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| ***Lesson Plan*** | |
| **Teaching Unit** | Symptom Assessment and Management |
| **Title** | **Assessment and Management of Common Symptoms in Palliative Care**  Constipation/ Diarrhoea/ Nausea / Vomiting/ Anorexia, Cachexia, Fatigue/ Oral problems (Xerostomia, Dysphagia) Dyspnoea /Cough |
| **Learning Outcome** | To assess and manage common symptoms palliative care using best evidence guidelines and protocols of care |
| **Summary** | Managing symptoms is a crucial part of palliative care. Palliative symptom management models highlight the need to ensure that symptom management interventions are targeted to the generating cause and concomitantly increase patient quality of life and comfort. A general principle of symptom management is to assess, plan, implement, monitor outcomes and include the patient and family in decision throughout the care.  Gastrointestinal and respiratory symptoms are very common in palliative care.  It is important to fully assess and consider all possible causes, including those which may require specific treatments. |
| **Learning Objectives**  **C- Cognition**  **S – Skills**  **A – Attitudes** | **C- Cognition**   1. Outline common causes of common symptoms, including: Constipation; Diarrhoea; Nausea; Vomiting; Anorexia; Cachexia; Fatigue; Oral problems (Xerostomia, Dysphagia);    1. Dyspnoea; Cough. 2. Describe and justify management plans for uncomplicated symptoms, incorporating pharmacological and non-pharmacological approaches to care.   **S - Skills**   1. Demonstrate the ability to provide education to people with life-limiting conditions, in the context of management of symptoms   **A – Attitudes**   1. Reflect on how each symptom affects the quality of life of the patient 2. Examine the limits of pharmacotherapy in relieving all/every symptom – and the doctors continued role in patient support. |
| **Learning Methods** | * Online training * Exercise: formative assessment * Case study * Experiential learning through bed side observation * Clinical discussionWard based bedside teaching * Case-based learning * Reflection on experience * Role play * Portfolio of learning |
| **Timing** | **E-learning / Distance Learning** 6 hours  **Seminar** 2 hours   * Case-based learning: focus to manage uncomplicated symptoms associated with life-limiting conditions using guidelines or protocols of care. Work in pairs: on a given case each pair develops a management plan using given guidelines/algorithms 15 min of care and presents it to review to whole group demonstrating also how they will provide education on their management plan to the patients 75 min (15 X 5) – **90 min** * Video with patients/ patient stories presenting impact of symptoms on their life and present management of the symptom – group reflection on impact of symptoms/ limits of pharmacotherapy in relieving all/every symptom – and the doctors continued role in patient support -**30 min** |
| **Bibliography/Resources** | 1. Cherny, Nathan I., and Nicholas A. Christakis. Oxford textbook of palliative medicine. Oxford university press, 2011 2. Shah, Vishal, and Sachil Shah. "Management of Gastrointestinal Symptoms in Palliative Care." InnovAiT (2010). 3. North of England Cancer Network. (2016). Palliative and end of life care guidelines for cancer and non-cancer patients, 1 –33. Retrieved from <http://www.necn.nhs.uk/wp-content/uploads/2016/09/NECNXPALLIATIVEXCAREX2016.pdf> 4. <https://www.nwcscnsenate.nhs.uk/files/5714/1503/5225/Guidelines_for_the_Medical_Management_of_Malignant_Bowel_Obstruction_Presentation_Draft_1.pdf?PDFPATHWAY=PDF> 5. <https://learningplatform.thepalliativehub.com/course/view.php?id=25> |