

Japanese Society for Palliative Medicine  
Palliative Specialist  
Training Curriculum  
2017 Edition

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## **I. Introduction**

### **1. Development of this curriculum**

The Cancer Control Act was implemented in 2007 in Japan and stated the importance of the early introduction of appropriate palliative care to maintain and improve the patient's quality of life (QOL) over the course of their illness; however, palliative care is yet to become sufficiently widespread throughout Japan. One of the suggested reasons for this is the lack of appropriate education and support systems to enable the implementation of basic palliative care. In Japan, it has been reported that only approximately 20% of physicians responded that they "received sufficient education regarding palliative care" and only about 30% responded that they had "sufficient knowledge and skills regarding alleviation of symptoms." Both of these figures are much lower than the results found in western countries. The training curriculum for palliative medicine in Japan comprises the "Training Curriculum for Physicians Aiming to Become Palliative Care Specialists" developed by the Japanese Society for Palliative Medicine in 2009 based on the curriculum for multiple disciplines developed by the Japan Hospice Palliative Care Association. However, it has been reported that specialized palliative care training programs are required and that learning methods for acquiring specialized knowledge remain insufficient. Thus, in accordance with clinical needs and to respond to the demands of physicians studying palliative medicine, it appears necessary to revise the "Training Curriculum for physicians Aiming to Become Palliative Care Specialists." Therefore, the Working Practitioner Group (WPG) for Specialist Curriculum Planning, Committee on Education and Training in the Japanese Society for Palliative Medicine decided to establish a 2017 Palliative Specialist Training Curriculum.

When setting the training goals, a portfolio used for business and medical education in recent years was used as a reference to respond to the needs of physicians undergoing training in various situations. For the actual training, the trainee will generally set the objectives and strive to achieve them while confirming the progress with the trainer. Although record taking is somewhat complex, it is anticipated that it will aid the communication between the trainee and Trainer as well as with the other staff in the palliative care.

### **2. Subjects**

This curriculum is meant for physicians aiming to become palliative care specialists.

### **3. Trainers and training facilities**

#### 1) Trainers

Diplomate or Faculty (tentative), Specialty Board of Palliative Medicine certified by the Japanese Society for Palliative Medicine.

#### 2) Training facilities

Institute, Specialty Board of Palliative Medicine, certified by the Japanese Society for Palliative Medicine.

## II. Qualities and Attitude of Physicians Implementing Palliative Care

Definition of palliative care: Palliative care is a type of care that is provided in cooperation with professionals in medical and welfare fields as well as various other disciplines over the entire course of the illness regardless of the place of end-of-life care to improve the QOL of patients with life-threatening and difficult to cure diseases and their families. Palliative care is provided so that the patients and their family can live in an as dignified and comfortable manner as possible. The following five items are required for palliative care:

- (1) Alleviate pain and other distressing symptoms
- (2) Provide high regard to human life and pay respect to the “course of death,” which all people will experience
- (3) Do not unnaturally prolong life in a manner not desired by the patients or their family and do not intentionally cause death
- (4) Offer mental and social support as well as spiritual care and help the patients live their life positively until the end
- (5) Help the family to overcome various difficulties throughout the course of patients’ illnesses and after they die

1. Physicians should understand that palliative care aims to maintain and/or improve patients’ QOL regardless of their life expectancy. Because the needs of patients and their families are constantly changing, which in turn causes their care objectives to change, constant review is necessary.
2. All patients live various lives before facing death. Rather than simply viewing illness as a disease, physicians should place importance on what significance the illness has in that person’s life (i.e., the meaning of the illness). Physicians must view the patient and their family holistically by understanding them mentally, socially, and spiritually rather than just physically.
3. Physicians should understand that the care must be offered not only to patients but also to the people surrounding them.
4. Physicians should understand that what is comfortable for the patient differs greatly amongst individuals, and importance should be placed on patient autonomy and choice.
5. Although the most important requirements of physicians who implement palliative care is excellent medical judgment and skills as a physician, they also need to be able to communicate well. Good communication with patients and their families and amongst medical team members is required.
6. It is critical that physicians offer sufficient explanations of medical care and obtain informed consent from patients and their families based on such knowledge. If necessary, consideration should be given to a second opinion.
7. Physicians should work as a member of the palliative care team. They must respect the specialty and opinion of each team member and constantly strive to help the team operate smoothly.

### III. Training Items

The training objectives for physicians aiming to become palliative care specialists have been divided into the following items and presented below:

**General Instructional Objectives (GIOs)** Each patient's suffering is understood as holistic one (total pain). Palliative care is implemented to improve the QOL of the patients and their families and acquire the ability to provide education and conduct clinical research in this field.

#### <Course List>

##### Course 1. Comprehensive assessment

**GIO:** To be able to holistically understand the patients and comprehend both patients' pain and what constitutes support for these individuals

##### Course 2. Pain management

**GIO:** To be able to assess patients' pain and use pharmacotherapy as well as other methods, including non-pharmacological therapy, to alleviate pain

##### Course 3. Management of physical symptoms other than pain

**GIO:** To be able to evaluate symptoms other than pain and use pharmacotherapy and various other methods, including non-pharmacological therapy, to alleviate these symptoms

##### Course 4. Management of psychiatric symptoms

**GIO:** To be able to evaluate psychiatric symptoms and use pharmacotherapy and various other methods, including non-pharmacological therapy, to alleviate these symptoms

##### Course 5. Palliative care of non-cancer illnesses

**GIO:** To be able to cooperate with specialists to investigate the indications for palliative care for patients with non-cancer illnesses and provide appropriate palliative care

##### Course 6. Psychological reaction

**GIO:** To be able to evaluate psychological reactions and respond appropriately

### **Course 7. Social issues**

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**GIO:** To be able to evaluate social issues and respond appropriately

### **Course 8. Spiritual care**

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**GIO:** To be able to accurately understand patients' spiritual pain and offer appropriate support

### **Course 9. Ethical issues**

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**GIO:** To be able to understand ethical issues associated with palliative care and respond appropriately

### **Course 10. Decision-making support**

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**GIO:** To be able to support decision-making while considering the wishes of the patients and their families

### **Course 11. Communication**

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**GIO:** To be able to engage in communication while considering patients' personalities

### **Course 12. Palliative sedation**

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**GIO:** To be able to implement appropriate sedation to relieve otherwise intolerable suffering for patients

### **Course 13. Disease trajectory**

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**GIO:** To be able to understand the disease trajectory and predict the prognosis

### **Course 14. Care of dying patients**

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**GIO:** To be able to respond appropriately to patients in the end stages of their life as well as their families

### **Course 15. Family care**

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**GIO:** To be able to notice challenges faced by patients' families and implement appropriate care for them

### **Course 16. Bereaved family care**

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**GIO:** To be able to notice reactions of grief to bereavement and loss and respond appropriately

### **Course 17. Psychological care for healthcare providers**

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**GIO:** To be able to provide psychological care for oneself and staff

### **Course 18. Team-work in medicine**

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**GIO:** To be able to practice medicine as a team

### **Course 19. Consultation**

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**GIO:** To be able to provide appropriate consultations regarding palliative care

### **Course 20. Regional coordination**

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**GIO:** To be able to coordinate with regional medical facilities and provide medical care appropriate for each region

### **Course 21. Oncology**

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**GIO:** To acquire knowledge of oncology and be able to offer the best medical options for the patient

### **Course 22. Education and Research**

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**GIO:** To be able to contribute to the development of palliative care by being involved in education and research as well as constantly updating knowledge as a palliative care specialist

## **Specific Behavioral Objectives (SBOs)**

### **Course 1. Comprehensive assessment**

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**GIO: To be able to holistically understand the patients and comprehend both patients' pain and what constitutes support for these individuals**

**SBOs:**

- ① To be able to describe the concept of total pain
- ② To be able to understand patients' pain from multiple facets
- ③ To be able to list management plans for various types of pain
- ④ To be able to understand a diverse range of elements, including patients' wishes, beliefs, and values and construct treatment objectives in accordance with patients' wishes
- ⑤ To be able to detect pain quickly and provide appropriate treatment and prevention

### **Course 2. Pain management**

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**GIO: To be able to assess patients' pain and use pharmacotherapy as well as various other methods, including a non-pharmacological therapy, to alleviate pain**

**SBOs:**

- ① To be able to describe the definition of pain
- ② To be able to describe the causes and mechanisms of pain
- ③ To be able to describe pain assessment in specific terms
- ④ To be able to explain the types of pain and typical pain syndrome
- ⑤ To be able to explain the World Health Organization (WHO) Cancer Pain Relief Program in specific terms
- ⑥ To be able to explain neuropathic pain
- ⑦ To be able to describe care for pain
- ⑧ To be able to appropriately select pharmacotherapy for pain in accordance with the WHO Cancer Pain Relief Program
- ⑨ To be able to appropriately select opioids in accordance with patients' conditions



- ⑩ To be able to select adjuvant analgesic drugs , if necessary
- ⑪ To be able to appropriately administer drugs orally and by other means
- ⑫ To be able to appropriately prevent and treat any side effects caused by opioids
- ⑬ To be able to understand and respond to a psychological opioid dependency
- ⑭ To be able to consider radiation therapy indications and proceed with such therapy appropriately or consult with and/or refer to a specialist
- ⑮ To be able to consider surgical treatment indications and proceed with such treatment appropriately or consult with and/or refer to a specialist
- ⑯ To be able to consider nerve block indications and proceed with such treatment appropriately or consult with and/or refer to a specialist
- ⑰ To be able to assess and respond to non-cancer pain

### **Course 3. Management of physical symptoms other than pain**

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**GIO: To be able to evaluate physical symptoms other than pain and use pharmacotherapy and various other methods, including non-pharmacological therapy, to alleviate these symptoms**

**SBOs :**

To be able appropriately respond to the following conditions and diseases

- ① Fatigue
- ② Anorexia
- ③ Cachexia syndrome
- ④ Nausea / vomiting
- ⑤ Bowel obstruction
- ⑥ Constipation
- ⑦ Diarrhea
- ⑧ Ascites

- ⑨ Abdominal distention
- ⑩ Hiccups
- ⑪ Dysphagia
- ⑫ Oral / esophageal candidiasis
- ⑬ Stomatitis
- ⑭ Dry mouth
- ⑮ Jaundice
- ⑯ Dypnea
- ⑰ Cough
- ⑱ Pleural effusion
- ⑲ Excessive airway secretion
- ⑳ Urinary incontinence
- ㉑ Dysuria
- ㉒ Oliguria / anuria
- ㉓ Hydronephrosis (including indications for nephrostomy)
- ㉔ Hematuria
- ㉕ Bedsore
- ㉖ Skin ulcers
- ㉗ Pruritus
- ㉘ Seizures
- ㉙ Myoclonus

- ③⑩ Paralysis of the limbs and trunk
- ③⑪ Tremors/involuntary movements
- ③⑫ Delirium
- ③⑬ Edema
- ③⑭ Fever

#### **Course 4. Management of psychiatric symptoms**

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**GIO: To be able to evaluate psychiatric symptoms and use pharmacotherapy and various other methods, including non-pharmacological therapy, to alleviate these symptoms**

**SBOs:**

To be able to appropriately respond to the following conditions and diseases:

- ① Depression
- ② Adjustment disorders
- ③ Anxiety
- ④ Sleep disorders

#### **Course 5. Palliative care of non-cancer illnesses**

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**GIO: To be able to cooperate with specialists to investigate the indications for palliative care for patients with non-cancer illnesses and provide appropriate palliative care**

**SBOs:**

To be able to cooperate with specialists to appropriately respond to the following illnesses:

- ① Liver failure
- ② Respiratory failure
- ③ Heart failure
- ④ Kidney failure

- ⑤ Neurological/muscular disorders
- ⑥ Dementia
- ⑦ Acquired immunodeficiency syndrome (AIDS)

### **Course 6. Psychological reaction**

**GIO: To be able to evaluate psychological reactions and respond appropriately**

**SBOs:**

- ① To be able to recognize psychological reactions (e.g., denial and anger) and respond appropriately
- ② To be able to understand that grief and loss reactions are expressed in a variety of situations and in various ways and that this is an important process in healing sorrow
- ③ To be able to consider psychological defense mechanisms

### **Course 7. Social issues**

**GIO: To be able to evaluate social issues and respond appropriately**

**SBOs:**

- ① To understand social insurance systems (e.g., healthcare insurance system and nursing care insurance system).
- ② To be able to consider the social and economic issues faced by patients and their families
- ③ To be able to consider issues occurred within the family
- ④ To be able to appropriately refer to and use resources for the social and economic support of patients and their families

### **Course 8. Spiritual care**

**GIO: To be able to accurately understand patients' spiritual pain and offer appropriate support**

**SBOs :**

- ① To understand the main categories of spiritual pain
- ② To be able to respect the beliefs and values of the patients and their family in medical care
- ③ To be able to recognize the importance of and the effects of views of life and death of the patients, their family, and healthcare providers on spiritual pain
- ④ To be able to recognize the fact that spiritual pain as well as religious and cultural background greatly affect patients' QOL
- ⑤ To be able to respect patients' and their families' religious views on death

### **Course 9. Ethical issues**

**GIO: To be able to understand ethical issues associated with palliative care and respond appropriately**

**SBOs:**

- ① To be able to describe basic ethical principles in medical care
- ② To be able to explain ethical issues in palliative care
- ③ To be able to investigate ethical issues in palliative care based on ethical principles with multidisciplinary staff
- ④ To be able to respect the right of the patients to refuse treatment and to obtain information regarding other treatment options
- ⑤ To be able to respond appropriately with regards to stopping or withholding treatment
- ⑥ To understand the status of social arguments on dignified death and euthanasia

### **Course 10. Decision-making support**

**GIO: To be able to support decision-making while adhering to the wishes of the patients and their family**

**SBOs:**

- ① To be able to describe the concept of Advance Care Planning
- ② To be able to discuss methods of treatment and care with the patients and their family and create treatment and care plans with them
- ③ To be able to respect and give consideration to the thoughts and wishes of the patients and

their family regarding treatment

- ④ To be able to respect patient autonomy and offer decision-making support
- ⑤ To be able to provide the necessary information for determining the location for end-of-life care and offer decision-making support

### **Course 11. Communication**

**GIO: To be able to engage in communication while being considerate of patients' personalities**

**SBOs:**

- ① To be able to understand patients' communication and coping styles, respond appropriately, and offer support
- ② To be able to describe specific methods for conveying bad news to the patients and their families
- ③ To be able to pay attention to non-verbal communication as well as verbal communication
- ④ To be able to appropriately convey information pertaining to the diagnosis, prognosis, and treatment strategies to the patients
- ⑤ To be able to listen to patients' hopes, wishes, and values
- ⑥ To be able to respond to difficult questions from the patients and expressions of emotion

### **Course 12. Palliative sedation**

**GIO: To be able to implement appropriate sedation to relieve otherwise intolerable suffering for patients**

**SBOs:**

- ① To be able to describe the indications, limitations, and issues associated with sedation used to provide relief from intolerable distress
- ② To be able to explain sedation to the patients and their families and offer appropriate sedation when necessary
- ③ To be able to respond appropriately to consultations regarding sedation from other healthcare providers
- ④ To understand the status of social arguments on sedation

### **Course 13. Disease trajectory**

**GIO: To be able to understand the disease trajectory and predict the prognosis**

**SBOs:**

- ① To be able to describe differences in trajectory specific to each disease
- ② To be able to understand prognosis prediction tools and also describe their limitations
- ③ To be able to deliver appropriate explanations to the patients and their families based on prognosis prediction

### **Course 14. Care of dying patients**

**GIO: To be able to respond appropriately to patients in the end stages of their life as well as their families**

**SBOs:**

- ① To be able to treat the patients as individuals and with respect when they are approaching death and even after death
- ② To be able to give consideration to the timing of end-of-life care and the family's psychological state immediately after the patient's death
- ③ To be able to appropriately judge when it is time for end-of-life care
- ④ To have sufficient knowledge regarding infusions in the terminal stages and be able to perform such infusions appropriately
- ⑤ To be able to respect the wishes of the patients and their families and provide necessary instructions for end-of-life care in accordance with patients' conditions
- ⑥ To be able to appropriately explain necessary information before and after death to patients' families

### **Course 15. Family care**

**GIO: To be able to notice challenges faced by patients' families and implement appropriate care for them**

**SBOs:**

- ① To be able to grasp the family background
- ② To be able to understand the communication and coping styles of members of patients' families and respond appropriately
- ③ To be able to consider the fact that each family member has different opinions and perspectives regarding the patient's condition and prognosis
- ④ To be able to notice the sense of burden and fatigue of patients' families and respond appropriately

### **Course 16. Bereaved family care**

**GIO:** To be able to notice reactions of grief in response to bereavement and loss and respond appropriately

**SBOs:**

- ① To be able to describe grief reaction patterns to bereavement and loss
- ② To be able to describe conditions (risk factors) that are likely to cause complicated grief reactions
- ③ To be able to notice anticipatory grief and respond appropriately
- ④ To be able to support people who have experienced the bereavement
- ⑤ To be able to notice complicated grief reactions and respond appropriately
- ⑥ To be able to detect depression early and refer the person to a specialist

### **Course 17. Psychological care for healthcare providers**

**GIO:** To be able to provide psychological care for oneself and staff members

**SBOs:**

- ① To be able to recognize one's own psychological stress and that of team members
- ② To be able to understand the importance of requesting help from other staff members for one's own psychological stress



- ③ To be able to recognize the fact that one's personal opinions and views on death influence patients and staff members
- ④ To be able to engage in team discussions and overcome feelings of guilt held by oneself or other staff about the possibility that care was inadequate
- ⑤ To be able to learn about and implement staff support methodology
- ⑥ To be able to understand that staff are constantly confronted with experiences of death and loss and distinguish normal psychological reactions and "burn-out" reactions

### **Course 18. Team-work in medicine**

#### **GIO: To be able to practice medicine as a team**

#### **SBOs:**

- ① To be able to understand the importance and difficulty of team-work in medicine and function as a member of a team
- ② To be able to understand the importance of leadership and make efforts to improve the ability of team members
- ③ To be able to understand functions of staff members and volunteers from other disciplines and display mutual respect
- ④ To be able to describe basic group dynamics and their importance in team medicine

### **Course 19. Consultation**

#### **GIO: To be able to provide appropriate consultations regarding palliative care**

#### **SBOs:**

- ① To be able to describe consultation opportunities
- ② To be able to provide appropriate recommendations and direct care in response to consultation requests
- ③ To be able to consider the individuality of the patient and their family in recommendations and direct care and provide these recommendations based on treatment guidelines
- ④ To be able to discuss the details of an assessment and recommendations with the

requesting healthcare providers

- ⑤ To be able to hold conferences with the requesting healthcare providers if necessary

## **Course 20. Regional coordination**

**GIO: To be able to coordinate with regional medical facilities and provide medical care appropriate to each region**

### **SBOs:**

- ① To be able to describe the roles in the region of one's affiliated organization
- ② To be able to collaborate with regional medical facilities to provide palliative care
- ③ To be able to understand the status of regional medical and social resources
- ④ To be able to offer support for transition to a location for end-of-life care desired by the patients and their families
- ⑤ To be able to coordinate with healthcare providers involved in home care and offer consultations or implement home palliative care

## **Course 21. Oncology**

**GIO: To acquire knowledge of oncology and to be able to offer the best medical options for the patient**

### **SBOs:**

- ① To be able to acquire basic knowledge of oncology
- ② To be able to understand the indications for surgical treatment and appropriately consult with specialists
- ③ To be able to understand the indications for radiotherapy and appropriately consult with specialists
- ④ To be able to understand the indications for pharmacotherapy to treat cancer and appropriately consult with specialists
- ⑤ To be able to cooperate with specialists to appropriately deal with the following oncological emergencies:

1. Hypercalcemia

2. Syndrome of inappropriate secretion of antidiuretic hormone
3. Superior vena cava syndrome
4. Pulmonary thromboembolism
5. Massive hemorrhage (i.e., hematemesis, hematochezia, and hemoptysis)
6. Spinal cord compression
7. Intracranial hypertension

- ⑥ To be able to describe the current status of cancer treatment in Japan

## **Course 22. Education and research**

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**GIO: To be able to contribute to the development of palliative care by being involved in education and research as well as constantly updating knowledge as a palliative care specialist**

### **SBOs:**

- ① To be able to constantly strive to acquire the latest information related to doubts that arise daily at clinical sites
- ② To be able to learn basic educational techniques and implement them
- ③ To be able to perform training, awareness-raising, and promotional activities for palliative care in one's facility and the surrounding region
- ④ To become aware of the importance of clinical research and be able to participate in such research related to unsolved issues in palliative care
- ⑤ To be able to critically appraise medical articles
- ⑥ To be able to actively participate in academic meetings and workshops on palliative care and deliver presentations on medical care and clinical research results