

# **THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY**

**69, ANNA SALAI, GUINDY, CHENNAI - 600 032.**



## **SYLLABUS & GUIDELINES FOR**

**(Post Doctoral Fellowship under Allied Health Science)**

**POST DOCTORAL FELLOWSHIP IN ONCO GERIATRICS**

**ACADEMIC YEAR 2024 – 2025 SESSION ONWARDS**

## **Post Doctoral Fellowship in ONCO GERIATRICS Syllabus**

After completion of **Post Doctoral Fellowship in ONCO GERIATRICS**, the student should be able to fulfill the following objectives:

To perform a comprehensive assessment of an older person, including mood and cognition, gait, nutrition and fitness for surgery in an in-patient, home or community setting, including assisted living (supported care facility for older person).

1. To diagnose and manage acute illness arising in older patient with malignancy in an in-patient setting, home and community setting where appropriate.
2. To diagnose and manage those with chronic disease and disability in an in-patient, home, hospital and community setting.
3. To provide rehabilitation with the multidisciplinary team to an older patient in an inpatient, home, hospital and community setting.
4. To assess and manage older patients presenting with the common geriatric problems: Falls, delirium, incontinence and poor mobility.
5. To demonstrate understanding of Techniques of Radiation Oncology tailored chemotherapy, targeted therapy, organ conservation surgery and minimal access surgery.
6. To demonstrate competence in palliative care.
7. To understand the relation between old age and cancers in respect of Etiologic, Epidemiologic, Biologic and Immunologic aspects.
8. To understand Physiology of all organs and its cancers at Ageing.
9. To distinguish between Functional and Chronological Age.
10. To understand Co- morbidity, survivorship i.e life expectancy evaluation, its Instruments & awareness.
11. To identify Frail T in Geriatric Syndrome.
12. Understand Research and its application to improve health status of the older person with malignancy.

13. Postings during study period: 10 months in Geriatrics / Oncology and 2 months in Palliative Medicine.

**Section1**  
**Basic Principles**

By the end of the course, the student will be able to:

<b>Essential</b>
<ul style="list-style-type: none"><li>• Understand the concept of “Care of older person with Cancer”</li><li>• Describe the evolving nature of Oncogeriatric care over the course of an illness, including integration with active treatment and the significance of transition points</li><li>• Discuss the importance of team work in this setting and have an appreciation of the skills and contributions of different members of the team</li><li>• Have a good knowledge of communication skills and communicate appropriately with patients and family</li><li>• Demonstrate an awareness of the range of oncology and geriatric services available</li></ul>

**Section2**  
**Physical Care**

By the end of the course, the student will be able to:

<b>Essential</b>
<ul style="list-style-type: none"><li>• Have an understanding of the presentation, natural history and management of cancer</li><li>• Apply the principles of oncology care to Older patients with other chronic and life limiting illnesses.</li><li>• Discuss the importance of the initial assessment and also of the need to reassess and review a patient’s management as their illness progresses</li><li>• Weigh up the advantages and disadvantages of investigations, treatments and non intervention</li><li>• Describe the difference between active curative treatment and palliative or supportive care</li><li>• Decisional capacity Assessment and its tools.</li></ul>

- Hearing and Vision ability of older patients.

## 2.1 Symptom management

By the end of the course, the student will be able to:

Essential	Desirable
<ul style="list-style-type: none"> <li>• Appropriate history taking and physical examination symptom management</li> <li>• The pathophysiology of Delirium poly pharmacy, falls, and other symptoms in order to manage them effectively</li> <li>• That symptoms may be caused by the disease itself, the treatment or a comorbidity</li> <li>• To formulate an appropriate management plan for a multimorbidity and poly pharmacy and understand the importance of reviewing the effectiveness of this plan</li> </ul>	
<ul style="list-style-type: none"> <li>• The range of therapeutic options available-drugs, ease modifying therapies palliative interventions, psychological interventions, surgery, radiotherapy, chemotherapy and other disease modifying therapies.</li> <li>• To outline the appropriate use of laboratory and radiological investigations relevant to clinical management</li> <li>• The role of specialist interventions e.g .from anesthesia, intensive care etc</li> </ul>	

In addition, students will be able to understand the patho-physiology and develop strategies for the diagnosis and management of the following symptoms / problems:

	Essential Skills	Desirable	Essential Skills	Desirable
Pain	Pain pathways, receptors, neurotransmitters, central sensitization  Detailed assessment of pain  Different types of pain :  Nociceptive, visceral,		Opioid conversions, Using a syringe driver, Using the subcutaneous route	Non-drug treatments:  physical, psychological  complementary

	<p>neuropathic, incident pain, Common pain syndromes</p> <p>Drug treatment: WHO ladder, the role of opioids, non opioids and adjuvant analgesics</p> <p>Physical, psychological, social and spiritual factors influencing pain</p> <p>Refractory pain</p>		
Gastro-intestinal	<p>Anatomic and physiologic pathways and neurotransmitters involved in emesis</p> <p>Evaluation and management of nausea, vomiting, constipation, anorexia, bowel obstruction, hiccups, diarrhoea, ascites, dysphagia, jaundice</p>	<p>Ascitic tap Per rectal Examination</p> <p>Bowel Management in paraplegia</p>	<p>Role of surgical procedures, GI interventions e.g stenting,</p> <p>Newer antiemetics Stoma</p>
	<p>Appropriate use of naso gastric tube Giving nutritional advice, avoiding force feeding</p>		<p>Management Indwelling Ascetic catheters</p>
Cardio-respiratory	<p>Patho physiology and common causes of breathlessness, cough, haemoptysis, orthopnoea</p> <p>Assessment and management of CCF and COPD as comorbidity</p> <p>Appropriate vs Inappropriate use of oxygen and invasive ventilation Use of opioids in dyspnoea</p>	<p>Pleural tap Tracheostomy Management</p> <p>Use of nebulisers</p>	<p>Prevention and management of pulmonary embolism</p> <p>Breathing Techniques</p> <p>Protocol and agents for pleurodesis</p>

Genito-urinary	<p>Management of vaginal discharge and bleeding. Diagnosis of recto vaginal, recto vesical and vesicovaginal fistulae, and indications for surgery</p> <p>Management of LUTS</p>	<p>Catheter care</p> <p>Bladder care in bedridden patients</p> <p>Pelvic examination</p>	Bladder, spasm, Urinary obstruction,
Neurological	Management of raised intracranial pressure, seizures, delirium	<p>Basic neurologic Examination</p> <p>Assessment of paraplegia and hemiplegia</p>	
Psychiatric	Depression, anxiety, fear, confusional states, insomnia, hallucinations		
Oedema	Causes, prevention and management of different types of oedema including lymphoedema Deep vein thrombosis, acute inflammatory episodes and lymphorrhoea	Techniques For prevention, positioning and simple lymphatic drainage	Use of compression garments
Musculo skeletal, dermatologic and others	Pathologic fractures ,itching, pressure sores, Fungating wounds, malodour, candidiasis, sore mouth, Anaemia and fatigue	Wound care including low cost dressings, Mouth care, Pressure sore care	
Metabolic	Etiology, assessment and management of hypercalcaemia, hyponatraemia, SIADH, hypokalaemia, hypoglycaemia		

	Role of intravenous hydration		
Polypharmacy	Understand drug interactions, criteria BEERS, START/STOP, periodic medication review		
Cognitive Assessment	Role of investigations, MOCA , MMSE		
ONCOLOGY	Etiology, Epidemiology, Biology, Immunology and pharmacology of cancer, Molecular biology of cancer, Clinical trials in cancer Imaging techniques, diagnosis and management of cancer. Oncological emergencies.		

## 2.2 Pharmacology

By the end of the course, the student will be able to:

### 2.3

Essential	Desirable
<ul style="list-style-type: none"> <li>• List the mechanism of actions, indication and contraindications of the drugs used in the above clinical scenarios</li> <li>• Analyze therapeutic possibilities, weigh the benefits and burden of a treatment or intervention</li> <li>• Communicate the therapeutic goals and possible adverse effects of a drug with patients / care givers .</li> <li>• Safely prescribe controlled drugs</li> <li>• Describe alternative routes for drug administration and indications for each</li> <li>• Describe the indications for a syringe driver</li> <li>• Be awareness of common drug interactions when using a syringe driver</li> <li>• Choose cost-effective medication</li> </ul>	<p>Describe the pharmacology of Newer opioids</p> <p>Describe the concept of opioid rotation</p>

<ul style="list-style-type: none"> <li>• Poly pharmacy and Inadequate medications with its Tool.</li> </ul>	
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## 2.4 Care in the terminal phase

By the end of the course, the student will be able to:

Essential	Desirable
<ul style="list-style-type: none"> <li>• Demonstrate an awareness of the signs indicating that a patient is near the end-of-life</li> <li>• Provide ongoing care for the dying patient and family.</li> <li>• Manage terminal dyspnoea, secretions, delirium</li> <li>• Change medications and routes</li> <li>• Revise and reduce to minimum required medication</li> <li>• With hold / withdraw in appropriate interventions</li> <li>• Discuss familial, cultural and spiritual goals</li> <li>• Advice on bowel ,bladder and mouth care</li> <li>• Discuss place of care</li> <li>• Discuss common ethical dilemmas at the end of life</li> </ul>	<p>Demonstrate an awareness of care pathways for the dying patient</p>

## 2.5 Rehabilitation

: By the end of the course, the student will be able to:

Essential	Desirable
<ul style="list-style-type: none"> <li>• Discuss the importance of rehabilitation with changing goals during the course of an illness and the need for realistic goals</li> <li>• Be aware of rehabilitation services and devices</li> </ul>	

## Section3 Communication skills

### Communication with patients and relatives

By the end of the course, the student will be able to:

Essential	Desirable
<ul style="list-style-type: none"> <li>• Demonstrate skills in empathic listening</li> <li>• Elicit concerns across physical, psychological, social, and spiritual domains</li> <li>• Deliver bad news sensitively and at an appropriate pace for the individual patient</li> <li>• Understand the impact of insensitive delivery of bad news</li> <li>• Formulate strategies for dealing with difficult questions or situations including uncertainty and prognosis</li> <li>• Understand the importance of good communication between team members to ensure patients receive a consistent message</li> <li>• Recognize the importance of documentation of all in put with patients and families to ensure good communication with all team members</li> <li>• Understand the importance communication between professional, family and patient <ul style="list-style-type: none"> <li>• Understand reasons for collusion and deal with it sensitively</li> <li>• Deal with questions regarding prognosis and uncertainty</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate skills in empowering the patient to exercise autonomy in decision making</li> </ul>

## Section 4

### Psychosocial Care

#### 4.1 Psychological responses

: By the end of the course, the student will be able to:

Essential	Desirable
<ul style="list-style-type: none"> <li>• Learn the difference between sadness, and clinical depression</li> <li>• Describe the different responses and emotions expressed by patients and care givers, including fear, anxiety, guilt, anger, sadness and despair</li> <li>• Understand that denial could be a coping mechanism</li> <li>• Know that hope is important and give hope appropriate to the stage of the illness</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate the ability to recognize unhelpful and potentially harmful psychological responses</li> <li>• List potentially herapeutic interventions: psychological techniques, drug treatment and creative therapies</li> <li>• Demonstrate an</li> </ul>

	awareness of other disciplines who could help patients to deal with psychological issues
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## 4.2 Social and family relationships

By the end of the course, the student will be able to understand:

Essential	Desirable
<ul style="list-style-type: none"> <li>• The ill person in relation to his/her family, work and social circumstances</li> <li>• The impact of illness on interpersonal relationships</li> <li>• Impact of illness on body image and role</li> <li>• The assessment of the response to illness and expectations among family members</li> <li>• When and how to use family meetings</li> <li>• Ways to accommodate needs of partners and families in provision of palliative care in both an inpatient unit or home setting.</li> <li>• The need for palliative care provision in relation to the homeless</li> </ul>	<p>Demonstrate an awareness of ways in which bereaved families could be supported economically</p>

## 4.3 Grief and bereavement

By the end of the course, the student will be able to:

Essential	Desirable
<ul style="list-style-type: none"> <li>• Have the ability to communicate with a bereaved person</li> <li>• Show an understanding of emotions and behaviors associated with grieving</li> <li>• Know the difference between normal and abnormal /complicated grief and know when grief requires intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Describe the worries of bereavement including the process of grieving, adjustment to loss and the social model of grief</li> </ul>

## Section 4.4 Personal and professional feelings

By the end of the course, the student will be able to:

Essential	Desirable
<ul style="list-style-type: none"><li>• Discuss the importance of personal values and belief systems, and how these influence professional judgments and behaviors</li><li>• Awareness of own skills and limitations and the effect of personal loss or difficulties of their own limitations and be able to ask for help</li><li>• Identify sources of help in dealing with their own professional or personal issues</li><li>• Be a supportive colleague too the members of staff</li><li>• Recognize and manage the emotional and psychological impact of palliative care on oneself ,the team and colleagues</li></ul>	<ul style="list-style-type: none"><li>• Discuss what makes a teamwork well and how to recognize when a team is struggling.</li><li>• Demonstrate an awareness of healthy strategies for dealing with conflict among colleagues</li></ul>

## Section 5 Ethical and Legal Issues

By the end of the course, the student will be able to:

- An understanding of key ethical issues in palliative care :requests for euthanasia, CPR decisions, with holding/withdrawing treatment, competence, consent
- The ability to apply an ethical frame work to issues ,incorporating the following ethical frameworks:
  - o Respect for patient-autonomy
  - o Weigh up the benefits and burdens of treatment-beneficence
  - o Assess the risks versus benefits of each decision-non-maleficence
  - o Doctrine of double effect
  - o Balance the rights of individuals and of society-justice
  - o Demonstrate an awareness of guidelines produced by the Indian Society of Critical Care Medicine for end-of-life care
- Describe the procedures involved in verification and certification of death

## ROTATIONAL SPECIALITY POSTINGS:

**5 Months each in Oncology & Geriatrics and 2 Months in Palliative Medicine**

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