (E) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> exhibit an understanding of the work that teams require to keep them functioning well (I) choose to be a team player and openly support team activity. (I) 		

DOMAIN 2	COMMUNICATOR/COLLABORATOR	
Theme 2.2	Collaborator	
Learning Objective 2.2.2	Communicate with members of a interdisciplinary team in the resolution of conflicts, provision of feedback and where appropriate assume a leadership role	
Knowledge		Skills
<ul style="list-style-type: none"> outline the advantages and disadvantages of having an interdisciplinary team in palliative care. (I) explain the role of each of the various professionals and their contribution in a palliative care team. (I) 		<ul style="list-style-type: none"> ensure wide participation of team members in an interdisciplinary meeting so that all are able to make relevant contributions. (E)

DOMAIN 2	COMMUNICATOR/COLLABORATOR	
Theme 2.2	Collaborator	
Learning Objective 2.2.2	Communicate with members of a interdisciplinary team in the resolution of conflicts, provision of feedback and where appropriate assume a leadership role	
Attitudes and Behaviours		
<ul style="list-style-type: none"> show leadership but also respect the leadership of others within the interdisciplinary palliative care team when appropriate. (I) 		

DOMAIN 2		COMMUNICATOR/COLLABORATOR
Theme 2.2		Collaborator
Learning Objective 2.2.3		Collaborate with colleagues in the setting of a multidisciplinary clinical (or research) team or in the role of palliative medicine consultant
Links		Professional Qualities Curriculum Domains: 1.3.1–1.3.4; 2.2.1; 7.2.1
Knowledge		Skills
<ul style="list-style-type: none"> explain the contribution of palliative care in the multidisciplinary management of patients (I) outline the specific contributions of other relevant disciplines to multidisciplinary care describe the role of health professionals from a range of disciplines, contexts, e.g. hospital, home and community, and sectors, e.g. paediatrics, palliative care, disability, in the care of patients with progressive, life-limiting conditions. (E) 		<ul style="list-style-type: none"> make appropriate contributions to multidisciplinary discussions and care planning, including arguing in favour of a palliative approach when appropriate (E) demonstrate a capacity for working with health professionals from a range of disciplines, contexts, e.g. hospital, home and community, and sectors, e.g. paediatrics, palliative care, disability, in the care of patients with progressive, life limiting conditions (E) facilitate the creation of a team comprising health professionals from a range of disciplines, contexts, e.g. hospital, home and community, and sectors, e.g. paediatrics, palliative care, disability, which is responsive to the needs of patients and their families. (I)
Attitudes and Behaviours		
<ul style="list-style-type: none"> display appropriate respect for the opinions of colleagues while able to present the case for palliative care. (E) 		

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.1	Manager	
Learning Objective 3.1.1	Outline the managerial aspects of running a practice or palliative care service	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the process of gaining accreditation of palliative care services, e.g. via the Australian Council on Healthcare Standards (ACHS) accreditation process. (I) 	<ul style="list-style-type: none"> function within the Australian and/or New Zealand health care system and be capable of playing an active role (E) develop and implement policies and clinical pathways in palliative care (U) develop and implement quality improvement strategies and programs, such as audit processes, to monitor effectiveness and reduce error in own practice or palliative care service. 	

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.2	Health Advocate Participate in advocacy for the welfare of individual patients with a life-limiting illness and their families, and ensure palliative care issues are addressed within the general community	
Learning Objective 3.2.1	Recognise determinants of the experience of illness, dying and bereavement, promote understanding of these issues and engage in appropriate advocacy	
Links	Professional Qualities Curriculum Domains: 1.1.1; 4.1.1-4.1.4; 8.2.1; 8.3.1; 9.4.1; 9.5.1	
Knowledge	Skills	
<ul style="list-style-type: none"> describe how access to palliative care is specifically affected by population characteristics that lead to inequality in health status, e.g. age, geography, disability, and culture. 	<ul style="list-style-type: none"> discuss with patients and families their options in regards access to end-of-life care at the place of their choosing, e.g. home, hospital, hospice, and nursing home (E) use health promotion principles to encourage open discussions of end-of-life issues such as advance directives, and to improve community attitudes to dealing with death and bereavement. 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> recognise the value of patients and communities participating fully in decision making regarding palliative care issues. (E) 		

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE
Theme 3.2	Health Advocate Participate in advocacy for the welfare of individual patients with a life-limiting illness and their families, and ensure palliative care issues are addressed within the general community
Learning Objective 3.2.1	Recognise determinants of the experience of illness, dying and bereavement, promote understanding of these issues and engage in appropriate advocacy
Links	Professional Qualities Curriculum Domains: 1.1.1; 4.1.1-4.1.4; 8.2.1; 8.3.1; 9.4.1; 9.5.1
<ul style="list-style-type: none"> • contribute to a 'healthy' and normalising experience of dying and bereavement within patients, families, and communities (E) • contribute to a sense of empowerment within patients who are dying and their families (E) • exhibit a willingness to talk openly about death and dying with patients, family, other health professionals, and the general community (E) • exhibit a willingness to advocate for the socially disadvantaged or vulnerable in issues relating to palliative care, e.g. patients who are homeless, in detention or custody or unemployed (I) • recognise the importance of palliative care involvement at all levels of health care including public health and policy, e.g. informed decision making, end-of-life care and Advanced Directives. (U) 	

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.3	Professional Understand the principles of integrity, honesty and compassion and how these are applied in the practice of medicine in general and Palliative Medicine in particular	
Learning Objective 3.3.1	Describe relevant cultural, ethnic and societal issues around death and dying and their impact on the practice of palliative medicine	
Links	Professional Qualities Curriculum: Theme 4.1; Theme 5.1	
Knowledge	Skills	
<ul style="list-style-type: none"> • describe the impact of belief systems on the health care choices of palliative care patients and families (E) • outline the major beliefs and practices, social structures, and cultural networks of the various cultural and racial groups within the community as they pertain to palliative care (I) 	<ul style="list-style-type: none"> • consider issues of culture when obtaining necessary information (E) • communicate with people from across the spectrum of the community (E) • adapt personal style and medical practice to meet the needs of different cultural and racial groups (E) 	

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.3	Professional Understand the principles of integrity, honesty and compassion and how these are applied in the practice of medicine in general and Palliative Medicine in particular	
Learning Objective 3.3.1	Describe relevant cultural, ethnic and societal issues around death and dying and their impact on the practice of palliative medicine	
Links	Professional Qualities Curriculum: Theme 4.1; Theme 5.1	
	<ul style="list-style-type: none"> understand the impact of own cultural beliefs on practice, particularly communication style and clinical decision making, and attitudes to death and dying. 	<ul style="list-style-type: none"> maintain a reflective style of practice particularly in relation to the values of integrity, honesty, and compassion. (E)
Attitudes and Behaviours		
	<ul style="list-style-type: none"> exhibit openness to exploring the culture of those from a different background from their own (E) exhibit a non-judgemental attitude to the belief systems of others (E) participate in shared decision-making to ensure that outcomes are compatible with the beliefs of patients. (E) 	

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.3	Professional Understand the principles of integrity, honesty and compassion and how these are applied in the practice of medicine in general and Palliative Medicine in particular	
Learning Objective 3.3.2	Recognise, analyse and address ethical issues in clinical practice. These include truth telling, informed consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation, and research ethics	
Links	Professional Qualities Curriculum: Theme 5.3.1	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the central importance of honesty, confidentiality, informed consent, and advanced directives to the practice of palliative medicine (E) identify ethical issues relating to end-of-life care (E) outline issues raised by conflicts of interest in the delivery of care (E) identify research ethics and their application in the practice of palliative medicine. (E) 	<ul style="list-style-type: none"> practice these principles in day to day practice (E) demonstrate self-awareness of conflict of interest (E) apply for ethics approval and undertake ethical research. (U) 	

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.3	Professional Understand the principles of integrity, honesty and compassion and how these are applied in the practice of medicine in general and palliative medicine in particular	
Learning Objective 3.3.2	Recognise, analyse and address ethical issues in clinical practice. These include truth telling, informed consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation, and research ethics	
Links	Professional Qualities Curriculum: Theme 5.3.1	
For Paediatric Palliative Medicine		
	<ul style="list-style-type: none"> describe the ethical issues relevant to the care of children with progressive life limiting conditions, e.g. autonomy and role of parents as decision-makers. (E) 	<ul style="list-style-type: none"> demonstrate a capacity for working with children and parents in decision-making. (E)

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.3	Professional Manage the personal and emotional challenges of dealing with death, dying, and grief	
Learning Objective 3.3.3	Identify own personal beliefs, including cultural origins, and the impact that these have on the ability to deal with death and dying	
Knowledge	Skills	
<ul style="list-style-type: none"> identify own personal culture and beliefs, and the impact these have on their ability to deal with death and dying. (E) 	<ul style="list-style-type: none"> evaluate the interaction between one's own culture and beliefs, and the experience of dealing on a daily basis with death and dying (I) practice in an emotionally sustainable way (I) maintain a high level of self-awareness and seek support where necessary. (I) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> participate in personal reflection (E) openness to reflection on the cultural basis of the practitioner's own beliefs and their impact on their reactions to the beliefs, grief, and death of patients and their families. (E) 		

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE
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Theme 3.3	Professional Manage the personal and emotional challenges of dealing with death, dying, and grief	
Learning Objective 3.3.4	Describe how one's own beliefs can impact on the interactions with patients and their families and how the beliefs of patients and their families can challenge the doctor's own values	
Links	Professional Qualities Curriculum: Theme 5.3.1	
Knowledge	Skills	
<ul style="list-style-type: none"> outline the risks of the projection of personal belief systems into doctor-patient interactions and of strategies to avoid these risks in the context of palliative care (E) outline a theoretical knowledge of the diversity of belief systems within their community with particular reference to issues surrounding the end-of-life (I) describe the ways that belief systems might be challenged. (I) 	<ul style="list-style-type: none"> practise separating one's own beliefs from those of patients and their families so as to meet their needs (E) demonstrate an ability to cope with the personal challenges posed by the beliefs of others. (E) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> recognise the belief systems of others (E) listen to the beliefs expressed by others without the need for challenge or confrontation. (E) 		

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.3	Professional Manage the personal and emotional challenges of dealing with death, dying, and grief	
Learning Objective 3.3.5	Explain how the losses and grief of patients and their families can influence the doctor's ability to deal with their own losses	
Knowledge	Skills	
<ul style="list-style-type: none"> identify processes whereby exposure to the grief of patients and their families can rekindle grief for doctors and other health workers. (E) 	<ul style="list-style-type: none"> discuss these issues and deal with them in an appropriate manner. (E) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> exhibit willingness to acknowledge one's own potential issues of loss and grief. (E) 		

DOMAIN 3	PROFESSIONAL QUALITIES SPECIFIC TO PALLIATIVE MEDICINE	
Theme 3.3	Professional Manage the personal and emotional challenges of dealing with death, dying, and grief	
Learning Objective 3.3.6	Learn when to seek personal support for dealing with emotional and existential issues that inevitably arise, and develop individualised supports suitable to patients' needs	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the importance of personal support and debriefing for the maintenance of personal health and wellbeing (E) source the range of supports available. (I) 	<ul style="list-style-type: none"> discuss personal emotional and existential issues when necessary. (I) 	
Attitudes and Behaviours		
<ul style="list-style-type: none"> choose appropriate support (E) participate in discussion of emotional and existential issues. (I) 		

