


**PRIVATE HIGHER EDUCATIONAL INSTITUTION  
"INTERNATIONAL ACADEMY OF ECOLOGY AND MEDICINE"  
Department of social medicine and humanitarian disciplines**

**"APPROVED"**

 Head of Department  
Lyudmila DUDARENKO  
"31" August 2022

**WORKING PROGRAM OF EDUCATIONAL DISCIPLINE**

**" Palliative and hospice medicine "**

**LEVEL OF HIGHER EDUCATION** Second (master's) level  
**DEGREE OF HIGHER EDUCATION** Master's degree  
**BRANCH OF KNOWLEDGE** 22 Healthcare  
**SPECIALTY** 222 Medicine

Reviewed and approved  
at the meeting of the department of social medicine and  
humanitarian disciplines  
Protocol No. 1 dated August 31 , 2022

**Kyiv 2022**

Working program of educational discipline **Palliative and hospice medicine** for the preparation of students of higher education of the second (master's) level of higher education in specialty 222 Medicine.

Developer : V.M. Kovalenko, Phd in medicine.

Agreed

The first vice-rector



Oleksandra SOROKA

## Introduction

The program of the educational discipline " Palliative and hospice medicine " is compiled in accordance with the educational and professional program for training specialists of the second (master's) level of specialty 222 Medicine, fields of knowledge 22 Health care, the Law of Ukraine "On Higher Education" dated 07.01.2014 No. 1556- VII (Article 13, Clause 7), the provision "On the organization of the educational process at the International Academy of Ecology and Medicine", methodological recommendations approved by the Central Methodical Office of Higher Medical Education of the Ministry of Health of Ukraine regarding the development of programs of educational disciplines in accordance to industry standards of higher education. The discipline "Palliative and hospice medicine" belongs to the Professional training section of the training plan for students of higher education of the second educational (master's) level.

### Description of the academic discipline

Name of indicators	Field of knowledge, specialty. level of higher education	Characteristics of the academic discipline	
		<b>full-time education</b>	
The number of credits is 3	Branch of knowledge: 22 Healthcare		
	Specialty: 222 Medicine	<b>Year:</b>	
1st			
<b>Semester</b>			
I - th			
<b>Lectures</b>			
<b>The total number of hours is 90</b>		0 hours	
		<b>Practical</b>	
	Educational level: Master of Medicine	40 hours	
		<b>Independent (individual) work</b>	
		50 hours	
		Type of control: current and final control	

## 1. Introduction

**Palliative care** - it is a comprehensive approach, the purpose of which is to provide the maximum possible quality of life of palliative patients and their family members, by preventing and alleviating suffering thanks to early detection and accurate diagnosis of pain symptoms and disorders of vital activity, carrying out adequate treatment measures, symptomatic (adjuvant) therapy and care, providing psychological, social, spiritual and moral support, regardless of the disease, age, social status, nationality, religious and political beliefs, place of residence of the patient, etc. Palliative care is based on a complex interdisciplinary assessment of the patient's physical condition, the degree of pain syndrome and disorders of vital functions, psycho-emotional, cognitive and cultural characteristics, the maximum possible and comprehensive consideration of the needs and wishes of the patient and his family, prognosis of disease progression and life expectancy. The provision of palliative care begins from the moment of diagnosis of an incurable progressive disease and a limited life prognosis and continues until the end of the family's grieving period.

Palliative care is an approach that improves the quality of life of terminally ill patients and their family members by preventing and alleviating the suffering of a terminally ill person (WHO, 2002).

**Palliative patients** - patients of all age groups, which suffer from malignant neoplasms in the III-II stages of the disease, HIV infection/AIDS, congenital malformations, cardiovascular, neurological, respiratory, atrophic-degenerative and other progressive diseases and post-traumatic conditions that cannot be cured by modern and available methods and means, and are accompanied by severe pain symptoms, severe disorders of vital activity, require qualified medical assistance, care, psychological, social, spiritual and moral support in the terminal stage of the disease or with a limited prognosis for life, doubtful prognosis for recovery or improvement of the condition or full recovery of vital functions.

**Primary palliative care** - is palliative care, which is provided palliative patients at the primary level of provision of medical and sanitary care in outpatient polyclinic conditions or at home by doctors of general practice-family medicine, district doctors and specialist doctors of polyclinics.

**General palliative care** - is palliative care, which is provided palliative patients by specialist doctors according to their specialization on an outpatient basis and in inpatient health care facilities of the second and third level.

**Specialized palliative care** – it is a complex multidisciplinary medical, social and psychological assistance provided to palliative patients in special "Hospice" health care facilities, in palliative care departments and wards of inpatient treatment and prevention institutions by doctors and junior medical specialists who have received special training in providing palliative and hospice care, and at home by specialists of specialized multidisciplinary mobile teams of palliative care with the involvement of medical psychologists, social workers and other specialists, as needed, as well as volunteers, close relatives or guardians of the patient.

**Limited life expectancy** - a scientifically based assumption, that duration the life of the patient with the typical course of the disease is limited to 12 months.

**Hospice** - this is a special type of health care facility, which specialists received special training and provide palliative care to patients and members of their families, provide organizational, methodical and advisory assistance and coordination of the provision of primary, general and specialized palliative care at the established territory (Ukrainian, regional, city, district/interdistrict), as well as other functions and tasks defined by the "Regulations on a specialized health care facility of a special type of "Hospice"". Hospice care is a component of palliative care provided to palliative patients, first of all, in the terminal stages of the disease and members of their families by specialists who received special training in providing palliative and hospice care.

**Hospice medicine** - it is a component of palliative medicine, whose main task is to ensure the maximum possible quality of life of palliative patients in the terminal period of disease progression, through timely diagnosis of pain syndrome and disorders of vital activity, prevention and relief of suffering by methods of adjuvant therapy, qualified medical care by specialists who have received special training in providing palliative and hospice care.

The principles of organization and philosophy of modern hospices were initiated in the second half of the 20th century. in Great Britain, an outstanding person - nurse, doctor and writer Cecilia Saunders.

## 1. Purpose, tasks and planned learning outcomes

The main **goal** of palliative care is to maintain the quality of life in its final stage, to alleviate the physical and moral suffering of the patient and his relatives as much as possible, as well as to preserve the human dignity of the patient at the end of his earthly life.

The study of palliative and hospice medicine is established on the basis of the OPP of training a doctor by specialty in accordance with its block and is the basis for building the content of the educational discipline.

Palliative medicine, as a branch of clinical medicine and health care and an educational discipline, is an integral part of clinical medicine, therefore, studying the basic principles of this branch of science is an important part of training a doctor of any specialty.

**Learning task:** acquisition of competencies by the student, knowledge, abilities and skills for carrying out professional activities in the specialty:

1) to consider palliative care as a medical and social direction of state and society efforts, the main goal of which is to support the quality of life of a person in his final period of life, the maximum relief of physical and moral suffering of the patient and his relatives, preservation of the human dignity of the patient on the threshold of the inevitable - biological death of a person;

2) take into account the peculiarities of the course of patients in need of palliative medical care, who are persons with chronic incurable diseases (oncological, cardiovascular and neurovascular, neurodegenerative lesions of the brain, patients in the terminal stages of tuberculosis, HIV/AIDS, diabetes, etc.);

3) provide professional psychological assistance, which also applies to the patient's family members, including in the immediate period after the death of the latter;

4) to use a holistic interdisciplinary (holistic) approach, which is achieved through the coordination of doctors, nurses and other medical and non-medical professionals of all aspects of patient care.

5) relief of pain and other symptoms of an incurable progressive disease, ensuring that the needs and wishes of patients with incurable diseases are taken into account as much as possible

6) spiritual support of palliative patients, taking into account their religious beliefs and needs; provision of support and rehabilitation measures that help lead a maximally active social life; ensuring the maximum possible quality of life and dignity of palliative patients .

**Prerequisites for studying the discipline (interdisciplinary connections).** Palliative and hospice medicine as an academic discipline:

a) is based on the study of human anatomy by students; histology, biochemistry, physiology, pathomorphology; pathophysiology; surgery, internal medicine, pediatrics, pharmacology and integrates with these disciplines;

b) is an integral part of all clinical disciplines and includes their most important sections, including internal medicine, pediatrics, surgery, traumatology and orthopedics, neurosurgery, urology, obstetrics and gynecology and other educational disciplines, which involves the integration of teaching with these disciplines and the formation the ability to apply knowledge in the process of further education and professional activity;

c) provides an opportunity to acquire practical skills and develop professional skills for diagnosis and providing palliative care in certain pathological conditions and during patient care;

d) forms methodological bases of clinical thinking.

**Expected learning outcomes. As a result of studying the discipline, students have have knowledge about :**

- peculiarities of the organization of palliative care for seriously ill and incurable persons;
- essence and principles of palliative care with seriously ill and incurable persons;
- content of methods and forms of palliative care for seriously ill and incurable persons;
- roles and functions of various medical institutions and qualification characteristics of a medical worker who implements tasks in the field of palliative care;
- ability and skills of independent work in the field of palliative care;
- selection and application of adequate and effective methods and forms in work with seriously ill and incurable persons;
- establishment of interaction and partnership with organizations performing social work in the field of palliative care;
- analysis of the actions of specialists engaged in the field of palliative care.

According to the requirements of the educational and professional program, students must:

### **KNOW :**

- age-related atomic- physiological changes that occur in organs and systems in old age and senility;
- definition, etiology, classification of diseases of organs and systems in elderly and senile age;
- peculiarities of clinical manifestations of the disease and acute conditions in old and senile age;
- rules for taking an anamnesis and examination of elderly and senile patients;

- definitions: "palliative medicine", "palliative care", "hospice";
- philosophy of palliative medicine;
- hospice work principles;
- psychological aspects of palliative care;
- social aspects of palliative care;
- spiritual aspects of palliative care;
- ethical and deontological features of communicating with terminally ill patients and their relatives;
- legislative and regulatory documents of the Ministry of Health of Ukraine regarding the organization and provision of geriatric, palliative, and hospice care to the population.

#### ***BE ABLE:***

- to provide a medical and protective, sanitary and anti-epidemic regime in the structural divisions of medical and preventive and social institutions to provide adequate medical assistance to the elderly and senile;
- comply with the rules of safety technology, labor protection in the industry and professional safety;
- identify real and accompanying problems of the patient;
- predict potential patient problems from long-term medication use;
- establish clinical diagnoses for diseases in the elderly and senile;
- draw up a plan of medical interventions in case of detection of geriatric problems;
- perform medical manipulations;
- to observe, monitor the condition of patients' organs and systems;
- keep medical records;
- provide emergency care in acute conditions;
- carry out the medical process of providing palliative care to chronic pain syndrome and incurable cancer patients;
- the medical process of providing palliative care to patients with immunodeficiency virus and tuberculosis;
- assess the quality of medical care and develop management solutions aimed at improving and optimizing medical palliative care;
- carry out sanitary and educational work among the population on issues of preventive medicine, promotion of a healthy lifestyle, aimed at prolonging life and preventing the development of diseases.

#### ***HAVE COMPETENCE ABOUT:***

- the structure of diseases of the population of Ukraine in the elderly and senile age;
- modern theories of aging, peculiarities of the course of "diseases in old age", theories of longevity, the role of medical professionals in their implementation;
- achievements in the field of palliative and hospice medicine, which are embodied in the practice of health care;
- new methods, means and methods of organizing patient care in the field of palliative and hospice medicine.

The developed program corresponds to ***the educational and professional program (OPP)*** and focused on the formation ***of competences:***

#### ***general (ZK) - ZK1-ZK3 OPP:***

**ZK1.** The ability to think abstractly, analysis and synthesis, ability to learn and master modern knowledge.

**ZK2.** Ability to apply knowledge in practical situations.

**ZK3.** Knowledge and understanding of the subject area and understanding of professional activity.

#### ***professional (FC) – FC1 - 6; FC10; FC16; FC18 OPP:***

**FK1.** Patient interview skills.

**FC2.** Ability to determine the necessary list of laboratory and instrumental research and evaluation of their results.

**FK3.** Ability to establish a preliminary and clinical diagnosis of the disease.

**FK4.** The ability to determine the necessary mode of work and rest during treatment diseases

**FC5.** The ability to determine the nature of nutrition in the treatment of diseases.

**FC6.** Ability to determine the principles and nature of treatment of diseases.

**FC10.** Ability to carry out medical evacuation measures.

**FC16.** The ability to determine the tactics of managing people, that are subject to dispensary supervision

**FC18.** Ability to maintain medical records.

***Program Learning Outcomes - PRN11, PRN13-18, PRN22, PRN25, PRN28, PRN30, PRN32, PRN33, PRN35, PRN41 OPP :***

**PRN11.** Collect data on patient complaints, medical history, life history (in that including professional anamnesis), under the conditions of a health care institution, its unit or at home by the patient, using the results of the interview with the patient, according to the standard pattern of interviewing the patient. Under any circumstances (in a health care institution, its unit, at the patient's home, etc.), using knowledge about a person, his organs and systems.

**PRN13.** In the conditions of a health care facility, his unit and environment attached population: to be able to identify and record the leading clinical symptom or syndrome by making a reasoned decision, using the previous data of the patient's history, data of the patient's physical examination, knowledge about the person, his organs and systems, following relevant ethical and legal norms. Be able to set the most likely or syndromic diagnosis of the disease by adoption of the patient and data of the patient's examination, based on the reasoned decision, by leading clinical symptom or syndrome using knowledge about a person her organs and systems, following relevant ethical and legal norms.

**PRN14.** In the conditions of a security institution health, his subdivision: appoint laboratory and/or instrumental examination of the patient by making a reasoned decision, based on the most probable or syndromic diagnosis, according to standard schemes, using knowledge about the person, his organs and systems, observing the relevant ethical and legal norms. Carry out differential diagnosis of diseases by making a reasoned decision, according to a certain algorithm, using the most likely or syndromic diagnosis, data from laboratory and instrumental examination of the patient, knowledge about the person, his organs and system, observing relevant ethical and legal norms. Establish a preliminary clinical diagnosis by acceptance reasoned decision and logical analysis, using the most likely or syndromic diagnosis, data from laboratory and instrumental examination of the patient, conclusions of differential diagnosis, knowledge about the person, his organs and systems, observing the relevant ethical and legal norms.

**PRN15.** Determine the necessary mode of work and rest during the treatment of the disease, in in the conditions of a health care facility, at the patient's home and at the stages of medical evacuation, including in field conditions, on the basis of a preliminary clinical diagnosis, using knowledge about a person, his organs and systems, observing the relevant ethical and legal norms, by making a reasoned decision according to existing algorithms and standard schemes.

**PRN16.** Determine the necessary medical nutrition in the treatment of the disease, in in the conditions of a health care institution, at the patient's home and at the stages of medical evacuation, including in the field based on a previous clinical diagnosis, using knowledge about a person, his organs and systems, observing the relevant ethical and legal norms, by making a reasoned decision according to existing algorithms and standard schemes.

**PRN17.** Determine the nature of the treatment (conservative, operative) disease, in in the conditions of a health care institution, at the patient's home and at the stages of medical evacuation, including in the field on the basis of a previous clinical diagnosis, using knowledge about a person, his organs and systems, observing the relevant ethical and legal norms, by making a reasoned decision based on existing algorithms and standard schemes. Determine the principles of treatment of the disease, in the conditions of a health care institution, at the patient's home and at the stages of medical evacuation, including in field conditions, based on the previous clinical diagnosis, using knowledge about a person, his organs and systems, complying with relevant ethical and legal norms, by making a reasoned decision according to existing algorithms and standard schemes.

**PRN18.** Establish a diagnosis by making an informed decision and assessing the condition of a person, under any circumstances (at home, on the street, in a health care facility, its subdivision), including in emergency situations, in field conditions, in conditions of lack of information and limited time, using standard methods of physical examination and possible anamnesis, knowledge about a person, his organs and systems, observing relevant ethical and legal norms.

**PRN22.** Perform medical manipulations in the conditions of a medical institution, at home or at production on the basis of a previous clinical diagnosis and/or indicators of the patient's condition, using knowledge about the person, his organs and systems, observing the relevant ethical and legal norms, by making a reasoned decision and using standard methods.

**PRN25.** Form, in the conditions of a health care facility, his unit on production, using a generalized procedure for assessing the state of human health, knowledge about a person, his organs and systems, observing relevant ethical and legal norms, by making a reasoned decision, among a fixed contingent of the population: dispensary groups of patients; groups of healthy people subject to dispensary supervision (newborns, children, teenagers, pregnant women, representatives of professions who must undergo a mandatory dispensary examination).

**PRN28.** Organize the event among a fixed contingent of the population measures of secondary and tertiary prevention, using a generalized procedure for assessing a person's health (screening, preventive medical examination, seeking medical help), knowledge about a person, his organs and systems, observing the relevant ethical and legal norms, by making a reasoned decision, in the conditions of the health care institution, in particular: to form groups of dispensary supervision; to organize treatment and health measures differentiated from the dispensary group.

**PRN30.** Conduct in the conditions of a health care facility, its subdivision: detection and early diagnosis of infectious diseases; primary anti-epidemic measures in the center of an infectious disease.

**PRN32.** In a health care facility, or at the patient's home based on the information received data about the patient's state of health, using standard schemes, using knowledge about a person, his organs and systems, observing relevant ethical and legal norms, by making a reasoned decision: determine tactics examination and secondary prevention of patients subject to dispensary supervision; determine the tactics of examination and primary prevention of healthy persons subject to dispensary supervision; calculate and prescribe the necessary food products for children of the first year of life.

**PRN33.** Determine the presence and degree of life restrictions, species degree and duration of incapacity for work with the preparation of relevant documents, in the conditions of a health care institution based on data about the disease and its course, peculiarities of a person's professional activity.

**PRN35.** In the territory of service according to standard methods of descriptive, analytical epidemiological and medical-statistical studies: carry out screening for the detection of the most important non-infectious diseases; evaluate in dynamics and when comparing with average static data the indicators of morbidity, including chronic non-infectious diseases, disability, mortality, integral indicators of health; identify risk factors for the occurrence and course of diseases; form population risk groups.

**PRN41 .** In the conditions of a health care institution or its unit, according to standard methods: carry out selection and use unified clinical protocols for providing medical care, developed on the basis of evidence-based medicine; participate in the development of local protocols for the provision of medical care; conduct quality control of medical care based on statistical data, expert evaluation and sociological research data using indicators of the structure, process and results of activity; determine the factors that prevent the improvement of the quality and safety of medical care.



### 3. THE structure of the educational discipline

No	The names	Number of hours			
		Full-time			
		In total	lec.	sem.	s.s.
1	Introduction to the specialty. Basics of gerontology. The main tasks of geriatric care in Ukraine.	9	-	4	5
2	Principles of organization and provision of palliative care and hospice care in Ukraine.	9	-	4	5
3	Palliative care in the practice of a family doctor.	9	-	4	5
4	Patterns of development and course of chronic incurable diseases, the concept of quality of life.	9	-	4	5
5	Typical clinical symptoms in palliative and hospice care medicine	9	-	4	5
6	Medicinal products of adjuvant action in palliative care medicine	9	-	4	5
7	Psychological and psychotherapeutic aspects palliative and hospice medicine.	9	-	4	5
8	Palliative oncology. Provision of palliative care and hospice care for patients with malignant diseases neoplasms, HIV/AIDS and tuberculosis.	9	-	4	5
9	Features of providing palliative care elderly patients.	9	-	4	5
10	The role and functions of the doctor in the terminal period life: elements of medical thanatology.	9	-	4	5
	In total	<b>90</b>	<b>0</b>	<b>40</b>	<b>50</b>

#### 4. Thematic plan of lectures

#### 5. Thematic plan their practical classes

	Topic	hours
1	Introduction to the specialty. Basics of gerontology. The main tasks of geriatric care in Ukraine. Gerontology as a science, its components, tasks. Demographic, social, socio-hygienic issues of old age and aging. Species and individual life expectancy of a person. Biological and calendar age of a person. Correlation of physiological factors in age-related involution. WHO classification of age periods of human life. Old age as a natural final period of human age development. Biology of aging: modern theories, regularities, mechanisms, types. Palliative and hospice medicine.	4
2	Principles of organization and provision of palliative and hospice care in Ukraine. Modern international approaches, standards and principles of the organization of providing palliative and hospice care to the population. The needs of the population of Ukraine in palliative and hospice care. Regulatory and legal framework regulating the provision of palliative and hospice care in Ukraine. Inpatient facilities for palliative and hospice care. Providing palliative care at home. Patients' access to pharmacological analgesia. Training of personnel involved in the provision of palliative and hospice care. Problems of the development of the system of palliative and hospice care in Ukraine. Modern international approaches, standards and principles of organizing the provision of PCBs to the population.	4
3	Palliative care in the practice of a family doctor. Palliative and hospice care: definitions, general concepts. The main goal of palliative care. Components of palliative care systems. Palliative care for children. Criteria for granting the patient the status of a palliative patient. Definition of the concept of "primary palliative care"; components Terminal condition of the patient. Agony. Rules of care for a dying patient. Elements of medical thanatology. Pathological autopsy. Legislative regulation and provision of palliative care availability in Ukraine.	4
4	Patterns of development and course of chronic incurable diseases, concept of quality of life. The disease, the main regularities and periods of development, options for completion. Cell death. Death of the organism: clinical and biological death; terminal period of life. Quality of life and causes of its impairment in patients with chronic incurable diseases. Clinical approaches and methods of assessing the quality of life of palliative patients. Basic clinical and ethical principles of palliative care. Philosophy and holistic postulates of S. Saunders. Euthanasia: medico-legal and bioethical aspects.	4
5	Typical clinical symptoms in palliative and hospice medicine. Presence of typical clinical symptoms in palliative patients. Pain syndrome in palliative patients: clinic, pathophysiology of pain. General principles of pain control in palliative medicine. Pharmacological control of pain syndrome in palliative medicine. Control of chronic pain syndrome according to the WHO scheme. Normative basis and procedure for the use of opioid analgesics in palliative medicine. Means of pharmacological control of chronic pain in palliative medicine. Anorexia/cachexia and other clinical syndromes in palliative oncology: Fatigue. Constipation. Diarrhea. Nausea. Vomiting Bedsores. Nausea. Vomiting Damage to the skin and mucous membranes. Bedsores. Shortness of breath/dyspnoea. Cough. Hemoptysis. Ascites: clinic, patient management.	4
6	Medicinal products of adjuvant action in palliative medicine. General characteristics of the use of adjuvants in palliative and hospice medicine. The main classes of adjuvant drugs used in palliative and hospice medicine. Adjuvant drugs - coanalgesics: psycho- and neuroleptics. Clinicopharmacological characteristics of adjuvant drugs. Antiemetics and anti-nausea drugs. Antihistamines for systemic use. Glucocorticoids for systemic use. Anticonvulsants. Medicines for the treatment of bones. Antiemetics and anti-nausea drugs. Antihistamines for systemic use. Glucocorticoids for systemic use. Medicines for providing PCBs, which are recommended by EAPC and WHO.	4
7	Psychological and psychotherapeutic aspects of palliative and hospice medicine. Psychological aspects of the terminal period of life. Kubler-Ross model. Depression in palliative patients. Insomnia. Reactions of family and loved ones. Reactions of family and loved ones (grief and loss). Ethical and spiritual aspects of palliative care. Notification of unpleasant news (diagnosis of an incurable disease, unfavorable prognosis) to patients or their relatives. Key stages of providing information (unpleasant news about an incurable diagnosis, unfavorable prognosis) to the patient and his family. Spiritual aspects of palliative care. Mental overstrain of staff when working with palliative patients. Anti-stress behavior program	4

	Topic	hours
8	<p>Palliative oncology. Providing palliative and hospice care to patients with malignant neoplasms, HIV/AIDS and tuberculosis. Epidemiology and social significance of oncological diseases. Morbidity and mortality from malignant neoplasms in Ukraine and in the world. General characteristics of tumor growth and types of malignant tumors. Etiology, pathogenesis, molecular biology of malignant neoplasms. Principles of diagnosis and treatment of malignant tumors and the place of palliative care. Bioethical problems in palliative oncology. Palliative and hospice care for patients with HIV/AIDS infection.</p> <p>HIV infection and AIDS in the 21st century: medical and social problems. Etiology and pathogenesis of HIV infection and AIDS: molecular biology, pathophysiology, clinical biochemistry. Clinic, diagnostics, treatment of HIV infection. Palliative care in the terminal stages of HIV/AIDS. Bioethical and legal problems of managing patients in the terminal period of the development of HIV infection. Palliative and hospice care for patients with incurable forms of tuberculosis, in particular HIV-associated tuberculosis.</p>	4
9	<p>Peculiarities of providing palliative care to elderly patients. Population aging in the world and in Ukraine. Demographic consequences and the problem of providing medical care at the end of life. Biological and socio-psychological aspects of aging and old age. Psychological properties of elderly patients in the context of an incurable disease. General principles of providing medical care to the elderly. Features of pharmacotherapeutic care for elderly patients. Providing palliative care to children: clinical, bioethical and organizational problems. Relevance of the problem of providing palliative care to children in the world and in Ukraine. Organizational features of providing palliative care to children. Children's palliative care centers: world and national experience.</p>	4
10	<p>The role and functions of the doctor in the terminal period of life: elements of medical thanatology. Terminal condition of the patient. Agony. Rules of care for a dying patient. Elements of medical thanatology. Death of the patient. Establishing the fact of death. Declaration of death. Pathological autopsy. Basic approaches to social work in the field of palliative and hospice care. Definition of social work. Basic principles of social work with palliative patients. Social work with palliative patients in Ukraine. Cooperation of social work specialists and medical workers in providing palliative and hospice care</p>	4
	<b>In total:</b>	<b>40</b>

#### 6. Thematic plan of students ' independent work

No	Topic	Number of hours
1	Legislative and regulatory documents of the Ministry of Health of Ukraine regarding the organization and provision of geriatric, palliative and hospice care to the population.	5
2	Palliative care for diseases of the digestive organs in the elderly and senile.	5
3	Palliative care for diseases of the endocrine system in the elderly and senile	5
4	Palliative care for diseases of the musculoskeletal system in the elderly and senile	5
5	Palliative care for psychoneurological diseases in old and senile age	5
6	and senile	5
7	Palliative care for diseases of the organs of vision in the elderly and senile	5
8	Palliative care for skin diseases in the elderly and senile	5
9	Palliative care for diseases of the hematopoietic system in the elderly and senile	5
10	Palliative care for diseases of the urinary and reproductive systems in the elderly and senile	5
	<b>In total:</b>	<b>50</b>

### **Individual tasks**

1. Selection and review of scientific literature on the subject of the program at the student's choice with the writing of an essay and its public defense.
2. Selection and review of scientific literature on the subject of research work of the department preparation of a scientific report at a meeting of the SNT or at student conferences.
3. Scientific research on the subject of scientific research work of the department with publication of results in scientific publications.
4. Participation in the work of the student scientific circle and speeches at scientific forums.
5. Participation in the student Olympiad in discipline.
6. Curation of patients, work in the geriatric department, hospice.

### **7. A list of theoretical questions for preparing students for the final examination**

1. Gerontology as a science, basic concepts.
2. Biology of aging: theories, regularities, mechanisms, types (natural, physiological); slowed down (retarded); pathological (accelerated); premature (progeria) in children and adults.
3. Calendar and biological age of a person, their indicators for determining the rate of aging.
4. Meteopathic reactions in elderly and senile age.
5. Organization of preventive and curative care for geriatric patients, responsibilities of a nurse regarding their performance. Treatment and prevention facilities of the geriatric type.
6. Geriatrics. Features of the course of diseases in old age.
7. Drug metabolism and features of pharmacotherapy in the aging body.
8. Psychological features of the relationship between nurses and elderly patients.
9. Methodology of nursing examination of a geriatric patient.
10. Peculiarities of the organization of geriatric care for elderly and senile patients, principles of their rehabilitation.
11. Age-related changes in the cardiovascular system and the formation of diseases against the background of involutional changes.
12. Arterial hypertension in elderly and senile age. Definition, etiology, classification.
13. Special forms of arterial hypertension: isolated systolic, sclerotic. Pseudohypertension. Value of daily blood pressure monitoring.
14. Symptomatic hypertension. Drug therapy.
15. Atherosclerosis, ischemic heart disease in elderly and senile age. Peculiarities of clinical manifestations of angina pectoris (clinical equivalents of an attack), myocardial infarction with accompanying pathology in the elderly and senile age (hypertension, diabetes, etc.).
16. Chronic insufficiency of blood circulation in elderly and senile patients. Treatment Prevention.
17. Arrhythmias in elderly and senile age (fibrillation, extrasystole, blockages, etc.). Definition, etiology, classification. Emergency care at the pre-hospital stage.
18. Potential problems of patients with pathology of the cardiovascular system associated with long-term use of drugs (cardiac glycosides, ACE inhibitors, diuretics, vasodilators, calcium antagonists, etc.) and concomitant pathology.
19. Age-related changes in respiratory organs and the formation of diseases against the background of involutional changes.
20. Pneumonia, bronchitis, bronchiolitis, COPD, lung cancer. Definition, etiology, classification. Advantages of treatment at home (home hospital), indications for hospitalization.
21. Emphysema of the lungs in old and senile age.
22. Potential problems of patients with respiratory pathology associated with long-term medication (antibiotics, sulfonamides, etc.) and accompanying pathology.
23. Age-related changes in the digestive system and the formation of diseases against the background of involutional changes.
24. Gastritis (acute and chronic type A, B), stomach cancer. Peculiarities of clinical manifestations, course in elderly and senile age. Prevention of dehydration.
25. Ulcer disease (late, old, senile). Peculiarities of clinical manifestations, course in elderly and senile age; reflux gastroesophageal reflex. Prevention.
26. Gallstone disease, toxic (drug) hepatitis, cirrhosis. Peculiarities of clinical manifestations, course.
27. Diverticular disease of the intestines in elderly and senile age.
28. Fasting in old age and old age. Definition, etiology, classification, clinical manifestations.
29. Potential problems of patients associated with long-term medication (enveloping, laxative, etc.) and accompanying pathology.
30. Age-related features of the kidneys and urinary tract and the formation of diseases against the background of involutional changes.

31. Features of the course of senile chronic pyelonephritis. Features of acute pyelonephritis. Meaning of reflux nephropathy.
32. Glomeronephritis in elderly and senile age, diabetic nephropathy.
33. Senile amyloidosis of the kidneys, nephrotic syndrome. Definition, etiology, classification. Modern approaches to treatment and prevention.
34. Urinary tract infection. Definition, etiology, classification. Phytotherapy as a means of long-term treatment.
35. Benign hyperplasia, prostate cancer in old age. Manifestations
36. Urinary incontinence and retention. Causes, clinical manifestations. Modern approaches to treatment. The value of care.
37. Potential problems of patients with diseases of the urinary and genital systems, associated with long-term use of drugs (antibiotics with a cytostatic effect, sulfonamide drugs, etc.) and concomitant pathology.
38. Age-related changes in the hematopoietic system, the occurrence of diseases against the background of involutional changes.
39. Etiology, clinical manifestations, diagnosis of anemia in old age (iron deficiency, anemia in chronic diseases, hypo- and aplastic anemia).
40. Hemoblastosis in elderly and senile age.
41. Hemorrhagic syndrome in elderly and senile age, connection with long-term medication.
42. Age-related changes in the endocrine system and the formation of diseases against the background of involutional changes.
43. Type 2 diabetes in the elderly and senile. Definition, etiology, classification, risk factors.
44. Instrumental studies, care for diabetic micro- and macroangiopathies. Principles of treatment. Phytotherapy as a means of long-term treatment.
45. Complications of type 2 diabetes: development, course, features of providing assistance in hyperglycemic, hypoglycemic coma.
46. The concept of hyperosmolar, hyperlaccidemic coma in old and senile age.
47. Disease of the thyroid gland in elderly and senile age.
48. Age-related changes in the psychoneurological sphere and the formation of diseases against the background of involutional changes.
49. Dementia of late age: Alzheimer's disease, Parkinson's disease. Definition, etiology, classification.
50. Confusion (delirium). Definition, etiology, classification.
51. Age-related changes of the musculoskeletal system and the formation of diseases against the background of involutional changes.
52. Potential problems of patients with pathology of the musculoskeletal system associated with long-term medication and concomitant pathology.
53. Sleep disturbance. Depression in old age and old age. Reasons.
54. Age-related changes in the organ of hearing and the formation of diseases against the background of involutional changes.
55. Benign (papilloma, senile keratoma, cutaneous horn, hemangioma) and malignant (basal cell carcinoma, melanoma, etc.) skin tumors in elderly and senile age.
56. Age-related skin changes and the formation of diseases against the background of involutional changes.
57. Course, prognosis in senile osteoporosis, deformed arthrosis.
58. Clinical manifestations, course, prognosis of senile cataract, glaucoma, retinopathy. Approaches to treatment. Prevention.
59. Age-related changes in the organ of vision and the occurrence of diseases against the background of involutional changes. Prevention.
60. Labor protection, anti-epidemic regime, professional safety in case of somatic diseases in elderly and senile patients.

## 8. Teaching methods

1. **Verbal** (lecture, explanation, story, conversation, instruction);
  2. **Visual** (observation, illustration, demonstration);
  3. **Practical** (various types of exercises, performing graphic works, carrying out an experiment, practice).
- The following teaching methods are also used during the educational process:
- **explanatory-illustrative** or **information-receptive**, which involves the presentation of ready-made information by the teacher and its assimilation by students;
    - verbal methods: the source of knowledge is the spoken or printed word (story, conversation, instruction, etc.)
    - practical methods: students acquire knowledge and skills by performing practical actions (exercise, training, self-management).

- **reproductive** , (reproduction - reproduction) which is based on the performance of various tasks according to the model;
- **method of problem presentation**, which consisted in the fact that the teacher poses a problem and solves it himself, demonstrating the contradictions that characterize the learning process, while the students' task is to control the sequence of presentation of the material, the significance of the evidence, predicting the teacher's next steps; this MN is implemented by training students in problem situations with the aim of successful preliminary preparation for future work in real conditions of practical medical institutions;
- **partially search or heuristic** , aimed at mastering individual elements of search activity, for example: the teacher formulates a problem, students - a hypothesis;
- **research** , the essence of which is the teacher's organization of creative research activities of students by posing new problems and problematic tasks.
- methods that ensure **perception and assimilation** of knowledge by students (lectures, independent work, instruction, consultation);
- **methods of applying knowledge and acquiring and consolidating abilities and skills** (practical classes, control tasks);
- **methods of checking and evaluating knowledge, abilities and skills** ;
- **visual methods**: the source of knowledge is observed objects, phenomena, visual examples
- **discussion methods** .

## 9. Control methods

**9.1. Current control** is carried out on the basis of control of theoretical knowledge, skills and abilities in practical classes. The student's independent work is evaluated in practical classes and is a component of the student's final grade. Current control is carried out during training sessions and is aimed at checking students' assimilation of educational material. Forms of current control are:

- a) test tasks with the choice of one correct answer, with the definition of the correct sequence of actions, with the definition of correspondence;
- b) individual oral survey, interview;
- c) solving typical situational problems;
- d) control of practical skills.

### **9.2. The form of the final control of study success**

is conducted at the last control session in the form of a diff. assessment (test tasks on the computer) .

Students who have attended all the classroom training sessions provided by the curriculum for the discipline and have scored at least the minimum number of points ( **72 points** ) are admitted to PC. A student who, for good or no good reasons, missed classes, is allowed to work off the academic debt by a certain specified period.

Forms of final control should be standardized and include control of theoretical and practical training.

## 10. Scheme of accrual and distribution of points received by students of higher education.

*Evaluation of current educational activity* . During the assessment of mastery of each topic for the current educational activity, the student is given grades on a 4-point (national) grading scale. At the same time, all types of work provided for by the discipline program are taken into account. The student must receive a grade in each topic. Estimates given on a traditional scale are converted into points. The final grade for the current educational activity is recognized as an arithmetic average (the sum of grades for each class is divided by the number of classes in the semester) and is converted into points according to **Table 1**.

**Table 1. Recalculation of the average grade for the current activity into a multi-point scale (for disciplines ending with a differential credit)**

4-point scale	120-point scale	4-point scale	120-point scale	4-point scale	120-point scale	4-point scale	120-point scale
5	120	4.45	107	3.91	94	3.37	81
4.95	119	4.41	106	3.87	93	3.33	80
4.91	118	4.37	105	3.83	92	3.29	79
4.87	117	4.33	104	3.79	91	3.25	78
4.83	116	4.29	103	3.74	90	3.2	77
4.79	115	4.25	102	3.7	89	3.16	76
4.75	114	4.2	101	3.66	88	3.12	75
4.7	113	4.16	100	3.62	87	3.08	74
4.66	112	4.12	99	3.58	86	3.04	73
4.62	111	4.08	98	3.54	85	3	72
4.58	110	4.04	97	3.49	84	Less than 3	Not enough
4.54	109	3.99	96	3.45	83		
4.5	108	3.95	95	3.41	82		

*The maximum number of points* that a student can score for the current educational activity for admission to the diff. credit is 120 points.

*The minimum number of points* that a student must score for the current educational activity for admission to the diff. credit is 72 points. The calculation of the number of points is carried out on the basis of the grades received by the student on a 4-point (national) scale during the study of the discipline, by calculating the arithmetic mean (CA), rounded to two decimal places.

*Assessment of individual student tasks* . Points for individual tasks are awarded only under conditions of their successful completion and defense. The number of points awarded for different types of individual tasks depends on their volume and importance, but no more than 10-12 points. They are added to the sum of points scored by the student in classes during the current educational activity. In no case can the total amount for the current activity exceed 120 points.

*Assessment of students' independent work* . Students' independent work, which is provided for by the topic of the lesson along with classroom work, is evaluated during the current control of the topic in the corresponding lesson. The mastery of topics that are assigned only to independent work is checked during the final control .

The maximum number of points that a student can score while taking the diff. credit is **80 points**.

*The evaluation of the final control* is considered passed if the student scored at least 60% of the maximum number of points (for a 200-point scale – at least **50 points** ).

**Determining the number of points a student has scored in a discipline:** the number of points a student has scored in a discipline is determined as the sum of points for the current educational activity and for the final control (dif. credit).

**Conversion of the number of points from the discipline into grades on the ECTS scale and on the four-point (traditional) scale**

Subject scores are independently converted to both the ECTS scale and the national grading scale, but not vice versa.

**Table 2.**

**Criteria for setting the assessment according to the traditional 4-point and ECTS scale for taking the exam :**

Score in points	Rating by national scale	Rating according to the ECTS scale
180-200	Perfectly	A

160 -179	Fine	B
150-159		C
130 -149	Satisfactorily	D
120 -129		E
50 - 119	Unsatisfactorily	FX
0-49		F

### Evaluation criteria.

During the evaluation of the mastery of each topic for the current educational activity, the higher education applicant is given grades according to the national (traditional) scale, taking into account the approved evaluation criteria:

- *grade "excellent" (5)* - the student flawlessly mastered the theoretical material of the topic of the lesson, demonstrates deep and comprehensive knowledge of the relevant topic, the main provisions of scientific primary sources and recommended literature, thinks logically and constructs an answer, freely uses the acquired theoretical knowledge when analyzing practical material, expresses his attitude to certain problems, demonstrates a high level of assimilation of practical skills;
- *grade "good" (4)* - the student has mastered the theoretical material of the lesson well, has the main aspects from primary sources and recommended literature, presents it with arguments; possesses practical skills, expresses his thoughts on certain problems, but certain inaccuracies and errors are assumed in the logic of the presentation of theoretical content or in the performance of practical skills;
- *rating "satisfactory" (3)* - the student has basically mastered the theoretical knowledge of the subject, orients himself in primary sources and recommended literature, but answers unconvincingly, confuses concepts, additional questions cause the student uncertainty or lack of stable knowledge; when answering questions of a practical nature, reveals inaccuracies in knowledge, does not know how to evaluate facts and phenomena, connect them with future activities, makes mistakes when performing practical skills;
- *rating "unsatisfactory" (2)* - the student has not mastered the educational material of the topic, does not know scientific facts, definitions, hardly orients himself in primary sources and recommended literature, lacks scientific thinking, practical skills are not formed.

Estimates given on a traditional scale are converted into points. The minimum number of points that a student must score for the current academic activity per semester for admission to the exam is 120 points.



## **1 1 . Methodological support**

1. Working curriculum in the discipline.
2. Calendar and thematic plans of lectures and practical classes.
- 3 . Sample test tasks for classes.
4. Test tasks for credit.
5. Educational and visual aids, technical teaching aids, etc.
6. Outlines of lectures on the discipline.
7. Computer tests for each topic and on PMK to determine residual knowledge of the discipline.
8. Individual tasks for students within the curriculum.
9. Control questions for classes.
10. Questions to PMK.
11. Methodical materials that ensure independent work of students.
12. Computer slides by topic.
13. Other materials (posters, albums, etc.).

### **Individual tasks**

1. Pre-morbid changes (manifestations) in the body, pre-pathological state, state of uncertain health, pre-morbid states.
2. The concept of a way of life, its features in modern conditions. Healing and hardening of the body.
3. The mechanism of the harmful effects of alcohol, smoking, and drugs on the human body as a personal and public danger when using them. Methods of combating bad habits.

## **1 2 . Recommended Books**

### ***1. Basic literature***

1. Current issues of palliative and hospice care in the practice of a family doctor: a guide / [Voronenko Yu.V., Shekera O.G., Gubskiy Yu.I. etc.]. - K.: Zaslavsky A.Yu., 2018. - 208 p.
2. Gubsky Yu.I. Palliative and hospice care: a study guide. Kyiv: "New Book", 2018. - 392 p
3. Gubskiy Yu.I., Khobzei M.K. Pharmacotherapy in palliative and hospice medicine. Clinical, pharmaceutical and medico-legal aspects // Monograph. Kyiv, Health. – 2019. 352 p.
4. Care of patients of the hospital service / Ed. L. I. Andriishyn. - Mother Teresa Charitable Foundation in Ivano-Frankivsk region. – Ivano-Frankivsk, 2017. – 64 p.
5. Palliative medicine: textbook / V.Y. Shatylo, P.V. Yavorskyi — K.: VSV "Medytsina", 2020. — 200 p.
6. Palliative and hospice care: a textbook / [Voronenko Y.V., Gubskiy Y.I., Knyazevich V.M., etc.] edited by Voronenko Yu.V., Gubskoho Yu.I. - Vinnytsia: New Book, 2017. - 392 p.
7. Feshchenko Yu. I. Palliative and hospice care for tuberculosis patients; study guide: Kyiv: Medical University "Medicine". 2017. – 128 p

### ***2. Supporting literature***

1. White book: standards and norms of hospice and palliative care in Europe: part 1 and 2 // European journal of palliative care. - 2018. – Issue 6, T 16. P. 278 - 289
2. Bondar G.V. Palliative medical care: textbook. / H. V. Bondar. - Donetsk, 2006. - 156 p.
3. Lopanov P.N Hospices / P.N. Lopanov, S.A. Polishkis - M.: 2017. – 190 p
4. Methodological recommendations for palliative care of oncological patients // Prigozhaya T. I., Nytysh V. E., Atamanenko A. V. – Gomel, 2002. – 58 p.

### ***3. Information resources:***

1. National Library named after V. I. Vernadskyi - [www.nbuv.gov.ua](http://www.nbuv.gov.ua).
2. State Emergency Service of Ukraine - [www.dsns.gov.ua](http://www.dsns.gov.ua).
3. Ministry of Health of Ukraine - <http://www.moz.gov.ua>.
4. <http://uk.wikipedia.org/wiki>