

AG Undergraduate Medical Education in Palliative Care BAG
Konkretisierung der Lernziele des SCLO bezüglich Palliative Care

| | Basis für den Vorschlag im SCLO | Konkretisierungs-Vorschlag der Kommission |
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| Pain- and symptom-management | <p>G ME 41: The physician explains and applies the principles of therapeutics in treatment of pain, palliative and end-of-life care</p> | <p>The physician understands the concept of total pain and its impact on palliative care planning.</p> <p>The physician understands the pathophysiology of the main symptoms in severe disease (e.g. dyspnea, nausea/vomiting, delirium, anxiety) and applies this knowledge in his choice of treatment.</p> <p>The physician applies specific symptom assessment systems to assess and monitor frequent symptoms in palliative care.</p> <p>The physician understands the principles of adequate prescription of the non-pharmacological and pharmacological treatments (including e.g. opioids, sedatives, and neuroleptics) required for symptom control in the palliative phase.</p> |
| Dying and death | <p>G ME 41: The physician explains and applies the principles of therapeutics in treatment of pain, palliative and end-of-life care.</p> <p>G CM 3: The physician chooses a suitable setting with necessary support when giving complicated or bad news</p> | <p>The physician is able to explain the normal physiology of the dying process to the patients and the family members.</p> |
| Change in treatment goals at the end of life | <p>G CM 9: The physician clarifies the patient's expectations and requests for the encounter and elicits information on both the somatic and psychological aspects of her/his symptoms and complaints as well as the patient's situation, her/his understanding and concerns, social and cultural background and illness experience</p> <p>G ME 33: The physician explains criteria for issuing 'Do Not Attempt Resuscitation'-orders and the level of experience required to issue them.</p> <p>G PR 23: The physician identifies the ethical principles in decisions regarding discontinuation or withholding of life-support measures.</p> | <p>The physician understands the importance of advance care planning. He assists discussion of decision-making at the end of life and supports the definition of patients' preferences and acceptable outcomes.</p> <p>The physician understands the legal basis and the relevance of advance directives, as well as the role of the health care proxy.</p> |
| Physician's own limits | <p>G PR 9: The physician demonstrates an appropriate, caring attitude with consistently high standards of professional behavior, including honesty, integrity, accountability, commitment, compassion, empathy and altruism.</p> <p>G PR 10: The physician maintains an appropriate balance between personal and professional roles and shows awareness of possible conflicts of interest.</p> <p>MedBG: Art 7</p> | <p>The physician is aware of his own limits and his own mortality.</p> |
| Multiprofessionality and home care | <p>G ME 1: The physician demonstrates clear history taking and communication with patients, their families and other carers and seeks information from other sources, differentiating the concepts of 'illness' as the patient's story and of 'disease' as the medical history of a health disorder</p> <p>G ME 8: The physician takes into consideration relevant context and background of the patient, including family, social, cultural and spiritual factors.</p> <p>G ME 27: The physician demonstrates an understanding of the social and cultural background of patients and takes it into account in her/his clinical work.</p> <p>G ME 23: The physician pays attention to the importance of continuity of care and of patient information transfer e.g. from inpatient to outpatient setting [GCL7].</p> | <p>The physician is able to run a family meeting. He/she knows how to integrate other professionals when needed to address the physical, psychosocial and spiritual needs of severely ill patients and their significant others.</p> <p>The physician shows an awareness of transcultural issues at the end of life.</p> <p>The physician shows a positive attitude towards multiprofessional home care in the last phase of life and the importance of adapting the care to suit the environment and the patient's needs and wishes.</p> |