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**INDIAN NURSING COUNCIL NOTIFICATION
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New Delhi-110020**

NOTIFICATION

New Delhi, the, _____ 2023

**INDIAN NURSING COUNCIL (POST BASIC DIPLOMA IN PALLIATIVE CARE SPECIALTY NURSING -
RESIDENCY PROGRAM) REGULATIONS, 2023**

F.No. 11-1/2022-INC.— In exercise of the powers conferred by sub-section (1) of Section 16 of Indian Nursing Council Act, 1947 (XLVIII of 1947), as amended from time to time, the Indian Nursing Council hereby makes the following regulations, namely:—

1. SHORT TITLE AND COMMENCEMENT

- i. These Regulations may be called the Indian Nursing Council (Post Basic Diploma in Palliative Care Specialty Nursing - Residency Program) Regulations, 2023.
- ii. These shall come into force on the date of notification of the same in the Official Gazette of India.

2. DEFINITIONS

In these Regulations, unless the context otherwise requires,

- i. 'the Act' means the Indian Nursing Council Act, 1947 (XLVIII of 1947) as amended from time to time;
- ii. 'the Council' means the Indian Nursing Council constituted under the Act;
- iii. 'SNRC' means the State Nurse and Midwives Registration Council, by whichever name constituted, by the respective State Governments;
- iv. 'RN & RM' means a Registered Nurse and Registered Midwife (RN & RM) and denotes a nurse who has completed successfully, recognised Bachelor of Nursing (B.Sc. Nursing) or Diploma in General Nursing and Midwifery (GNM) course, as prescribed by the Council and is registered in a SNRC as Registered Nurse and Registered Midwife;
- v. 'Nurses Registration & Tracking System (NRTS)' means a system developed by the Council and software developed in association with National Informatics Centre (NIC), Government of India, and hosted by NIC for the purpose of maintenance and operation of the Indian Nurses Register. It has standardised forms for collection of the data of Registered Nurse and Registered Midwife (RN & RM)/ Registered Auxiliary Nurse Midwife (RANM)/Registered Lady Health Visitor (RLHV) upon Aadhar based biometric authentication;
- vi. 'NUID' is the Nurses Unique Identification Number given to the registrants in the NRTS system;
- vii. 'General Nursing and Midwifery (GNM)' means Diploma in General Nursing and Midwifery qualification recognized by the Council under Section 10 of the Act and included in Part-I of the Schedule of the Act.

POST BASIC DIPLOMA IN PALLIATIVE CARE SPECIALTY NURSING –RESIDENCY PROGRAM

I. INTRODUCTION

Nurses comprise the largest group of healthcare providers globally. Nurses are a vital resource for ensuring the provision of safe and effective care for the global population. Nurses spend more time with patients and families than any other health professionals as they face serious illnesses. Expert nursing care reduces the distress and burdens of those facing death, and the ability to offer support for unique physical, social, psychological, and spiritual needs of the patients and their families.

Collectively, nurses have demonstrated a commitment to palliative care, with some nurses showing even greater initiative in the care of patients at end-of-life.

Palliative care has evolved as a specialty over the past decades. There is an increasing demand for palliative care facilities and trained personnel specially nurses at the secondary and tertiary level hospitals in India. There is a great need for nurses to be trained and equipped for taking care of palliative care patients at different settings such as hospitals, hospice and in community. Palliative care refers to the optimization of quality of life for both the patients with serious illness and their families using special measures to anticipate, treat, and prevent suffering. This care encompasses the continuum of illnesses including physical, psychosocial, emotional, and spiritual needs of seriously ill patients. Like geriatrics and hospice care, palliative care generally uses a multidisciplinary team that consists of medicine, nursing, social work, and spiritual care to meet the multifaceted needs of patients with serious illness, or who are at the end of life. This post diploma in Palliative Care Specialty Nursing program is directed towards the preparation of nurses with specialized skills to be able to practice as palliative care nurses in any palliative care settings to provide high quality and family centred care. Palliative care specialist nurses can provide excellent care to those suffering from serious life-limiting illnesses.

The program is designed to prepare registered nurses both diploma and BSc to acquire comprehensive knowledge, advanced skills and positive attitude in palliative care nursing which will enable nurses to deliver safe, competent, legal and ethical nursing care to patients requiring palliative care. Further, it is designed to equip nurses with managerial skills and knowledge that will enable them to take up roles in planning, managing, and supervising palliative care of patients and train other clinical nurses and students in various palliative care settings. The palliative care specialist nurse will be able to advise on planning and setting up of palliative care units and improve the care and comfort of the death and dying.

II. PHILOSOPHY

The Council believes that registered nurses need to be further trained as specialist nurses to function in various emerging specialty areas of practice and the training should be competency based. One such area that demands specialist nurses is palliative care. Expanding roles of nurses and advances in palliative care necessitates additional training to prepare nurses with specialized skills and knowledge to deliver competent, intelligent and appropriate care to patients in palliative care centres.

III. CURRICULUM FRAMEWORK

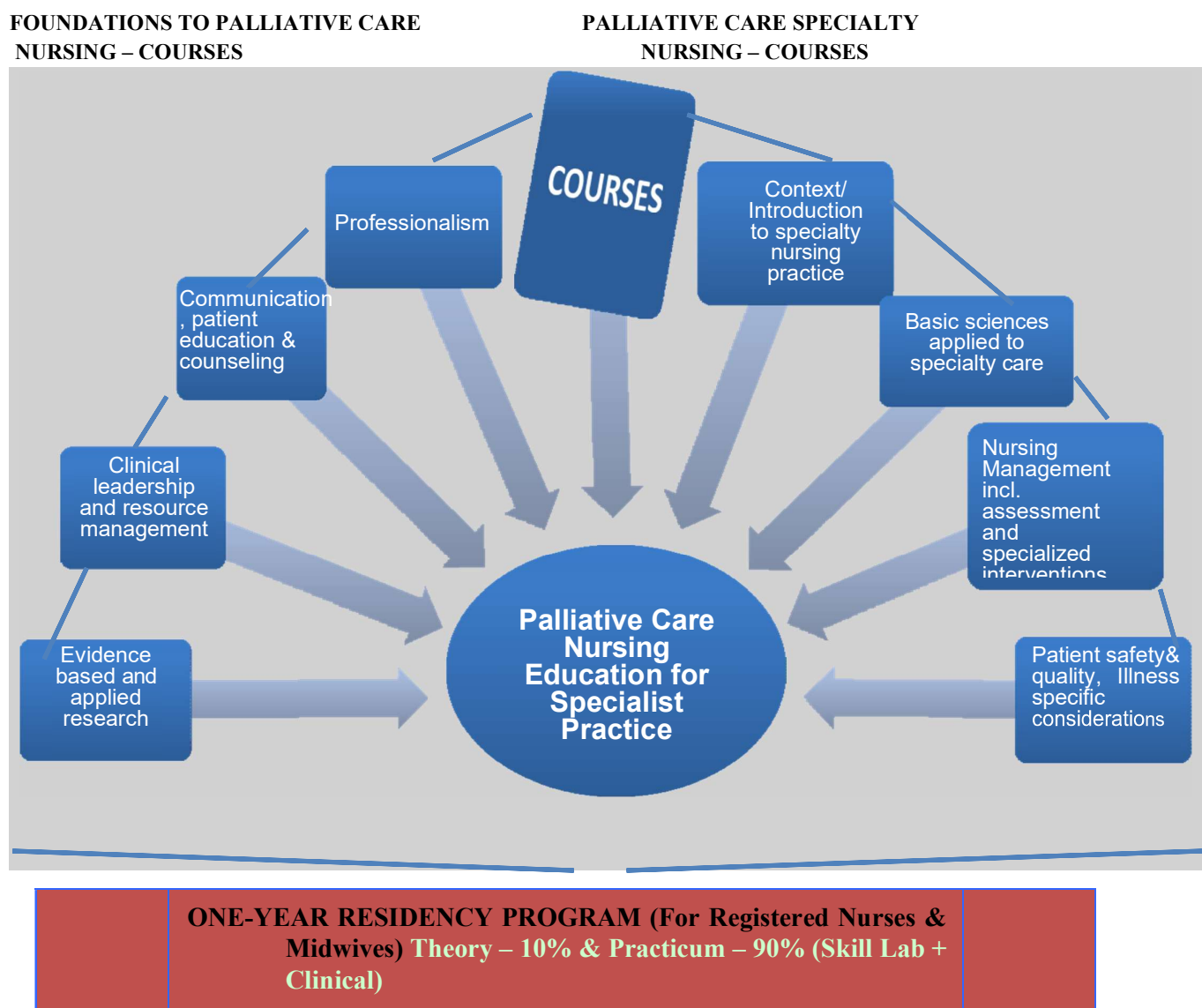
The Post Basic Diploma in Palliative Care Specialty Nursing is a one year residency program. The curriculum is conceptualized encompassing foundational short courses and major specialty courses for specialty nursing.

The foundations to the program include professionalism, communication, patient education, and counselling, clinical leadership & resource management and evidenced based and applied research. These are short courses that aim to provide the students basic concepts needed for palliative care nursing and also the knowledge, attitude and competencies essential for clinical practice to function as accountable, sincere, safe and ethical palliative care specialist nurses. The clinical specialty courses are divided into two major parts which are Palliative Care Specialty Nursing I and Palliative Care Specialty Nursing II. The Palliative Care Specialty Nursing I comprises of context/ introduction to palliative care nursing, that includes principles and practices of palliative care nursing, roles and responsibilities of palliative care specialist nurses, basic sciences applied to palliative care nursing such as applied anatomy and physiology, infection prevention and control, pharmacological management, psychosocial, spiritual aspects, legal and ethical

issues relevant to palliative care, grief and bereavement, models of palliative care and alternative therapy in palliative care. Palliative Care Specialty Nursing II consists of nursing management of patients requiring palliative care that includes pain and symptom management, management of specific palliative nursing care needs, palliative care in life threatening disease conditions, palliative care in special population, palliative care for children and elderly, palliative care emergencies, home based palliative care, psychiatry in palliative care, and end of life care.

The curricular framework for the Palliative Care Specialty Nursing residency program is illustrated in the following figure 1

POST BASIC DIPLOMA IN PALLIATIVE CARE SPECIALTY NURSING-RESIDENCY PROGRAM



IV. AIM / PURPOSE

The Post Basic Diploma in Palliative Care Specialty Nursing program aims to develop nurses with specialized skills, knowledge and attitude in providing quality care to terminally ill suffering patients. The goal is to prepare technically qualified and trained specialist nurses who will function effectively by applying principles of palliative care management in patients and develop skills and attitude in

providing comprehensive and competent nursing care to adults and children requiring palliative care in different settings such as hospitals, hospice and community providing high standards of care.

Competencies

On completion of the program, the palliative care specialist nurse will be able to:

1. Demonstrate professional accountability for the delivery of nursing care which are consistent with moral, altruistic, legal, ethical, regulatory and humanistic principles in palliative care nursing
2. Communicate effectively with patients, families and professional colleagues fostering mutual respect and shared decision making to enhance health outcomes.
3. Educate and counsel patients and families to participate effectively in treatment and care and enhance their coping abilities through crisis and bereavement.
4. Demonstrate understanding of clinical leadership and resource management strategies and use them in palliative care settings promoting collaborative and effective team work.
5. Identify, evaluate and use the best current evidence in palliative care and treatment coupled with clinical expertise and consideration of patient's preferences, experience and values to make practical decisions in palliative care nursing practice.
6. Participate in research studies that contribute to evidence-based palliative care nursing care, interventions with basic understanding of research process.
7. Apply basic sciences in the assessment, diagnosis and treatment of the physiological, physical, psychological, social and spiritual problems of patients and their families requiring Palliative care.
8. Apply nursing process in the care of patients requiring palliative care.
9. Describe the principles of radiotherapy, chemotherapy, diet therapy, and surgery in treatment of patients with palliative care needs.
10. Demonstrate specialized practice competencies/skills relevant in providing care.
11. Identify treatment related to palliative emergencies and manage them effectively.
12. Ensure access to care and community resources and contribute to improve quality and cost effective services
13. Develop understanding of the method of drug procurement, storage, administering and maintenance of chemotherapy and demonstrate sound practice.
14. Conduct clinical audit and participate in quality assurance activities in palliative care unit.
15. Demonstrate safe delivery of various therapies to patients and protect them from occupational harm.
16. Demonstrate specialized practice competencies/skills relevant in supporting end of life care, loss, grief and bereavement.
17. Create a healing environment to promote a peaceful death.
18. Provide end of life care to patients with emphasis to promoting comfort and dignity respecting individual cultural and spiritual needs and differences.

V. PROGRAM DESCRIPTION AND SCOPE OF PRACTICE

The Post Basic Diploma in Palliative Care Specialty Nursing is a one-year residency program with a main focus on competency-based training. It is designed to prepare registered nurses (GNM or B.Sc.) with specialized knowledge, skills and attitude in providing advance quality care to palliative care patients and their families. Theory includes foundation courses, specialty courses and clinical practicum. The theory component comprises of 10% and practicum 90% (Clinical and Lab).

On completion of the program and certification, and registration as additional qualification with respective SNRC, the palliative care specialist nurses should be employed only in palliative care

settings either in hospital, hospice or community. They will be able to practice as per the competencies trained during the program particularly the specialized procedural competencies/clinical skills as per the log book of the Council syllabus. The specialist nurses can be privileged to practice those specialized procedural competencies by the respective institution as per institution protocols. Specialist nurse cadres/positions should be created at government/public/private sectors. The diploma will be awarded by **respective Examination Board/SNRC/University approved by the Council.**

VI. MINIMUM REQUIREMENTS / GUIDELINES FOR STARTING THE POST BASIC DIPLOMA IN PALLIATIVE CARE SPECIALTY NURSING– RESIDENCY PROGRAM

The program may be offered at

1. College of Nursing offering degree programs in nursing attached to parent specialty hospital / tertiary hospital having minimum of 200 beds with diagnostic, therapeutic and state of the art palliative care units with chemotherapy, radiotherapy, palliative care, supportive care and specialized nursing care facilities.

OR

Hospitals offering DNB / Fellowship programs in oncology / Palliative care having minimum of 200 beds with diagnostic, therapeutic and state of the art palliative care units with chemotherapy, radiotherapy, palliative care, Hospice, supportive care and specialized nursing care facilities.

2. The above eligible institution shall get recognition from the concerned SNRC for Post Basic Diploma in Palliative Care Specialty Nursing Program for the particular academic year, which is a mandatory requirement.
3. The Council shall after receipt of the above documents / proposal would then conduct statutory inspection of the recognized training nursing institution under Section 13 of the Act in order to assess suitability with regard to availability of teaching faculty, clinical and infrastructural facilities in conformity with Regulations framed under the provisions of the Act.

1. Nursing Teaching Faculty

- a. Full time teaching Faculty in the ratio of 1:10
- b. Minimum number of faculty should be two
- c. *Qualification and number:*
 - i. M.Sc. (Nursing) with Medical Surgical Nursing / Paediatric Nursing/Obstetrics & Gynaecology Nursing/Oncology Nursing / Palliative Care Specialty Nursing – 1
 - ii. Post Basic Diploma in Haematology / Oncology Specialty Nursing with Basic B.Sc. (Nursing) / P.B.B.Sc. (Nursing) – 1
- d. *Experience:* Minimum three years of clinical experience in Hematology / Oncology Specialty Nursing
- e. *Guest Faculty:* multi-disciplinary in related specialities (Gynae, Paediatric, Community Health Nursing)

f. *Preceptors:*

- *Nursing Preceptor:* Full time qualified GNM with 6 years of experience in specialty nursing (Palliative/ Oncology nursing) or B.Sc. (Nursing) with 2 years' experience in Oncology / Palliative nursing or M.Sc. (Nursing) with one-year in Palliative nursing experience working in the specialty care unit.
- *Medical Preceptor:* Specialist (Oncology / Palliative specialist) doctor with PG qualification (with 3 years post PG experience / faculty level / consultant level preferable)
- *Preceptor student ratio:* **Nursing** 1:10, **Medical** 1:10 (Every student must have a medical and nursing preceptor)

2. Budget

These should have budgetary provision for staff salary, honorarium for guest faculty, and part time teachers, clerical assistance, library and contingency expenditure for the program in the overall budget of the institution

3. Physical and Learning resource at hospital / college

- a. Classroom/conference room in the specific Clinical area.
- b. Skill lab for simulated learning at the hospital & College. **Skill Lab requirements are listed in Appendix 1.**
- c. Library and computer facilities with access to online journals
 - i. College library having current books journals and periodicals related to Palliative nursing specialty, Nursing Administration, Nursing Education, Nursing Research and Statistics.
 - ii. Computer with internet facility
- d. E-Learning facilities
- e. Teaching Aids – Facilities for use of
 - i. Overhead Projectors
 - ii. Video viewing facility
 - iii. LCD Projector
 - iv. CDs, DVDs and DVD players
 - v. Appropriate equipment, manikins and simulators for skill learning.
- f. Office facilities
 - i. Services of typist, Office Attendant, House Keeping Staff
 - ii. Facilities for office, equipment and supplies such as
 - Stationery
 - Computer with Printer
 - Xerox Machine
 - Telephone and Fax

4. Clinical facilities

- a. Parent specialty hospital /tertiary hospital having minimum of 200 beds with advanced diagnostic, therapeutic and palliative care units with medical oncology, radiation oncology, haematology, and specialized nursing care facilities.
- b. Hospital must have a minimum of 30 specialty beds with advanced diagnostic, treatment and care facilities.

- c. Regional oncology centres /oncology specialty hospitals having minimum of 200 beds with advanced diagnostic, therapeutic and Palliative units with Medical oncology, Radiation oncology, haematology, and specialized nursing care facilities.
- d. The palliative care unit should have inpatient facility, and a daily functioning palliative care OPD including home visits every week for patients in and around the town.
- e. Nurse staffing of units as per the council recommended norms.
- f. Student patient ratio – 1:3

5. Admission terms and conditions / Entry requirements

The student seeking admission to this program should:

- a. Be a registered nurse and midwife (R.N.&R.M.) or equivalent with any State Nurses Registration Council (SNRC) having NUID number.
- b. Possess a minimum of one year clinical experience as a staff nurse preferably in oncology / haematology/palliative care settings prior to enrolment.
- c. Be Physically fit
- d. Selection must be based on the merit of an entrance examination and interview held by the competent authority
- e. Nurses from other countries must obtain an equivalence certificate from Indian Nursing Council before admission.

6. Number of seats:

For hospital having 200 beds and 30 specialty beds, number of seats=10,

For hospital having 500 beds and more with 60 specialty beds, the number of seats=20

7. Number of candidates:

One candidate for 3 specialty beds.

8. Salary:

- a. In-service candidates will get regular salary.
- b. Stipend / Salary will be given to other candidates as per the salary structure of the hospital where the program is conducted.

VII. EXAMINATION REGULATIONS AND CERTIFICATION

EXAMINATION REGULATIONS

Examining and Diploma awarding authority: Respective Examination Board/SNRC/University approved by the Council.

1. Eligibility for appearing in the examination:

- a. *Attendance:* Theory & practical- 80%. However, 100% Clinical attendance have to be obtained prior to certification
- b. Candidate who successfully completes the necessary requirements such as log book and clinical requirements is eligible to appear for final examination.

2. Practical examination

- a. *OSCE:* Objective Structured Clinical Examination type of examination (for Basic competency

assessment) will be conducted alongside viva (oral examination) both in the internal and final examination (Detailed guidelines are given in guide book)

- b. *Observed Practical / Clinical:* Final internal and external examination will also include assessment of actual clinical performance in real settings including viva – Mini clinical evaluation exercise for 3-4 hours (Nursing process application and direct observation of procedural competencies). Minimum period of assessment in the clinical area is 5-6 hours. Evaluation guidelines are given in guide book.
- c. Maximum number of students per day = 10 students.
- d. Practical Examination should be held in clinical area only.
- e. The team of practical examiners will include one internal examiner [(M.Sc. faculty with two years of experience in teaching the respective specialty program / M.Sc. faculty (Medical Surgical Nursing/Paediatric Nursing/Obstetrics & Gynaecology Nursing) with 5 years of Post PG experience], one external examiner (nursing faculty with the same qualification & experience stated as above) and one medical internal examiner who should be preceptor for the respective specialty program.
- f. The practical examiner and the theory examiner should be the same nursing faculty/from same specialty.

3. Standard of Passing

- a. In order to pass, a candidate should obtain at least 60% marks in aggregate of Internal assessment and external examination both together, in each of the theory and practical papers. Less than 60 % is considered fail.
- b. Students will be given opportunity of maximum of 3 attempts for passing.
- c. If the student fails in either theory or practical, he/she needs to appear for the exam failed either theory or practical only.

CERTIFICATION

a. TITLE - Post Basic Diploma in Palliative Care Specialty Nursing

b. A diploma is awarded by the Examination Board/SNREC/University approved by the Council, upon successful completion of the prescribed study program, which will state that

- i. Candidate has completed all the courses of study under the Post Basic Diploma in Palliative Care Specialty Nursing – Residency Program.
- ii. Candidate has completed 80 % Theory and 100% clinical requirements.
- iii. Candidate has passed the prescribed examination.

V11I. SCHEME OF EXAMINATION

Courses	Int. Marks	Ass. Marks	Ext. Marks	Ass. Marks	Total marks	Exam hours (External)
<i>Theory (Experiential/Residential learning)</i>						
Palliative Care Specialty Nursing Part I & Part II) Part I- Palliative Care Specialty Nursing 1 Part II-Palliative Care Specialty Nursing II	25 (10+15)		75 (35+40)		100	3
<i>Practicum-</i> Palliative Care Specialty Nursing	75 (25+50)		150 (50+100)		225	Minimum 5-6 hours in the clinical area
<ul style="list-style-type: none"> • OSCE including Viva • Observed Practical/clinical (Direct observation of actual performance at real settings) including viva- with clinical evaluation exercise for 3-4 hours for Internal Practical Exam (Nursing process application and direct observation of procedural competencies) 	(OSCE-25 & Observed practical- 50)		(OSCE-50 & Observed Practical- 100)			
Grand Total	100		225		325	

IX.PROGRAM ORGANIZATION/STRUCTURE

1. Courses of Instruction
2. Implementation of curriculum
3. Clinical Practice (Residency posting)
4. Teaching Methods
5. Methods of Assessment
6. Logbook & Clinical requirements

1. Courses of Instruction: Delivered through mastery of learning (Skill lab practice) and experiential learning (Including Clinical practice) approaches

Courses		Theory(Hrs)	Lab/Skill Lab(Hrs)	Clinical (Hrs)
I	<p>Foundations to Palliative Care Nursing</p> <ol style="list-style-type: none"> 1. Professionalism 2. Communication, breaking bad news, and education & counseling 3. Clinical leadership and resource management in the specialty care setting including quality care 4. Evidence based and applied research in specialty nursing 	40	-	-
II	<p>Palliative care Specialty Nursing I</p> <p>Introduction to Palliative care</p> <ol style="list-style-type: none"> 1. Principles & practices of palliative care nursing 2. Roles & responsibilities of palliative care specialist nurse 3. Applied anatomy and physiology 4. Infection prevention and control 5. Pharmacological management 6. Psychosocial & spiritual concerns of palliative care 7. Ethical and legal issues relevant to end of life care 8. Grief and bereavement 9. Models of palliative care 10. Alternative therapy in palliative care 	50	10	-
III	<p>Palliative care Specialty Nursing II</p> <p>Nursing management of patients requiring palliative care</p> <ol style="list-style-type: none"> 1. Pain assessment and management 2. Symptoms assessment and management in palliative care - application of nursing process 3. Specific palliative care nursing issues related to ostomy care, fungating wounds, lymph edema, oral and skin care (prevention of pressure ulcers) & care of bed ridden patients 4. Palliative care in life threatening disease conditions 5. Palliative care in special population 6. Palliative care for children 7. Palliative care for elderly 8. Palliative care emergencies 9. Home based palliative care 10. Psychiatry in palliative care 11. End-of-life care and nurses' role 	110	30	1730
TOTAL= 1970 hrs		200 (5wks)	40 (1wk)	1730 (38wks)

Total weeks available in a year: 52 weeks

- AL + CL + SL + Public holidays=6weeks
- Exam Preparation and Exam =2weeks
- Theory and Practical =44weeks

2. Implementation of the curriculum (Theory-10% and Skill lab + Clinical-90%)

Block classes-2wksx40hrs = 80hrs,

Residency42wksx45hrs/week =1890hrs

Total = 1970hours

- Block classes (Theory and skill lab experience = 2 weeks x 40 hours/week (80hours)
{Theory=74hrs, skill lab=6, Total=80hrs}
- Clinical practice including theory and skill lab = 42 weeks x 45 hours/week (1890hours)
{Theory=126 hrs, skill lab=34hrs, Clinical= 1730 hrs}
Theory=200 (74 + 126) hrs, Skill lab=40 (6+34) hrs, Clinical=1730 hrs
126 hours of theory and 36 hours of skill lab learning can be integrated during clinical experience. Mastery learning and experimental learning approaches are used in training the students throughout the program.Skill lab requirements are listed in Appendix 1.

3. Clinical practice

- Clinical Residency experience** (A minimum of 45 hrs/ week is prescribed, however, it is flexible with different shifts and OFF followed by on call duty every week or fortnight)

b. Clinical placements

The students will be posted to the under mentioned clinical area during their training period.

S.No	Clinical area	Weeks
1.	Palliative care (respiratory, cardio, renal and neuro wards), & OPD	20 (16+4)
2.	Radiation oncology ward General/Private	2
3.	Medical Oncology ward Gen./Private	2
4.	Hospice –Field Visits	4
5.	Rural – palliative care including home visits	4 (2+2)
6.	Pediatric oncology	2
7.	Geriatric ward & OPD	2
8.	Gynae oncology	2
9.	Hematology	3

10.	Counseling Centre	1
	TOTAL	42

The residency students will follow the same duty schedule as staff nurses with different shift duties. In addition to that 4 hours every week is dedicated for their learning that can be offered for theory (faculty lecture-1hr, nursing & interdisciplinary rounds-1hr, clinical/case presentations, clinical seminar/conference/journal club, drug study presentations and clinical assignments-1hr and skill lab practice-1hr) to cover a total of 126 hours of theory and 34 hours of skill lab practice. A small group research/QI project can be conducted during clinical posting applying the steps of research/QI process and written report to be submitted.

4. Teaching Methods

Theoretical, skill lab & Clinical teaching can be done in the following methods and integrated during clinical posting:

- Case/clinical presentation & Case study report
- Drug study & presentation
- Bedside clinic/Nursing rounds/ Interdisciplinary rounds
- Journal clubs/clinical seminar
- Faculty lecture & Discussion in the clinical area
- Demonstration & skill training in skill lab and at bedside
- Directed reading/Self-study
- Roleplay
- Symposium/group presentation
- Group research project
- Clinical assignment
- Field Visits

5. Method of Assessment

- Written test (Case or scenario based)
- Practical examination-OSCE and Observed Practical (Direct observation of actual clinical performance at real settings)
- Written assignments
- Project
- Case studies/care plans/ clinical presentation/drug study
- Clinical performance evaluation
- Completion of clinical procedural competencies and clinical requirements

For assessment guidelines refer Appendix-2

6. Clinical Logbook/Procedures Book

At the end of each clinical posting, clinical logbook (Specific procedural competencies/Clinical skills) (**Appendix 3**), and clinical requirements (**Appendix 4**) and clinical experience details (**Appendix 5**) have to be signed by the concerned clinical faculty/preceptor.

X. COURSE SYLLABUS

1. **FOUNDATIONS TO PALLIATIVE CARE NURSING COURSE:**

PROFESSIONALISM, COMMUNICATION, PATIENT EDUCATION, CLINICAL LEADERSHIP & RESOURCE MANAGEMENT INCLUDING QUALITY CARE, EVIDENCE BASED AND APPLIED RESEARCH IN PALLIATIVE CARE NURSING

Total Theory Hours: 40

Course Description: This course is designed to develop an understanding of professionalism, medico legal issues, communication and breaking bad news, patient & family education and counselling, clinical leadership, resource management, quality care, evidence based and applied research in palliative care nursing.

Unit	Time (Hours)	Learning Outcomes	Content	Teaching/ learning activities	Assignments / assessment methods
I	6	Demonstrate understanding of professionalism and exhibit professionalism Describe medico-legal issues applicable to palliative care	<p>Professionalism</p> <ul style="list-style-type: none"> • Meaning and elements Accountability, Knowledge, visibility and ethical issues • Professional values and professional behaviour • INC Code of Ethics, Code of professional conduct and practice standards • Ethical issues related to palliative care nursing • Expanding role of the Palliative Care Nurse • Professional organizations, objectives and functioning • Continuing nursing education <p>Medico- legal Issues</p> <ul style="list-style-type: none"> • Legislations and regulations related to palliative care • Consumer protection act • Negligence and malpractice • Medico –legal aspects • Records and reports • Legal responsibilities of the nurse in the palliative care unit in inpatient and outpatient area 	<ul style="list-style-type: none"> • Discussion • Lecture 	<ul style="list-style-type: none"> • Assignment on professional and ethical values in palliative care nursing. • Write about Code of Ethics for Nurses • Maintain records in the Palliative care unit
II	12	Apply the principles of effective communication within the interdisciplinary team, the family and the patients Educate family members regarding symptom	<p>Communication, breaking bad news, Education & Counselling</p> <p>Communication & Breaking bad news</p> <ul style="list-style-type: none"> • Basic principles of communication • Channels and techniques of communication in the palliative care settings • Breaking bad news • Shared decision making • Collusion • Truth telling • Information technology tools for communication • Team communication <p>Education for the family</p> <ul style="list-style-type: none"> • Assessment of information needs and education • Development of educational materials 	<ul style="list-style-type: none"> • Role play on communicating with palliative patients- Ex. breaking bad news • Role play on education of family 	<ul style="list-style-type: none"> • Digital records • Observation and Assessment of roles Ex. communication • Preparation of patient information materials

		management plan of the palliative patients Develop counselling skills for families of patients admitted in Palliative care unit	<p>Counselling</p> <ul style="list-style-type: none"> • Definition of counselling • Characteristics of counselling • Barriers in counselling • Good qualities of a counsellor • Counselling techniques • Counselling during breaking of bad news • Crisis intervention of the family in the palliative care setting • End of Life stage counselling <ul style="list-style-type: none"> ○ Grief counselling after death of patient ○ Perform psychosocial assessment of family ○ Counsel families regarding patient's condition and preventive measures 	<p>& primary care giver</p> <ul style="list-style-type: none"> • Lecture • Discussion • Assignment and Self Study • Role play on counselling the family in crisis intervention • Role play on grief counselling 	<ul style="list-style-type: none"> • Role play assessment
III	12	Demonstrate understanding of clinical leadership and management strategies and use them in palliative care settings promoting collaborative and effective teamwork	<p>Clinical Leadership and Resource Management in the Palliative Care Unit</p> <ul style="list-style-type: none"> • Principles of management • Leadership and management • Elements of management of palliative care patients: Planning, organizing, staffing, reporting, recording, budgeting • Clinical leadership and its challenges • Problem solving • Delegation • Managing human resources in the palliative care unit • Material management • Designing an unit for palliative care patients in hospital, community and hospice • Emotional intelligence and self-management skills • Working as interdisciplinary team member • Participation in making policies relevant to palliative care 	<ul style="list-style-type: none"> • Lecture cum discussion • Role play of interaction within the nursing team 	<ul style="list-style-type: none"> • Prepare the job description of the in-charge / senior palliative care nurse • Prepare a survey of problem issues of the palliative care unit with root cause analysis and the solutions • Plan a duty roster for the nurses in In-patient and Out-patient units • Perform staff appraisal • Assignment: Design a Palliative Care Unit • Develop SOPs for the Palliative care Unit

		Conduct clinical audit and participate in quality assurance activities in the Palliative care unit	Quality & Quality Assurance <ul style="list-style-type: none"> • Nursing Audit in palliative care unit • Formulation of Nursing Standards for palliative care unit • Quality Assurance 	<ul style="list-style-type: none"> • Module on Accreditation on Practice Standards 	
IV	10	Describe research process and the importance of statistical tests Identify evidence based practices for palliative care nursing	Evidence based practice and clinical application of research in palliative care setting <ul style="list-style-type: none"> • Introduction to nursing research and research process • Data presentation, basic statistical tests and its application • Research priorities • Formulation of problem / question relevant to Palliative care nursing • Review of literature to identify evidenced base / best practices in palliative care nursing • Preparation of a project proposal in palliative care unit • Implementation of evidenced based practice in daily professional practice • Ethics in research 	<ul style="list-style-type: none"> • Lecture • Module: Writing of scientific paper 	<ul style="list-style-type: none"> • Prepare statistical data of the palliative care unit for the last 5 years . • Conduct review of literature on nursing interventions relevant to palliative care nursing and evidence based practice • Perform group project

2. PALLIATIVE CARE SPECIALTY NURSING - I

INTRODUCTION TO PALLIATIVE CARE & BASIC SCIENCES APPLIED TO PALLIATIVE CARE NURSING PRACTICE

Theory : 50 hours & Lab : 10 hours

Course Description: This course is designed for students to develop understanding and in depth knowledge regarding the context of care of patients requiring palliative care and application of principles of palliative care nursing, application of basic sciences such as applied anatomy and physiology, infection prevention and control, pharmacological management, psychosocial, spiritual aspects, legal and ethical issues relevant to end of life care, grief and bereavement, models of palliative care and alternative therapy in palliative care.

COURSE CONTENT					
Unit	Time (Hours)	Learning Outcomes	Content	Teaching/ Learning activities	Assignments/ Assessment methods
I	4(T)	Describe the history, principles, practices and perspectives of palliative care	Introduction to palliative care Principles and practices of palliative care nursing <ul style="list-style-type: none"> • Definition, scope, philosophy • History • Goals • Principles of palliative care • Concept and elements of palliative care • Global and Indian perspective of palliative care 	<ul style="list-style-type: none"> • Lecture and discussion 	<ul style="list-style-type: none"> • Written Assignment
II	4(T)	Describe the roles, responsibilities and scope of Palliative Care Nurse specialist	Roles and responsibilities of palliative care specialist nurse <ul style="list-style-type: none"> • Palliative care team • Role of palliative care nurse • Scope of palliative care and palliative care specialist nurse 	<ul style="list-style-type: none"> • Lecture and discussion 	<ul style="list-style-type: none"> • Describe a day of the nurse in the palliative care areas and explain their roles
III	4 (T)	Describe structure and functions of body systems applicable to palliative care	Applied anatomy and physiology Review: Overview of the body systems applicable to palliative care <ul style="list-style-type: none"> • Lymphatic system • Neurological system • Respiratory system • Musculoskeletal system • Gastrointestinal system 	<ul style="list-style-type: none"> • Lecture and discussion 	<ul style="list-style-type: none"> • Written Assignment
IV	2(T) 2(Lab)	Explain the infection control measures in the palliative care	Infection prevention and control <ul style="list-style-type: none"> • Infection prevention and control measures among palliative patients 	<ul style="list-style-type: none"> • Lecture, demonstration 	<ul style="list-style-type: none"> • Re Demonstration • List the asepsis bundles for invasive procedures
V	4 (T)	Elaborate on the various pharmacological management in palliative care	Pharmacological management <ul style="list-style-type: none"> • Supplemental Oxygen • Opioids • Anxiolytics • Corticosteroids • Bronchodilators • Diuretics • Anticholinergics • Antiemetics • Laxatives • Chemotherapy in palliative care 	<ul style="list-style-type: none"> • Lecture and discussion 	<ul style="list-style-type: none"> • Oral and written drug presentation
VI	8 (T) 4(Lab)	Apply the knowledge on psychosocial and spiritual aspects of	Psychosocial, and spiritual aspects <ul style="list-style-type: none"> • Psychological reactions of palliative care patients 	<ul style="list-style-type: none"> • Lecture & Discussion 	<ul style="list-style-type: none"> • Describe the psychosocial

		palliative care patients/ family	<ul style="list-style-type: none"> • Nursing interventions of psychosocial problems • Identifying common needs and preferences of patients with terminal illness and planning for the actual death • Bereavement • Managing denial, anger and crying • Managing wrong attitudes and beliefs • Spiritual care and needs • Spiritual assessment and spiritual care intervention 	<ul style="list-style-type: none"> • Demonstration of psychological assessment of family during stress and crisis • Role Play on social and family support system and nurses role in supporting family members in stress and crisis moments 	<p>assessment of family in stress and crisis</p> <ul style="list-style-type: none"> • Describe a clinical scenario depicting stress and coping of the family with patient in palliative care unit
VII	4(T)	Explain the ethical and legal issues relevant to end of life care in palliative care settings	Ethical and Legal issues relevant to end of life care <ul style="list-style-type: none"> • Advance directive • DNI/DNR (Do-Not-Intubate/Do-Not-Resuscitate) • Proxy decision making • Limiting futile treatment • Euthanasia Vs. Palliative sedation 	<ul style="list-style-type: none"> • Lecture • Discussion • Role play 	Assignment: Analysis of different country's legal system and practices
VIII	4(T)	Explain the grief pathway and its management in Palliative care patients	Grief and Bereavement <ul style="list-style-type: none"> • Definition, Types • Normal and abnormal grief reactions • Grief pathway • Manifestations of Grief • Management of Grief • Issues of the grieving patient/family • Bereavement- definition, process 	<ul style="list-style-type: none"> • Lecture and Discussion 	<ul style="list-style-type: none"> • Assignment on Grief pathway
IX	10(T) 4(Lab)	Explain the various models of structure, process, competency in delivering palliative care	Models of palliative care <ul style="list-style-type: none"> • Hospital –Consultation model, In patient model, and Outpatient model • Community or home based palliative care • Hospice care • Rehabilitation • End of life care 	<ul style="list-style-type: none"> • Lecture and Discussion • Field visit 	<ul style="list-style-type: none"> • Field visit Report writing
X	6	Describe the alternative	Alternative therapy in palliative care	Lecture Discussion	Demonstration

		therapies in palliative care	<ul style="list-style-type: none"> • Mind-body intervention • Meditation • Relaxation technique • Guided imagery • Hypnosis • Biofeedback • Music therapy • Special diet • Herbal medicine • Massage therapy • Aroma therapy • Reflexology • Acupressure • Hydrotherapy 		And re-demonstration of selective alternative therapy methods
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3. PALLIATIVE CARE NURSING SPECIALTY - II

NURSING MANAGEMENT OF PATIENTS REQUIRING PALLIATIVE CARE (Pain and symptom management, management of specific palliative nursing care needs, palliative care in life threatening disease conditions, palliative care in special population, palliative care for children and elderly, palliative care emergencies, home based palliative care, psychiatry in palliative care, and end of life care)

Theory: 110 hours & Lab: 30 hours

Course Description: This course is designed for students to develop understanding and in depth knowledge regarding pain and other symptoms management, nursing process application, management of patients with specific palliative nursing care needs such as ostomy care, fungating wounds, lymphedema, oral and skin care, and care of bedridden patients, palliative care in life threatening disease conditions, palliative care in special population, palliative care for children, palliative care for elderly, palliative care emergencies, home based palliative care, psychiatry in palliative care, and end of life care)

COURSE CONTENT

Unit	Time (Hours)	Learning Outcomes	Content	Teaching/ Learning activities	Assignments/ Assessment methods
I	30(T) 8 (Lab)	Elaborate on pain, its assessment and nursing management	Pain assessment and management <ul style="list-style-type: none"> • Introduction to pain • Pathology and pathways of pain • Classification of pain • Cancer pain • Suffering, loss of control and quality of life • Assessment of pain • Barriers to effective pain management • Pain management guidelines • Pharmacological management <ul style="list-style-type: none"> ○ WHO step ladder ○ Opioids 	<ul style="list-style-type: none"> • Lecture • Discussion • Handouts on pain assessment scale 	<ul style="list-style-type: none"> • Demonstration on cocktail drug loading • Oral and written drug presentation • Relaxation exercise • Massage therapy

			<ul style="list-style-type: none"> ○ Adjuvant drugs ○ Chemotherapy in palliative care ○ Side effects of drugs and its management ○ Legal regulation of opioids ● Invasive therapies to control pain ● Non pharmacological management of pain ● Pain management in special population 		
II	20(T) 4 (Lab)	Describe the common symptoms in palliative care with the nursing management	Symptoms assessment and management including nursing process application <ul style="list-style-type: none"> ● Respiratory symptoms ● Cardiovascular symptoms ● Gastrointestinal symptoms ● Renal symptoms ● Neurological symptoms ● Fatigue ● Anorexia ● Cachexia ● Nutrition and hydration ● Pharmacological and non-pharmacological management of symptoms including chemotherapy ● Nursing process application 	<ul style="list-style-type: none"> ● Lecture cum discussion ● Demonstration 	<ul style="list-style-type: none"> ● Assignment on nursing process application for various symptoms ● Re demonstration
III	6(T) 4(Lab)	Demonstrate confidence in managing patients with specific palliative nursing care needs	Management of patients with specific palliative nursing care needs <ul style="list-style-type: none"> ● Ostomy Care ● Wound care-Fungating wounds ● Lymphedema ● Oral and skin care ● Care of Bedridden patients 	<ul style="list-style-type: none"> ● Lecture ● Discussion ● Demonstration of wound care, lymphedema massage etc 	<ul style="list-style-type: none"> ● Re demonstration
IV	20(T) 2(Lab)	Describe various life threatening conditions requiring palliative care including nursing management	Palliative care in life threatening disease conditions <ul style="list-style-type: none"> ● Chronic lung disease ● End stage heart failure ● End stage liver disease ● End stage renal disease ● Neurological disorders and musculoskeletal disorders. 	<ul style="list-style-type: none"> ● Lecture ● Discussion 	<ul style="list-style-type: none"> ● Clinical presentation-Nursing process application
V	6(T)	Discuss the nursing management of palliative care in patients with HIV/AIDS and dementia	Palliative care in special population <ul style="list-style-type: none"> ● HIV, AIDS ● Dementia ● Cancer 	<ul style="list-style-type: none"> ● Lecture ● Discussion 	<ul style="list-style-type: none"> ● Case presentation
VI	6(T) 4(Lab)	Understand the management of	Palliative care for children <ul style="list-style-type: none"> ● Symptom management 		

		common symptoms seen in children requiring palliative care and the nursing management of anticipated fear and psychological impacts	<ul style="list-style-type: none"> • Paediatric hospice and palliative care • Grief & bereavement in palliative care • End of life decision making in paediatric population. 	<ul style="list-style-type: none"> • Lecture • Discussion 	<ul style="list-style-type: none"> • Case study of child requiring palliative care
VII	6(T)	Explain the process of aging and palliative care for elderly	Palliative care for the elderly <ul style="list-style-type: none"> • Process of aging • Geriatric syndrome • Psychosocial and spiritual problems • Palliative care and end of life care in elderly 	<ul style="list-style-type: none"> • Lecture • Discussion 	<ul style="list-style-type: none"> • Nursing process application
VIII	8(T) 4(Lab)	Describe the manifestation and management of emergencies in palliative care patients	Palliative care emergencies <ul style="list-style-type: none"> • Superior vena cava obstruction (SVCO) • Spinal cord compression • Tumor bleeding/Hemorrhage • Acute pain • Hypercalcemia • Seizures • Sepsis 	<ul style="list-style-type: none"> • Lecture • Discussion and demonstration 	<ul style="list-style-type: none"> • Draw care bundle for the management of emergency situation
IX	2 (T) 2 (Lab)		Home based palliative care <ul style="list-style-type: none"> • Pain management at home • Symptom management • Nutritional support • Psychosocial support • End of life care • Integration of palliative care into primary health care 	<ul style="list-style-type: none"> • Lecture • Discussion and demonstration 	<ul style="list-style-type: none"> • Redemonstration
X	2 (T)		Psychiatry in palliative care <i>Assessment and management of</i> <ul style="list-style-type: none"> • Anxiety • Depression • Delirium • Agitation 	<ul style="list-style-type: none"> • Lecture cum discussion 	

XI	4(T) 2(Lab)	Acquire knowledge on principles and practices related to end of life care among palliative care patients	End of Life care and nurses' role <ul style="list-style-type: none"> • Principles of good death • Principles for best care for the dying person • End of life care in different settings • Communication with the family and support of family members • Talking about death and dying • Common symptoms in last 48 hours • End of life care at home • Care after death • Registration of death and death certificate • Organ donation • Post mortem • Role of Nurses in End of Life Care 	<ul style="list-style-type: none"> • Lecture • Discussion • Role play • Clinical practice- Manage end of life care situations in clinical practice 	<ul style="list-style-type: none"> • Clinical evaluation
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PRACTICUM (SKILL LAB & CLINICAL)

Total Hrs: 1770 Hrs (40 + 1730)

(Skill Lab – 40 Hrs and Clinical – 1730 Hrs)

Practice Competencies:

At the end of the program, students will be able to:

1. Assess and provide nursing care to patients with palliative care needs..
2. Prepare and assist/perform special procedures in palliative care settings
3. Assess and manage symptoms.
4. Care for patients undergoing palliative radiotherapy / chemo therapy.
5. Administer pain medications via various routes.
6. Prepare and care for patients undergoing Colostomy, Tracheostomy etc.
7. Assess and manage special groups like paediatric and geriatric patients with palliative care needs.
8. Prepare patients for home care management with palliative care needs.
9. Care for vascular access devices.
10. Maintain and store drugs and keep daily records.
11. Care for Chronic wounds, Lymphedema, Fistula.
12. Manage End of life Care.
13. Provide bereavement Support.
14. Deal with psycho social issues of patient / family.

C. CLINICAL POSTINGS

Areas	Duration (Weeks)	Clinical Learning Outcomes	Skills/ Competencies	Procedural	Assignments	Assessment Methods
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Palliative care wards (Private & General) & OPD	20 weeks (16+4)	<p>Assess and provide nursing care for patients with palliative care needs</p> <p>Prepare and assist/perform palliative care procedures</p> <p>Assess and manage symptoms</p> <p>Administer chemotherapy</p> <p>Perform and assist in Subcutaneous needles placing and administer infusions</p> <p>Perform pre and post- operative care for patients with intestinal obstruction</p> <p>Perform counseling to patients and their Family care givers Provide Loss, Grief and Bereavement Care</p>	<ul style="list-style-type: none"> • History taking • Symptoms assessment and management • Assisting in therapeutic procedures and provide post procedural care • <i>Performing palliative care procedures:</i> <ul style="list-style-type: none"> ○ Lymph edema massage ○ Chronic wound Management • Pain assessment and Pain management • Symptom assessment and symptom management • Alternative therapy for symptom management • Prepare patients for chemotherapy • Perform pre-chemotherapy investigations • Administration of chemotherapy • Care of IV access • Preparation of patients for surgery / stent in Bowel and Esophagus • Performing post-operative care • Counseling of patients and the family • Support during all phases of end of life care 	<ul style="list-style-type: none"> • Symptoms assessment report • Case study report • Health Talk 	<ul style="list-style-type: none"> • Clinical evaluation • Evaluation of case study and health talk
Medical Oncology	02 weeks	Provide nursing care to patients undergoing	<ul style="list-style-type: none"> • Administration of Chemotherapy • Symptom assessment 	<ul style="list-style-type: none"> • Health talk • Case Presentatio 	Clinical Evaluation

		Palliative Chemotherapy	and symptom management • Fluid and Electrolyte Management	n	
Radiation Oncology	02 weeks	Provide Nursing care of Patients undergoing Palliative RT (Brain & Bone Metastasis)	• Assessment of Bedridden Patient • Bedridden patient care (Bowel, Bladder & skin care) • Post radiation therapy care	Demonstra tion to Family care givers	Clinical evaluation
Hospice	04 Weeks	Provide hospice care, loss, grief and bereavement care.	• Symptom assessment and symptom Management • Respite Care • Care of Dying and Bereavement support	• Field Visit and report	• Report evaluation
Rural palliative care including home care	04 Weeks (2+2)	Provide palliative care to patients in rural care settings including home care	• History taking • Symptom assessment • Assisting in therapeutic Procedures • <i>Performing Palliative care Procedures:</i> ○ Lymph edema massage ○ Chronic wound Management ○ Pain assessment and Pain management ○ Symptom assessment and symptom management • Alternative therapy for symptoms • Home care ○ Home visits ○ Pain and other symptoms assessment and management ○ Provision of care for management of specific therapies, colostomy, gastrostomy, wounds, oral and skin care etc ○ Nutritional management ○ Psychosocial support ○ End of life care and bereavement support	• Symptoms Assessment report • Case study report • Health Talk	• Clinical Evaluation • Case study and report
Pediatric Oncolog y wards	02 weeks	Provide nursing care for children with palliative care	• Symptoms assessment in children • Symptom Management	• Health talk • Case	• Clinical evaluation

		needs	<ul style="list-style-type: none"> • Pain assessment and pain management • Diet planning • Alternative therapy • Counseling for parent 	presentati on	
Geriatric ward & OPD	02 Weeks	<p>Perform comprehensive assessment specially with complex co – morbidities</p> <p>Enhance communication and effective clinical decision making</p> <p>Make advance planning and enhance quality end of life care</p>	<ul style="list-style-type: none"> • Symptoms assessment and Symptom management including pain. • Provide psychosocial support • Guiding advance care planning • End of life care and bereavement. 	<ul style="list-style-type: none"> • Symptoms assessment report • Case study report • Health Talk 	<ul style="list-style-type: none"> • Clinical Evaluation. • Geriatric case study and report
Gynae Oncology	02 Weeks	Assess symptoms and manage them including pain	<ul style="list-style-type: none"> • Lymph edema massage • Fistula Management • Bowel Management in case of obstruction • Pain assessment and management 	<ul style="list-style-type: none"> • Demonstrati on of lymph edema managem ent • Symptoms assessment report • Case study report • Health Talk 	<ul style="list-style-type: none"> • Clinical Evaluation. • Gynae Case study and report
Hematology	03 weeks	<p>Assess and manage symptoms</p> <p>Make advance planning and enhance quality of end of life care</p>	<ul style="list-style-type: none"> • Symptoms assessment and management including pain • Guiding Advanced care Planning • Providing Psychosocial support • End of Life Care and Bereavement support 	<ul style="list-style-type: none"> • Symptoms assessment report • Case study report • Health Talk 	<ul style="list-style-type: none"> • Clinical Evaluation • Hematology Case study and report
Counseling centre	1 week				

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APPENDIX 1

SKILL LAB REQUIREMENTS

Note: In addition to the basic skill lab requirement of College of Nursing, the following are necessary.

S.No	Skill Lab Requirement	No.	Skill
1	Hospital bed with mattress	05	Patient Preparation Unit
2	Hospital linen set	15 sets	
3	Patient linen set	10 sets	
4	OT towels	20	
5	IV stand	05	
6	Bed side lockers	05	
7	Overhead table	05	
8	Patient comfort devices- Extra pillows	05	
9	Suction machine	01	Emergency Management
10	Multipara monitor	01	
11	Oxygen supply	01	

12	Bowls with lid 10 cm	10	Basic Nursing Care articles
13	Bowls 10cm	10	
14	Instrument tray with lid	10	Instruments for Various Procedures
15	Plain artery forceps	10	
16	Toothed artery forceps	10	
17	Mosquito artery forceps	10	
18	Plain dissecting forceps	10	
19	Toothed dissecting forceps	10	
20	Sponge holding forceps	10	
21	Towel clip	20	
22	Inj Lidocaine 2%	01	

S.No	Skill Lab Requirement	No.	Skill
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23	Spreader	10	PBS
24	20 ml syringe	25	
25	Disposable lancet	50	
26	Alcohol Prep pads	50	
27	Spreader	10	
28	Three-way adaptors	20	Blood Transfusion
29	IV Set	20	
30	Normal Saline	20	
31	Intravenous cannula 16 / 18 F	30	
32	IV simulator arm for Infusion	01	

S.No.	Skill Lab Requirement	No.	Skill
33	Butterfly Needles	05	Infection Control
34	Extension line & three-way adaptor	20	
35	Chlorhexidine swab stick	20	
36	Heparin	20	
37	Safety needles & syringes	30	
38	Standard safety protection devices	20 Sets	Infection Control
39	Nutrition Lab for preparation of therapeutic diet	01	
40	Hand washing area	01	
41	Biomedical waste disposal unit	01	Recording
42	Records (chemo chart, consent form, blood transfusion chart, nurses note)	-	
43	LCD TV	01	Video Assisted Demonstration
44	Health Teaching modules for patients	-	Health Teaching

APPENDIX 2

ASSESSMENT GUIDELINES (THEORY & PRACTICUM)

I. THEORY

A. INTERNAL

PALLIATIVE CARE SPECIALTY NURSING (Part I – Palliative Care Specialty Nursing I including Foundations & Part II –Palliative Care Specialty Nursing II) – TOTAL: 25 marks

- Test papers & Quiz -10marks
- Written assignments -10 marks (Code of ethics relevant to palliative care nursing practice, literature review on EBP in palliative care nursing / infection control practices, nutritional care of patients with palliative care needs)
- Group project: 5marks

B. EXTERNAL /FINAL

PALLIATIVE CARE SPECIALTY NURSING (Part I – Palliative Care Specialty Nursing I including Foundations & Part II –Palliative Care Specialty Nursing II) – TOTAL: 75 marks

Part I – 35 marks (Essay type 1 × 15 marks = 15, Short answers 4 × 4 marks = 16, Very short answers 2 × 2 marks = 4) and Part II – 40 marks (Essay 1 × 15 marks = 15, Short answers 5 × 4 marks = 20, Very short answers 5 × 1 mark = 5)

II. PRACTICUM

A. INTERNAL – 75marks

OSCE – 25 marks (End of posting OSCE-10 + Internal end of year OSCE-15)

- Other Practical: 50marks
 - a) Practical Assignments – 20 marks (Clinical presentation & Case study report-5, Counselling report / Field visit report-5, Drug study report-5, and Healthtalk-5)
 - b) Completion of procedural competencies and clinical requirements: 5marks
 - c) Continuous clinical evaluation of clinical performance: 5marks
 - d) Final Observed Practical (Actual performance in clinicals): 20marks

B. EXTERNAL – 150marks

OSCE – 50 marks

Observed Practical – 100 marks

***Detailed guidelines are given in guidebook**

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APPENDIX 3

**CLINICAL LOGBOOK FOR POST BASIC DIPLOMA IN PALLIATIVE
CARE SPECIALTY NURSING PROGRAM**

(Procedural competencies/Nursing Skills)

S. No	Specific Competencies/ Skills	Number Performed/ Assisted/ Observed (P/ A/ O)	Date & Signature of the Faculty/ Preceptor
I	FOUNDATIONS TO PALLIATIVE CARE SPECIALTY NURSING		
1	Preparation of patient education materials	P	
2	Preparation of duty roster for nursing officers/staff nurses	P	
3	Writing literature review/systematic review (Identify evidence based nursing interventions/practices)	P	
4	Preparation of a manuscript for publication/paper presentation	P	
5	EBP Project (Group Project) - Implementation on evidence-based nursing intervention/s OR Research Project (Group) Topic:	P	
II	PALLIATIVE CARE SPECIALTY NURSING		
1.	HEALTH ASSESSMENT-History Taking		
1.1	Cancer palliative care	P	
1.2	Non-malignant palliative care	P	
1.3	Geriatric palliative care	P	
2.	Assessment – Specific aspects		
2.1	Physical assessment	P	
2.2	Symptom assessment	P	
2.3	Pain assessment	P	
2.4	Nutritional assessment	P	

3.	Nursing process of patients receiving palliative care	P	
3.1	Superior-venocaval obstruction/Spinal cord compression/ Stridor	P	
3.2	Bleeding / Acute pain	P	
3.3	Dyspnea	P	
3.4	Vomiting / Anorexia/Nausea	P	
3.5	Bedridden patient/paraplegia	P	
3.6	Edema	P	
3.7	Constipation	P	
3.8	Intestinal obstruction	P	
3.9	Seizure	P	
4	Drug: Calculation & Administration		
4.1	Calculation of drug dosage-cocktail	P	
4.2	Calculation & planning of Intravenous fluids	P	
4.3	Intravenous Injection	P	
4.4	Narcotic drug	P	
4.5	Subcutaneous needle insertion	P	
4.6	Subcutaneous infusion	P	
4.7	Transdermal	P	
5.	Chemotherapy		
5.1	Preparation of patients for chemotherapy	P	
5.2	Preparation and administration of chemotherapeutic drugs	P	
5.3	Monitoring of patients during chemotherapy	P	

5.4	Extravasation management	P	
6.	Nutrition		
6.1	Oral care	P	
6.2	Formula preparation	P	
6.3	Insertion of nasogastric tube	P	
6.4	Nasogastric tube feeding	P	
6.5	Gastrostomy tube feeding	P	
6.6	Jejunostomy tube feeding	P	
	PROCEDURES		
7.	Wound management and ostomy care		
7.1.	Fungating wound dressing	P	
7.2	Tracheostomy care	P	
7.3	Gastrostomy/Jejunostomy care	P	
7.4	Colostomy care	P	
8.	Assisting procedures		
8.1	Pleural tapping	A	
8.2	Abdominal paracentesis	A	
9	Health Education & Counselling		
9.1	Health Education		
	a. Exercise	P	
	b. Nutrition	P	
	c. Hygiene	P	
	d. Oral hygiene	P	
	e. Cost effective methods of chronic wound management	P	
	f. Compliance of medication	P	
	a. Pain management	P	
9.2	Counselling		

	a. Patient	P	
	b. Family/relative	P	
9.3	Handling challenging situations Anger/ Denial/ Crying/ Depression	P	
9.4	a. Breaking bad news	O	
	b. Bereavement	O	
	c. Collusion	O	
	d. Terminal care	O	
	e. Organ donation	O	
10.	End of life care		
	a. Death care	P	
	b. Placing body in mortuary	P	
	c. Releasing body from mortuary	P	
11.	Alternative therapy a. b.	P	
12	Community/ Home care based procedures		
	a. History taking	P	
	b. Physical examination	P	
	c. Wound dressing	P	
	d. Ostomy care	P	
	e. Health education	P	
13.	Hospice		
	a. History taking	P	

	b. Symptom management	P	
	c. Counselling	O	

* When the student is found competent to perform the skill, the faculty will sign it.

Students: Students are expected to perform the listed skills/competencies many times until they reach level 3 competency, after which the faculty signs against each competency.

Faculty: Must ensure that the signature is given for each competency only after they reach level 3.

- Level 3 competency denotes that the student is able to perform that competency without supervision
- Level 2 Competency denotes that the student is able to perform each competency with supervision
- Level 1 competency denotes that the student is not able to perform that competency/skill even with supervision

APPENDIX 4

CLINICAL REQUIREMENTS

S.No	Clinical Requirement	Date	Signature of the Faculty/ Preceptor
1	<i>Health Talk (Palliative OPD, Ward / Home Care)</i>		
1.1	<i>Topic:</i>		
1.2	<i>Topic</i>		
2	<i>Counseling patients & relatives</i> Counseling Report-1		
3	<i>Health Assessment</i>		
3.1	Health Assessment (Adult & Child) – History & symptoms and Examination (Two written reports) Child		
3.2	Adult		
3.3	Older adult/Geriatric		
4	<i>Journal Club / Clinical Seminar</i> <i>Topic:</i>		
5	<i>Case Study / Clinical Presentation & Report –</i> (Nursing / Interdisciplinary Rounds) <i>Adult Palliative Care Ward-1 & Pediatric Oncology Ward-1</i>		
5.1	Name of Clinical Condition:		
5.2	Name of Clinical Condition:		
6	<i>Drug Study, Presentation and Report</i> (Two written reports for submission) <i>Drug Name</i>		
6.1	Opioid		
6.2	Adjuvant		
6.3	Nonsteroidal inflammatory drug		
6.4	Any other		
7	<i>Designing Palliative care unit / Home Care</i>		
8	<i>Visits – Reports</i>		
8.1	National / Regional Hospice		
8.2	National / Regional palliative care centre		

Signature of the Program Coordinator/Faculty

Signature of the HOD /Principal

