

**RAJASTHAN PUBLIC SERVICE COMMISSION, AJMER**  
**SYLLABUS FOR SCREENING TEST FOR THE POST OF**  
**ASSISTANT PROFESSOR (Broad Speciality)**  
**PALLIATIVE MEDICINE**  
**MEDICAL EDUCATION DEPARTMENT**

**1. History, Philosophy and Definitions-**

Definitions of- palliative care; general palliative care; specialist palliative care; hospice; palliative medicine; supportive care, Changing role of and definitions within, palliative care over time (including extension to diseases other than cancer), Evolving nature of palliative care over the course of illness, including integration with active treatment and the significance of transition points, Re-adaptation and rehabilitation, Societal expectations and perceptions in progressing and advanced disease, Death, Differing concepts of what constitutes quality of life (including measurement) and a good death.

**2. Physical Care-**

Management of life- limiting, progressive disease, Initial assessment - detailed history and examination; assessment of impact of: situation on patient and family, Judgment of prognosis, Consideration of wide range of management options, Judgment of benefits and burdens of investigations, treatments, and non intervention, Anticipation and pre-emption of problems, Recognition of transition points during course of illness, The principles of cancer management, The presentation, usual course and current management of other life limiting, progressive illnesses treated within specialist palliative care, Management of concurrent clinical problems encountered in palliative care: Infections and infection control measures, Alternative methods of nutrition and hydration, Renal failure, COPD and common respiratory disorders, Thromboembolic disease, Diabetes mellitus, Pre-existing chronic pain, Hyper and hypothyroidism, adrenal failure, pituitary failure, Ischaemic heart disease, heart failure, arrhythmias, hypotension, Peripheral vascular disease, Peripheral neuropathy, Autonomic neuropathy, Dermatological problems, Liver failure, Anxiety and depression, psychoses, Fractures and osteoporosis, Pre-existing drug dependence.

Symptoms –understanding and management, Principles of symptom management, History taking and appropriate examination in symptom control, Assessment of psychological and social and psychosocial experience for patients and carers, Need for diagnosis of pathophysiology of a symptom (due to concurrent, disorders and treatment related as well as cancer related aetiology), The wide range of therapeutic options – disease modifying treatments and symptom modifying treatments (palliative surgery, radiotherapy, chemotherapy, immunotherapy,

hormone therapy, drugs, physical therapies, psychological interventions, complementary therapies). Appropriate choice of treatment/non treatment considering burdens and benefits of all options, Management of adverse effects of treatment, Need for regular review of symptom response, Methods of assessment of symptom response, Management of intractable symptoms – recognition and support for patients, carers, multiprofessional teams and self, Referral to other agencies when needed, Other symptoms and clinical problems, Causes assessment and management of Sore mouth, Nausea and vomiting, Swallowing problems, Constipation/faecal impaction, Diarrhoea, Tenesmus, Ascites, Intestinal obstruction, Jaundice, Itching, Breathlessness, Cough, Hiccups, Pleural and pericardial effusion, Haemoptysis, Bladder spasm, Urinary obstructions, Sexual problems, Lymph edema, Fistulae, Wound breakdown, Bleeding/fungating lesions, Malodor, Pressure sores, Pathological fractures, Anorexia, cachexia, Weakness, lethargy, Electrolyte disturbances e.g. hypercalcaemia, hyponatraemia, Paraneoplastic syndromes, Inappropriate ADH secretion, Raised intracranial pressure, Communication problems, Depression and other mood disorders, Anxiety and fear, Insomnia, Confusional states, Hallucinations, pre-existing drug dependence, Treatment induced symptoms – radiotherapy, chemotherapy, immunotherapy, drugs, Symptoms occurring in the last few days of life, Practical procedures, Competence in the following, Clinical history taking and examination of patients with advanced illness, Management of stomas, Management of tracheostomies, Passing nasogastric tube, Pleural aspiration, Paracentesis, Management of non-invasive ventilation, Urethral catheterization, Syringe driver set up, Nebuliser setup, Management of epidural catheters, Simple nerve blocks, TENS application, Lymphoedema bandaging and massage application of appropriate, compression garments, Pharmacology and Therapeutics, General, The application of evidence based medicine to palliative care. Recommendations, guidelines and protocols – writing, implementation and use, The roles and limitations of drugs, physical therapies, psychological interventions and complementary therapies in palliative care. The use of appropriate measurement tools when assessing treatment response. Communication about therapeutic goals and possible adverse effects with patients and carers; enabling their input to decision making, Compliance and non-compliance with treatments – reasons for noncompliance and ways of increasing compliance, Drug specific, General principles of pharmacodynamics and pharmacokinetics, Prescribing – legal issues, generic prescribing, Use of drugs in clinical trials, Problems of polypharmacy, For drugs commonly used in palliative medicine or commonly taken by patients presenting to palliative care, Routes of administration, Absorption, metabolism, excretion, Half-life, usual frequency of administration, Adverse effects and their management, Use in syringe drivers stability and miscibility, Interactions with other drugs, Possibility of tolerance, dependence, addiction and discontinuation

reactions, Rehabilitation, Principles of rehabilitation related to illnesses with gradually increasing disability, Concept of maintenance of function through exercise and therapies, Recognition of changing goals during the course of an illness, Dealing with patient/family conflict in relation to unrealistic goals, Facilities available for rehabilitation, Home care, Appliances available in the home, Support services available in the home, Care of the dying patient and their family, Good death - Recognition of the dying phase, Initial assessment of the dying patient, Providing ongoing care for dying patients and their families, Recognising when to discontinue further investigations and treatment, Managing symptoms in the dying phase, Management of mouth care and bowel care, Psychological care of the family, dying and bereavement, Understanding of ethical dilemmas in the dying phase, Understanding pharmacology in dying patients.

### **Pain-**

Physiology of pain, History taking, physical examination and investigations in pain assessment, Pain assessment tools – clinical and research, Different types of pain- nociceptive, visceral, neuropathic, Drug treatment of pain – WHO analgesic ladder and appropriate use of adjuvant drugs, Opioid availability- Barriers to opioid availability, Legal status of opioid use in India, Obtaining opioids under NDPS Act, The recent action to improve opioid availability and its impact, Procuring opioids under amended narcotic regulations, Storing, dispensing and documentation for opioid use, Range of opioids, relative benefits and indications, Indications for an appropriate use of opioid switching, Management of side effects of drug treatments, Assessment of burdens and benefits of treatments, including radiotherapy, Non-drug treatment – TENS, acupuncture, physiotherapy, immobilization, Common nerve blocks and other neurosurgical procedures, Principles of spinal delivery of analgesics, psychological interventions in pain management, Appropriate referral to and shared care with pain management service.

### **Management of emergencies in palliative medicine-**

Overwhelming pain and distress, SVCO obstruction, Hypercalcaemia, Spinal cord compression, Neutropaenia, massive haemorrhage.

### **3. Psychosocial Care-**

Social and Family Relationships, Impact of illness on interpersonal relationships, Impact of illness on body image, sexuality and role, Assessment of the response to illness and expectations among family, members, When and how to use family meetings, Ways to accommodate needs of partners and families in provision of palliative care in both an inpatient unit or home setting, Palliative care provision in relation to the homeless and those in custody.

Psychological Responses of Patients and Carers to Life-threatening illness and Loss, Psychological impact of pain and intractable symptoms, Identification of psychological responses as a source of additional problems for patient and family and as potentially obstructing the goals of care. Dealing with Anger and strong emotions, Collusion and conspiracy of silence, Denial, Responses and needs of children (including siblings) at different developmental stages, Distinction between sadness and clinical depression, Knowledge and application of therapeutic interventions including counseling, Behavioural therapy, Cognitive therapy, Group activities, Role and availability of the specialist psychological/psychiatric services and indications for referral, Dealing with violent/suicidal individuals; Recognition and management of the emotional and psychological impact of palliative care on oneself, the team and other colleagues, Being a supportive colleague to other members of staff, Grief and Bereavement, Theories about bereavement including the process of grieving, adjustment to loss and the social model of grief. Support of the acutely grieving individual or family. Anticipation and identification of abnormal and complicated bereavement in Adults, Identification of appropriate bereavement support for an individual or family.

#### **4. Communication with Patients and Relatives-**

Skills in empathic listening and open questioning to elicit concerns across physical, psychological, social and spiritual domains, establish extent of awareness about illness and prognosis, Common barriers to communication for both patients and professionals, Management of difficult questions and information giving sensitively and as appropriate to wishes and needs of the individual, Facilitation of decision making and promotion of patient autonomy, Recognition and management of conflicts between confidentiality and the need to share information with others, Theories and evidence base for communication practice, Awareness and practice of a range of structures and styles of consultations, Critical evaluation of own consulting skills, Attitudes and Responses of Doctors and other Professionals, Awareness of personal values and belief systems, and how these influence professional judgements and behaviours, Awareness of own skills and limitations, and effect of personal loss or difficulties, Ability to ask for help or hand over to others where necessary, Potential sources of conflict in the doctor-patient relationship.

- Patient and Family Finance, Awareness of personal beliefs and attitudes and the importance of not imposing these on others, Ability to recognise and deal with conflicts of beliefs and values within the team.

- Religion and spirituality.

## **5. Ethics-**

Theoretical ethics- Critical analysis of current theoretical approaches to medical ethics including 'four principles (beneficence, non-maleficence, justice and respect for autonomy).

Applied ethics in clinical practice of palliative care- Acknowledgement of ethical issues in daily clinical practice and teamwork, Consent, Giving information, Confidentiality, Competence to make particular decisions, Non-autonomous or incompetent individuals, Best interest judgements, Conflicts of interest between patient and their relatives, Responsibility for decisions (doctors, patients & teams), Withholding and withdrawing of treatment, Euthanasia, Doctrine of double effect, CPR decisions.

## **6. Legal Frameworks-**

Common laws related to health and in relation to end of life medical care including euthanasia and physician assisted suicide, Death, Certification of death procedures, including definition and procedure for confirming brain death, Cremation regulations, Procedures for relatives following a death, Procedures around post mortems.

## **7. Teamwork-**

Ability to work in a team, role and responsibilities of doctors in multi-professional teams. Skills and contributions of other members of the multi-professional team.

Nature of roles within teams- some overlapping, others professionally distinct with the boundaries sometimes unclear, Team dynamics in different situations and over time, Forms of team support, Strategies which facilitate team functioning and those which do not. The inevitability of conflict within a team and strategies to manage this, Skill mix of a team, particularly in relation to the appointment of new members, Chairing of team meetings, Balancing the needs of the different or overlapping teams of which the doctor may be a member at any one time.

## **8. Management-**

Staff development, Induction and training, Mentoring skills, Appraisal, Assessment of trainees/junior colleagues, Contract negotiation, Leadership skills, Motivating and leading a team, Management styles, Goal setting, Short and long term strategic planning, Negotiating skills, Strategic implementation of audit, Directing and delegating, Management of work, Time management, Budget setting and management, Planning, implementing and evaluating change, Management structures of the organization. Supply of drugs to hospices, stock lists, financing and regulations for controlled drugs, registration, Storage and retrieval of case notes, Health and safety issues, Equipment safety and maintenance, Role and

management of staff and volunteers, Awareness, training and networking with the community volunteers.

### **9. Teaching-**

Be aware of different teaching methods and structure including lecturing, problem based learning, role play, bedside teaching, To learn teaching contexts (e.g. large/small group, undergraduate/postgraduate, medical/non medical), To learn selection, preparation and presentation of teaching materials, Presentation skills.

To learn methods of assessment including OSCE (objective structured clinical examination), observed long case, modified essay questions, project reports and case studies, To understand roles and responsibilities of trainee and trainer, To understand role of supervision, mentoring, learning contracts, critical appraisal and feedback, experiential learning, Planning learning-aims, objectives, methods and outcomes, Concept of continuing professional development, Evidence based medicine including use of electronic databases.

### **10. Research-**

Qualitative studies, Surveys, Clinical trials

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#### **Pattern of Question Papers:**

- 1. Objective Type Paper**
- 2. Maximum Marks: 180**
- 3. Number of Questions: 180**
- 4. Duration of Paper : Three Hours**
- 5. All Questions carry equal marks**
- 6. Medium of Screening Test: English**
- 7. There will be Negative Marking**

**(1/3 part of the mark(s) of each question will be deducted for each wrong answer)**