

Enhanced Adult Palliative Care for Generalists

A dynamic interactive course

Project Outline

There is a hunger from non-specialists, in both primary and secondary care, for enhanced training in practical palliative care. With the aging population there will be an increasing need for enhanced palliative care to be delivered across the medical professions. At present there are a number of courses available, mainly distance learning, and often quite time consuming and too academic for a generalist looking to advance their skills and seeking practical guidance. Following feedback on the Scottish Palliative Care Guidelines, where there were comments that broader and more detailed guidance would be helpful, a proposal was taken to Macmillan Cancer Support to support the development of a training course for generalists.

The proposed Enhanced Palliative Care for Generalists course will be an educational programme based on the well-established model of a comprehensive, evidenced, manual underpinning a two-day interactive course. This model has been used successfully across the world to train nurses, doctors, paramedics, and allied health professionals. Examples of these include ATLS, ALS, PHTLS, APLS, and GEMS, amongst others. Areas covered include trauma, medical emergencies, paediatrics, and care of the elderly, but at present there is no similar course for palliative care. Macmillan granted funding to develop one over the next 18 months.

Work has started on the preparation of a pre-course manual, and the development of the interactive course that will be run over two consecutive days. The course will adhere to the principals of the NES framework for palliative and end of life care, and follow the general structure and drug regimes of the Scottish Palliative Care guidelines. The project has support from Health Improvement Scotland, NES, and the Scottish Partnership for Palliative Care.

A steering group has been established to develop the project, with membership including specialists in palliative medicine and from all the professions involved. They are overseeing the direction and co-ordination of the project. The Chair, and project clinical lead, Neil Pryde is responsible for delivering the final product. Class Professional Publishing are partnering to produce the course materials, and will provide support and guidance throughout the project. Writing of the manual been divided into 17 sections. Each of these will have a main author, with a specialist interest in the area covered, leading a small group. A separate group will be developing the interactive course. Finally, the materials will be peer reviewed, and the course piloted, prior to release. The aim is to have the final product ready to launch at the Scottish Partnership for Palliative Care national meeting in 2019.

Steering Group

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Mark Hazelwood
Chief Executive, Scottish Partnership for Palliative Care

Claire O'Neill
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Dr Neil Pryde (Chair)
Lead GP for Cancer and Palliative Care, NHS Fife

Jean Sargeant
Macmillan Quality Lead, Scotland

Lianne Sherlock
Senior Editor, Class Professional Publishing

The two day course will include lectures to cover the principal topics, small group workshops, skill stations, and "real life" scenarios aided by actors. There will be an emphasis on communication skills, and the practical management of a wide range of palliative issues. Candidates will have an assessment at the end of the course, which will likely involve an MCQ and a practical assessment. Certification will be valid for five years. It is anticipated that each course will have between 12 and 20 candidates, with a minimum of one faculty member for every four. As the courses roll out, the aim is to include faculty members from various professional backgrounds, in both primary and secondary care.



Manual Framework

Sections/Chapters	For consideration/inclusion		
Foreword			
Introduction	History of palliative care WHO definition NES Framework Scottish Palliative Care Guidelines		
Principles of palliative care	Realistic palliative care Early identification of the palliative patient (SPICe) Holistic patient centred approach Shared decision making Anticipatory care and prescribing	Generalist/Specialist Cancer and non-malignant disease Rehabilitation/Living well Teamwork, MDT, Shared decision making, third sector resources, eKIS	
Ethics / Legal considerations	Person centred DNACPR	Adults with incapacity Mental health Power of attorney	Use of medicines for unlicensed indications Travelling abroad (drugs, insurance) Physician assisted suicide
Communication	Skills and challenges Effective language Difficult conversations Breaking bad news	Barriers to good communication Cognitive impairment Language barriers Non-verbal communication Cultural influences	Communicating with children Effective interprofessional communication DNACPR ACP
Symptom management	- Both the drug and non-pharmacological management. Assessment and decision making. Underlying pharmacology to aid clear decision making. Toxicity and side effects of drugs used.		
Individual chapters	Pain	Choosing analgesia Neuropathic pain	Switching opioids SPOT Complex pain Regional analgesia
	GI	Nausea Vomiting Constipation	Diarrhoea Dysphagia Malignant ascites Oral care Anorexia Nutrition Intractable hiccups
	Respiratory	Breathlessness Cough	Secretions Airway obstruction
	CNS	Delirium	Anxiety Agitation Depression
	Other	Fatigue Pruritis	Lymphoedema Sweating
Drug considerations	Route of use Syringe pumps Anticipatory prescribing	Liver impairment Renal impairment Drug misusers	Elderly population - polypharmacy Discontinuing regular meds in the last days of life Accessing/using specialist drugs in primary care
Specific conditions	Neurological - MND, MS, Parkinson's Disease Huntington's Disease Stroke/Brain injury	End stage Renal End stage Liver End stage Respiratory End stage Cardiac	Cognitive impairment and dementias Diabetes
Psycho-social and spiritual	Emotional distress Transition loss Anticipatory grief	Belief structures Religion - disease, dying, and death Cultural beliefs	Poverty and inequality Third sector support Staff considerations
Palliative emergencies	MSCC Hypercalcaemia SVC obstruction Seizures	Bowel obstruction Bleeding Acute respiratory distress Pulmonary oedema	Bone fractures
Last days and hours of life	Identifying dying Preferred place of care ACP	Preparing for grief Supporting families/carers Dying at home/care home/hospital	Care of a dead person Confirmation of death Certification of death
Bereavement	Processes of grief Complex grief Preparation	Family support Supporting children Transition loss	Third Sector resources
Complementary therapies	Evidence Benefit	Effective therapies available	
Specific populations	Remote and rural Nursing homes Out of hours	Learning disability Teenage and young adult Frail older people	LGBT+ Homeless Refugees Prisons
Conclusion			

For further information or if you are interested in being involved please contact Neil Pryde:

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