

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE

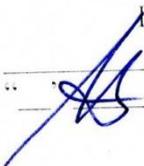
Petro Mohyla Black Sea National University

Medical Institute

Department of Therapeutic and Surgical Disciplines

"APPROVE "

The first vice-rector
Grishchenko NM

..  2021 year

CURRICULUM WORK PROGRAM
Palliative and hospice medicine

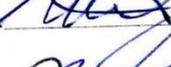
Developer
Head of the Department of
Developer
Guarantor of the educational
program
Director of the Institute
Chief of EMD

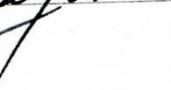
Zack M.U
Zack M.U

Klymenko MO

Grishchenko GV
Shkirchak SI







Description of the discipline

| Characteristic | Characteristics of the discipline | |
|--|-----------------------------------|---------------------|
| Name of discipline | Palliative and hospice medicine | |
| Branch of knowledge | 22 "Health care" | |
| Specialty | 222 "Medicine" | |
| Specialization (if any) | | |
| Educational program | Medicine | |
| Level of higher education | Master | |
| Discipline status | Selective | |
| Curriculum | 6th | |
| Academic year | 2020-2021 | |
| Semester numbers: | Full-time | Correspondence form |
| | 11th | |
| Total number of ECTS credits / hours | 3 credits / 90 hours | |
| Course structure: – lectures – practical training – hours of independent work of students | Full-time | Correspondence form |
| | - | |
| | 32 hours 58 hours | |
| Percentage of classroom load | 36% | |
| Language of instruction | ENG | |
| Form of final control | 11th semester - diff. test | |

Introduction.

Palliative care- is a comprehensive approach aimed at ensuring the maximum possible quality of life of palliative patients and their families, by preventing and alleviating suffering through early detection and accurate diagnosis of symptoms of pain and disorders, adequate treatment, symptomatic (adjuvant) therapy and care , providing psychological, social, spiritual and moral support, regardless of illness, age, social status, nationality, religious and political beliefs, place of residence of the patient, etc. Palliative care is based on a comprehensive interdisciplinary assessment of the patient's physical condition, the degree of pain 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, the prognosis of disease progression and life expectancy. Palliative care begins at the time of diagnosis of an incurable progressive disease and a limited prognosis and continues until the end of the family's period of grief.

Palliative care is an approach that improves the quality of life of patients with incurable diseases and their families by preventing and alleviating the suffering of terminally ill people (WHO, 2002).

Palliative patients - patients of all ages who suffer from malignant neoplasms in stage III-II disease, HIV / AIDS, congenital malformations, cardiovascular, neurological, respiratory, atrophic-degenerative and other progressive diseases and post-traumatic conditions that can not be cured by modern and affordable methods and means, and are accompanied by severe pain symptoms, severe disorders, require qualified medical care, care, psychological, social, spiritual and moral support in the terminal stage of the disease or with limited prognosis, questionable prognosis of recovery or improvement condition or full recovery of vital functions.

Primary palliative care - is palliative care provided to palliative patients at the primary level of medical care in an outpatient setting or at home by general practitioners, family doctors, district doctors and specialists of clinics.

General palliative care - is palliative care provided to palliative patients by specialists in accordance with their specialization on an outpatient basis and in inpatient health care facilities of the second and third level.

Specialized palliative care Is a comprehensive multidisciplinary medical, social and psychological care provided to palliative patients in health care facilities of special type "Hospice", in departments and wards of palliative care of inpatient treatment and prevention facilities by doctors and junior medical specialists who have received special training. palliative and hospice care, and at home by specialists of specialized multidisciplinary mobile palliative care teams with the involvement of medical psychologists, social workers and other specialists, if necessary, as well as volunteers, close relatives or guardians of the patient.

Limited life expectancy - scientifically substantiated assumption that the life expectancy of the patient in the typical course of the disease is limited to 12 months.

Hospice - is a special type of health care institution, whose specialists have received special training and provide palliative care to patients and their families, provide organizational and methodological and advisory care and coordination of primary, general and specialized palliative care in the designated area (Ukrainian, regional, city, district / interdistrict), as well as other functions and tasks defined by the "Regulations on a specialized health care institution of a special type" Hospice ". Hospice care is a component of palliative care provided to palliative patients, primarily in terminal stages of the disease and members of their families by specialists who have received special training in palliative and hospice care.

Hospice medicine Is a component of palliative medicine, the main task of which is to ensure the maximum possible quality of life of palliative patients in the terminal period of disease progression, through timely diagnosis of pain and disorders, prevention and alleviation of suffering by adjuvant therapy, qualified medical care specialists training in palliative and hospice care.

The principles of organization and philosophy of modern hospices were introduced in the second half of the twentieth century. in the UK, a prominent figure - nurse, doctor and writer Cecilia Saunders.

2. Purpose, tasks and planned learning outcomes

The main purpose of palliative care is to maintain the quality of life in its final stage, maximize the physical and moral suffering of the patient and his loved ones, as well as preserving the human dignity of the patient at the end of earthly life. The study of palliative and hospice medicine is established on the basis of OPP training of a doctor in the specialty in accordance with the block of its content module and is the basis for building the content of the discipline.

Palliative medicine as a branch of clinical medicine and health care and the discipline is an integral part of clinical medicine, so the study of the basic principles of this field of science - an important point in training a doctor of any specialty.

Learning objectives: acquisition by the student of competences, knowledge, abilities and skills for implementation of professional activity on a specialty:

1) to consider palliative care as a medical and social direction of the state and society, the main purpose of which is to maintain the quality of human life in its final period of life, maximum relief of physical and moral suffering of the patient and his relatives, preservation of human dignity on the threshold of inevitable biological [death](#) human beings;

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

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

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

5) relief of pain and other symptoms of incurable progressive disease, ensuring the maximum possible consideration of the needs and wishes of patients with incurable diseases

6) spiritual support of palliative patients taking into account their religious beliefs and needs; providing support and rehabilitation measures that help to lead the most active social life; ensuring the maximum possible quality of life and dignity of palliative patients

Prerequisites for studying the discipline (interdisciplinary links). Palliative and hospice medicine as a discipline:

- a) is based on the study of students - human anatomy; 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 disciplines, involving the integration of teaching with these disciplines and ability to apply knowledge in the process of further study and professional activity;
- c) provides an opportunity to gain practical skills and develop professional skills for the diagnosis and provision of palliative care in certain pathological conditions and during the care of patients;
- d) forms the methodological foundations of clinical thinking.

Expected learning outcomes. As a result of studying the discipline students have own and you know in relation to:

- features of the organization of palliative care with seriously ill and untreated persons;
- essence and principles of palliative care with seriously ill and untreated persons;
- content of methods and forms of palliative care with seriously ill and untreated persons;
- roles and functions of various medical institutions and qualification characteristics of a medical worker who implements tasks in the field of palliative care;
- skills and abilities 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 untreated persons;
- establishing interaction and partnership with organizations engaged in social work in the field of palliative care;
- analysis of the actions of specialists involved in palliative care.

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

KNOW:

- age anatomical and physiological changes that take place in organs and systems in old age and old age;
- definition, etiology, classification of diseases of organs and systems in the elderly and senile age;
- features of clinical manifestations of diseases and acute conditions in the elderly and senile age;
- rules of collecting anamnesis and examination of elderly and senile patients;
- definition: “palliative medicine”, “palliative care”, “hospice”;
- philosophy of palliative medicine;
- principles of hospice operation;
- psychological aspects of palliative care;
- social aspects of palliative care;
- spiritual aspects of palliative care;
- ethical and deontological features of communication with hopelessly ill patients and their relatives;
- legislative and normative documents of the Ministry of Health of Ukraine on the organization and provision of geriatric, palliative and hospice care to the population.

BE ABLE:

- to provide medical and protective, sanitary and anti-epidemic regime in the structural subdivisions of medical and preventive and social institutions for the provision of adequate medical care to the elderly and senile;
- follow the rules of safety, labor protection in the field and occupational safety;
- identify real and concomitant problems of the patient;
- anticipate potential problems of the patient from long-term use of drugs;
- establish clinical diagnoses for diseases in the elderly and senile;
- make a plan of medical interventions in case of geriatric problems;
- perform medical manipulations;
- to observe, monitor the condition of organs and systems of patients;

- keep medical records;
- provide emergency care in acute conditions;
- carry out the medical process of providing palliative care with chronic pain syndrome and incurable cancer patients;
- carry out the medical process of providing palliative care to patients with immunodeficiency virus and tuberculosis;
- assess the quality of medical care and develop management decisions aimed at improving and optimizing palliative care;
- to 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;

MOTHER OF COMPETENCE

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

The developed program corresponds to the educational-professional program (OPP) and is focused on the formation of competencies:

general (ZK) - ZK1-ZK3 OPP:

ZK1. Ability to abstract thinking, analysis and synthesis, the 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; FK18 OPP:

FC1. Patient interviewing skills.

FC2. Ability to determine the required list of laboratory and instrumental studies and evaluate their results.

FC3. Ability to establish a preliminary and clinical diagnosis of the disease.

FC4. Ability to determine the required mode of work and rest in the treatment of diseases.

FC5. Ability to determine the nature of nutrition in the treatment of diseases.

FC6. Ability to determine the principles and nature of disease treatment.

FC10. Ability to carry out medical and evacuation measures.

FC16. Ability to determine the tactics of management of persons subject to dispensary supervision.

FC18. Ability to keep medical records.

program learning outcomes (PRN) - PRN11, PRN13-18, PRN22, PRN25, PRN28, PRN30, PRN32, PRN33, PRN35, PRN41 OPP:

PRN11. Collect data on patient complaints, medical history, life history (including professional history), in a health care facility, its unit or at the patient's home, using the results of the interview with the patient, according to the standard scheme of the patient's survey. Under any circumstances (in the health care facility, its unit, at the patient's home, etc.), using knowledge about the person, his organs and systems.

PRN13. In the health care facility, its unit and among the attached population: be able to identify and record the leading clinical symptom or syndrome by making an informed decision, using preliminary history of the patient, physical examination of the patient, knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms. Be able to establish the most probable or syndromic diagnosis disease by making an informed decision, for the patient and the patient's examination data, based on the leading clinical symptom or syndrome, using knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms.

PRN14.In a health care facility, its unit: to appoint a laboratory and / or instrumental examination of the patient by making an informed decision, based on the most probable or syndromic diagnosis, according to standard schemes, using knowledge about the person, his organs and systems, adhering to relevant ethical and legal norms. Carry out differential diagnosis of diseases by making an informed decision, according to a certain algorithm, using the most probable or syndromic diagnosis, data of laboratory and instrumental examination of the patient, knowledge about the person, his organs and systems, adhering to relevant ethical and legal norms. Establish a preliminary clinical diagnosis by making an informed decision and logical analysis, using the most probable or syndromic diagnosis,

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

PRN16. Determine the necessary medical nutrition in the treatment of the disease, in a health care facility, at home and at the stages of medical evacuation, including in the field on the basis of a preliminary clinical diagnosis, using knowledge about the person, his organs and systems, following relevant ethical and legal norms, by making an informed decision according to existing algorithms and standard schemes.

PRN17.Determine the nature of treatment (conservative, operative) of the disease, in a health care facility, at home at the patient and at the stages of medical evacuation, including in the field on the basis of a preliminary clinical diagnosis, using knowledge about the person, his organs and systems , adhering to the relevant ethical and legal norms, by making an informed decision according to existing algorithms and standard schemes. Determine the principles of treatment of the disease, in a health care facility, at home of the patient and at the stages of medical evacuation, including field conditions, based on a previous clinical diagnosis, using knowledge about the person, his organs and systems, adhering to appropriate ethical and legal norms, by making an informed decision according to existing algorithms and standard schemes.

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

PRN22. Perform medical manipulations in a medical institution, at home or at work on the basis of previous clinical diagnosis and / or indicators of the patient's condition, using knowledge about the person, his organs and systems, adhering to relevant ethical and legal norms, making informed decisions and using standard techniques.

PRN25. To form, in the conditions of a health care institution, its division on production, using the generalized procedure of an estimation of a state of human health, knowledge of the person, its bodies and systems, adhering to the corresponding ethical and legal norms, by acceptance of the reasonable decision, among the fixed contingent of the population. : dispensary groups of patients; groups of healthy people subject to dispensary supervision (newborns, children, adolescents, pregnant women, representatives of professions that must undergo a mandatory dispensary examination).

PRN28.Organize secondary and tertiary prevention measures among the assigned contingent of the population, using a generalized procedure for assessing human health (screening, preventive medical examination, seeking medical care), knowledge about the person, his organs and systems, adhering to relevant ethical and legal norms, by making an informed decision, in the conditions of the health care institution, in particular: to form groups of dispensary supervision; to organize medical and health-improving measures differentiated from the group of medical examination.

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

PRN32.In the health care facility, or at the patient's home on the basis of the obtained data on the patient's health, using standard schemes, using knowledge about the person, his organs and systems,

adhering to relevant ethical and legal norms, by making an informed decision: tactics of examination and secondary prevention of patients subject to dispensary supervision; to determine the tactics of examination and primary prevention of healthy persons subject to dispensary supervision; calculate and prescribe the necessary food for children in the first year of life.

PRN33. Determine the presence and degree of limitations of life, type, degree and duration of disability with the issuance of relevant documents in a health care institution on the basis of data on the disease and its course, features of professional activity.

PRN35. On the territory of service according to standard methods of descriptive, analytical epidemiological and medical-statistical researches: to carry out screening concerning detection of the most important non-communicable diseases; to evaluate in dynamics and at comparison with average static data indicators of morbidity, including chronic non-communicable diseases, disability, mortality, integrated health indicators; identify risk factors for the occurrence and course of diseases; to form risk groups of the population.

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

3. Curriculum

The educational process is organized according to the European Credit Transfer and Accumulation System (ECTS).

The program of the discipline "Palliative and Hospice Medicine" is structured in one module.

The structure of the discipline

| Names of meaningful topics | Total hours | L. | ave. | s.r. |
|--|-------------|----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Topic 1. Introduction to the specialty. Fundamentals of gerontology. The main tasks of geriatric care in Ukraine. | 9 | - | 4 | 8 |
| Topic 2. Principles of organization and provision of palliative and hospice care in Ukraine. Palliative care in the practice of a family doctor. | 9 | - | 4 | 8 |
| Topic 3. Patterns of development and course of chronic incurable diseases, the concept of quality of life. Typical clinical symptoms in palliative and hospice medicine. | 9 | - | 4 | 7 |
| Topic 4. Adjuvant drugs in palliative medicine. | 9 | - | 4 | 7 |
| Topic 5. Psychological and psychotherapeutic aspects of palliative and hospice medicine. | 9 | - | 4 | 7 |
| Topic 6. Palliative oncology. Providing palliative and hospice care to patients with malignant neoplasms, HIV / AIDS and tuberculosis. | 9 | - | 4 | 7 |
| Topic 7. Features of palliative care for elderly patients. | 9 | - | 4 | 7 |
| Topic 8. The role and functions of the doctor in the terminal period of life: elements of medical thanatology. | 9 | - | 4 | 7 |
| TOGETHER | 90 | 0 | 32 | 58 |

4. The content of the discipline

4.1. Lectures are not scheduled.

4.2. Plan of practical classes

| № z.p. | TOPIC | Number hours |
|-----------|--|-----------------|
| 1 | <p>Topic 1. Introduction to the specialty. Fundamentals of gerontology. The main tasks of geriatric care in Ukraine.</p> <p>Gerontology as a science, its components, tasks. Demographic, social, socio-hygienic issues of old age and aging. Species and individual life expectancy. Biological and calendar age of man. Correlation of physiological factors in age involution. Classification</p> <p>WHO age periods of human life. Old age as a natural final period of human age development. Biology of aging: modern theories, patterns, mechanisms, types.</p> <p>Palliative and hospice medicine.</p> | 4 |
| 2 | <p>Topic 2. Principles of organization and provision of palliative and hospice care in Ukraine. Palliative care in the practice of a family doctor.</p> <p>Modern international approaches, standards and principles of organization of palliative and hospice care. The needs of the population of Ukraine in palliative and hospice care. Regulatory framework governing the provision of palliative and hospice care in Ukraine. Inpatient palliative and hospice care facilities. Providing palliative care at home. Patients' access to pharmacological anesthesia. Training of personnel involved in the provision of palliative and hospice care. Problems of development of the palliative and hospice care system in Ukraine. Modern international approaches, standards and principles of organization of PCB provision to the population.</p> <p>Palliative and hospice care: definitions, general concepts. The main purpose 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 "primary palliative care"; components. The terminal state of the patient. Agony. Rules of care for a dying patient. Elements of medical thanatology. Pathological autopsy. Legislative regulation and ensuring the availability of palliative care in Ukraine.</p> | 4 |
| 3 | <p>Topic 3. Patterns of development and course of chronic incurable diseases, the concept of quality of life. Typical clinical symptoms in palliative and hospice medicine.</p> <p>Disease, basic patterns and periods of development, options for completion.</p> <p>Cell death. Death of the organism: clinical and biological death; terminal period of life.</p> <p>Quality of life and causes of its violation in patients with chronic incurable diseases. Clinical approaches and methods for assessing the quality of life of palliative patients.</p> <p>Basic clinical and ethical principles of palliative care. Philosophy and holistic postulates S. Saunders. Euthanasia: medical-legal and bioethical aspects.</p> <p>The 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. Regulatory framework and procedure for the use of opioid analgesics in palliative medicine. Means of pharmacological control of chronic pain in palliative medicine.</p> <p>Anorexia / cachexia and other clinical syndromes in palliative oncology: Fatigue. Constipation. Diarrhea. Nausea. Vomiting. Bedsores. Nausea. Vomiting. Lesions of the skin and mucous membranes. Bedsores. Shortness of breath / dyspnea. Cough.</p> | 4 |

| | | |
|---|--|---|
| | Hemoptysis. Ascites: clinic, patient management. | |
| 4 | <p>Topic 4. Adjuvant drugs 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. Clinical and pharmacological characteristics of adjuvant drugs. Antiemetics and drugs that eliminate nausea. Antihistamines for systemic use. Glucocorticoids for systemic use.</p> <p>Anticonvulsants. Medicines for the treatment of bones. Antiemetics and drugs that eliminate nausea. Antihistamines for systemic use. Glucocorticoids for systemic use. PCBs recommended by the EAPC and WHO.</p> | 4 |
| 5 | <p>Topic 5. 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 relatives. Reactions of family and loved ones (grief and loss). Ethical and spiritual aspects of palliative care. Reporting bad news (diagnosis of incurable disease, unfavorable prognosis) to patients or their relatives. Key stages of providing information (unpleasant news about incurable diagnosis, unfavorable prognosis) to the patient and his family. Spiritual aspects of palliative care. Mental strain of staff when working with palliative patients. Anti-stress behavior program.</p> | 4 |
| 6 | <p>Topic 6. 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.</p> <p>Palliative and hospice care for patients with HIV / AIDS. HIV and AIDS in the 21st Century: Medical and Social Issues. Etiology and pathogenesis of HIV infection and AIDS: molecular biology, pathophysiology, clinical biochemistry. Clinic, diagnosis, 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 HIV development. Palliative and hospice care for patients with incurable forms of tuberculosis, in particular HIV-associated tuberculosis.</p> | 4 |
| 7 | <p>Topic 7. Features of palliative care for 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 incurable disease. General principles of providing medical care to the elderly. Features of pharmacotherapeutic care for elderly patients.</p> <p>Palliative care for children: clinical, bioethical and organizational issues. The urgency of the problem of providing palliative care to children in the world and in Ukraine. Organizational features of palliative care for children. Children's Palliative Care Centers: world and national experience.</p> | 4 |
| 8 | <p>Topic 8. The role and functions of the doctor in the terminal period of life: elements of medical thanatology. The terminal state of the patient. Agony. Rules of care for a dying patient. Elements of medical thanatology. Death of the patient. Establishing the fact of death. Statement of death. Pathological autopsy.</p> <p>Basic approaches to social work in the field of palliative and hospice care. Definition of social work. Basic principles of social work with palliative</p> | 4 |

| | | |
|-----------------|---|-----------|
| | patients. Social work with palliative patients in Ukraine. Cooperation of social work specialists and medical workers in providing palliative and hospice care. | |
| TOGETHER | | 32 |

4.3. Tasks for independent work

For independent work of students the tasks of theoretical character which are insufficiently thoroughly considered within lectures and seminars are taken out. The student must study literary sources and be ready to answer questions during practical classes and exams. Tasks and tasks are of a practical nature.

| № з.п. | TOPIC | Number of hours |
|-----------------|---|-----------------|
| 1. | Legislative and normative documents of the Ministry of Health of Ukraine on the organization and provision of geriatric, palliative and hospice care to the population. | 8 |
| 2. | Palliative care for diseases of the digestive system in the elderly and senile age. Palliative care for diseases of the endocrine system in the elderly and senile age | 8 |
| 3. | Palliative care for diseases of the musculoskeletal system in the elderly and senile / Palliative care for psychoneurological diseases in the elderly and senile age | 7 |
| 4. | Palliative care for hearing diseases in the elderly and senile age | 7 |
| 5. | Palliative care for diseases of the visual organs in the elderly and senile age | 7 |
| 6. | Palliative care for skin diseases in the elderly and senile age | 7 |
| 7. | Palliative care for diseases of the hematopoietic system in the elderly and senile age | 7 |
| 8. | Palliative care for diseases of the urinary and genital systems in the elderly and senile age | 7 |
| TOGETHER | | 58 |

Individual tasks

Selection and review of scientific literature on the subject of the program of the student's choice with the writing of an abstract and its public defense.

Selection and review of scientific literature on the subject of research work of the department with the preparation of a scientific report at a meeting of the SNT or at student conferences.

Experimental research on the topic of research work of the department with the publication of results in scientific journals.

Participation in the work of the student scientific circle and speeches at scientific forums.

Participation in the student Olympiad in the discipline.

Curation of patients, work in the geriatric ward, hospice.

Typical tests for checking the mastered material in practical classes:

(sample)

1. **With aging, the following changes occur in the organs of the hematopoietic system:**
 1. * Lymph nodes are reduced
 2. The tonsils increase
 3. The spleen is enlarged
 4. Bone marrow weight increases
 5. The liver decreases
2. In the treatment of iron deficiency anemia in geriatric patients prefer:
 1. * Parenteral administration of iron supplements
 2. Oral administration of iron supplements
 3. Diet therapy

4. Phytotherapy
5. Eating raw liver

3. For the course of chronic myelogenous leukemia in geriatric patients is characterized by:

- A. * enlargement of the liver, spleen
- B. enlarged liver
- C. enlargement of all groups of lymph nodes
- D. reduction of the liver
- E. reduction of the spleen

4.4. Ensuring the educational process

1. Multimedia projectors, computers, screens for multimedia presentations, lecture presentations.
2. Diagrams, tables, tests, video.
3. Technical teaching aids: simulation manipulation class.
4. Differential tickets.

5. Final control

List of questions of final control (differential test)

1. Gerontology as a science, basic concepts.
2. Biology of aging: theories, patterns, mechanisms, types (natural, physiological); delayed (retarded); pathological (accelerated); premature (progeria) in children and adults.
3. Calendar and biological age of man, their indicators for determining the rate of aging.
4. Meteopathic reactions in the elderly and senile age.
5. Organization of preventive and curative care for geriatric patients, responsibilities of the nurse for their implementation. Geriatric treatment and prevention facilities.
6. Geriatrics. Features of the disease in old age.
7. Drug metabolism and features of pharmacotherapy in the aging body.
8. Psychological features of the relationship between the nurse and elderly and senile patients.
9. Methods of nursing examination of a geriatric patient.
10. Features of the organization of geriatric care for elderly and senile patients, the principles of their rehabilitation.
11. Age-related changes in the cardiovascular system and the formation of diseases on the background of involutive changes.
12. Hypertension in the elderly and senile age. Definition, etiology, classification.
13. Special forms of arterial hypertension: isolated systolic, sclerotic. Pseudohypertension. The value of daily blood pressure monitoring.
14. Symptomatic hypertension. Drug therapy.
15. Atherosclerosis, coronary heart disease in the elderly and senile age. Features of clinical manifestations of angina (clinical equivalents of the attack), myocardial infarction in concomitant pathology in the elderly and senile age (hypertension, diabetes, etc.).
16. Chronic circulatory failure in elderly and senile patients. Treatment. Prevention.
17. Arrhythmias in the elderly and senile age (atrial fibrillation, extrasystole, blockade, 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 comorbidities.
19. Age-related changes in the respiratory system and the formation of diseases against the background of involitional changes.
20. Pneumonia, bronchitis, bronchiolitis, COPD, lung cancer. Definition, etiology, classification. Advantages of treatment at home (home hospital), indications for hospitalization.
21. Pulmonary emphysema in the elderly and senile age.
22. Potential problems of patients with respiratory pathology associated with long-term use of drugs

(antibiotics, sulfonamides, etc.) and comorbidities.

23. Age-related changes in the digestive system and the formation of diseases against the background of involutive changes.

24. Gastritis (acute and chronic type A, B), gastric cancer. Features of clinical manifestations, course in the elderly and senile age. Prevention of dehydration.

25. Peptic ulcer disease (late, old, senile). Features of clinical manifestations, the course in the elderly and senile age; refluxgastroesophageal reflex. Prevention.

26. Gallstone disease, toxic (drug) hepatitis, cirrhosis. Features of clinical manifestations, course.

27. Diverticular intestinal disease in the elderly and senile age.

28. Constipation in old age and old age. Definition, etiology, classification, clinical manifestations.

29. Potential problems of patients associated with long-term medication (enveloping, laxatives, etc.) and comorbidities.

30. Age features of the kidneys and urinary tract and the formation of diseases on the background of involutive changes.

31. Features of senile chronic pyelonephritis. Features of acute pyelonephritis. The value of reflux nephropathy.

32. Glomeronephritis in the 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. Incontinence and urinary 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 cytostatic action, sulfonamides, etc.) and comorbidities.

38. Age-related changes in the hematopoietic system, the emergence of diseases on the background of involutive changes.

39. Etiology, clinical manifestations, diagnosis of anemia in the elderly (iron deficiency, anemia in chronic diseases, hypo- and aplastic anemia).

40. Hemoblastosis in the elderly and senile age.

41. Hemorrhagic syndrome in the elderly and senile age, the connection with long-term medication.

42. Age-related changes in the endocrine system and the formation of diseases against the background of involutive changes.

43. Type 2 diabetes in the elderly and senile age. Definition, etiology, classification, risk factors.

44. Instrumental research, care for diabetic micro- and macroangiopathies. Principles of treatment. Phytotherapy as a means of long-term treatment.

45. Complications of type 2 diabetes mellitus: development, course, features of care for hyperglycemic, hypoglycemic insects.

46. The concept of hyperosmolar, hyperlacidemic coma in the elderly and senile age.

47. Diseases of the thyroid gland in the elderly and senile age.

48. Age-related changes in the psychoneurological sphere and the formation of diseases against the background of involutive changes.

49. Dementias of late age: Alzheimer's disease, Parkinson's disease. Definition, etiology, classification.

50. Confusion (delirium). Definition, etiology, classification.

51. Age-related changes in the musculoskeletal system and the formation of diseases against the background of involutive changes.

52. Potential problems of patients with pathology of the musculoskeletal system associated with long-term medication and comorbidities.

53. Sleep disorders. Depression in the elderly and senile age. Reasons.

54. Age-related changes in the hearing organ and the formation of diseases in the background involutive changes.

55. Benign (papilloma, senile keratoma, cutaneous horn, hemangioma) and malignant (basal cell carcinoma, melanoma, etc.) skin tumors in the elderly and

senile vi

56. Age-related changes in the skin and the formation of diseases against the background of involuntional changes.

57. Current, prognosis in senile osteoporosis, deformed osteoarthritis.

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 emergence of diseases against the background of involutive changes. Prevention.

60. Occupational safety, anti-epidemic regime, occupational safety in somatic diseases in elderly and senile patients.

"0" version of the ticket diff. offset

Petro Mohyla Black Sea National University

Educational qualification level - master

Field of knowledge: 22 Health care

specialty 222 Medicine

Educational discipline - Palliative and hospice medicine

Option № 0

1. Meteopathic reactions in the elderly and senile age - the maximum number of points - 20.
2. Age-related changes in the cardiovascular system and the formation of diseases on the background of involutive changes - the maximum number of points - 20.
3. Type 2 diabetes in the elderly and senile age. Definition, etiology, classification, risk factors - maximum number of points - 20.
4. Clinical manifestations, course, prognosis of senile cataract, glaucoma, retinopathy. Approaches to treatment. Prevention - the maximum number of points - 20.

Approved at the meeting of the Department of Therapeutic and Surgical Disciplines, minutes № ____ from " __ " _____ 2020.

**Head of Department
M.Yu.**

Doctor of Medical Sciences Zak

Examiner

Assoc. Grishchenko GV

And such 15 tickets

6. Evaluation criteria and tools for diagnosing learning outcomes

Control methods

- Survey (testing of theoretical knowledge and practical skills).
- Test control.
- Writing a review of scientific literature (abstracts).
- Preparation of presentations.

Current control. Testing in practical classes of theoretical knowledge and the acquisition of practical skills, as well as the results of independent work of students. Supervised by teachers according to the specific purpose of the curriculum. Assessment of the level of student training is carried out by: interviewing students, solving and analyzing situational tasks and test tasks, monitoring the acquisition of practical skills.

Intermediate control. Checking the possibility of using students for the practical application of theoretical knowledge and practical skills on all topics studied, as well as the results of independent work of students. Carried out in the last lesson by section by passing practical skills, testing.

Final control. Students who have attended all lectures, classroom classes, full-time independent work and scored a number of points in the learning process, not less than the minimum - 60 are allowed to the final control (differential test). **points in the semester.**

Distribution of points received by students

A positive grade in each seminar can be from 3 to 6 points. A score below 3 points means "unsatisfactory", the lesson is not credited and is subject to practice in the prescribed manner. In order to assess learning outcomes, the final control in the form of diff. credit, which is recommended for academic disciplines.

The student can get a maximum of 120 points total for the discipline + 80 points for diff. offset; a total of 200 points.

Assessment of student performance

| Type of activity (task) | Maximum number of points |
|--------------------------------|---------------------------------|
| practical lesson 1 | 8 |
| practical lesson 2 | 8 |
| practical lesson 3 | 8 |
| practical lesson 4 | 8 |
| practical lesson 5 | 8 |
| practical lesson 6 | 8 |
| practical lesson 7 | 8 |
| practical lesson 8 | 8 |
| practical lesson 9 | 7 |
| practical lesson 10 | 7 |
| practical lesson 11 | 7 |
| practical lesson 12 | 7 |
| practical lesson 13 | 7 |
| practical lesson 14 | 7 |
| practical lesson 15 | 7 |
| practical lesson 16 | 7 |
| Together | 120 |
| Diff. test | 80 |
| Together with diff. offset | 200 |

Criteria for assessing knowledge

Score 7 - 8 points in a practical lesson, 111 - 120 points overall current performance in the semester and 71 - 80 points on the exam (A on the ECTS scale and 5 on the national scale) the student's response is evaluated if it demonstrates a deep knowledge of human anatomy and physiology, the ability to apply theoretical material for practical analysis and has no inaccuracies.

Score 5 - 6 points per semester, 91 - 110 points overall current performance in the semester and 61-70 points on the exam (B and C on the ECTS scale and 4 on the national scale) the answer is evaluated if it shows knowledge, the ability to apply them in practice, but some fundamental inaccuracies are allowed.

Score 3 - 4 points per semester, 70 - 90 points overall current performance in the semester and 50-60 points on the exam (D and E on the ECTS scale and 3 on the national scale) the student's response is evaluated provided that he knows the main theoretical principles and can use them in practice.

7. Recommended sources of information

7.1. Basic

1. Actual questions of palliative and hospice care in the practice of family doctor: manual / [Voronenko YV, Shekera OG, Gubsky YI etc.]. - К .: Заславський А.Ю., 2017. - 208 с.
2. Gubsky YI Palliative and hospice care: a textbook. Kyiv: "New Book", 2018. - 392 p
3. Gubsky YI, Hobzey MK Pharmacotherapy in palliative and hospice medicine. Clinical, pharmaceutical and medical-legal aspects // Monograph. Kyiv, Health. - 2011. 352 p.
4. Hospice care for patients / Ed. LI Andriishin. - Mother Teresa Charitable Foundation in Ivano-Frankivsk region. - Ivano-Frankivsk, 2007. - 64 p.
5. Palliative medicine: a textbook / V.Y. Shatilo, P.V. Yavorsky. - К .: ВСВ "Медицина", 2010. - 200 с.
6. Palliative and hospice care: a textbook / [Voronenko YV, Gubsky YI, Knyazevich VM, etc.], ed. Voronenko YV, Gubsky YI - Vinnytsia: New book, 2017. - 392 p.
7. Feshchenko Yu. AND. Palatial and hospandsleep care for patients with tuberculosis; educational settlementandbnik: Kiate: WWII "Medicine». 2017. - 128p

7.2. Additional

1. White Paper: Standards and Norms for Hospice and Palliative Care in Europe: Part 1 and 2 // European Journal of Palliative Care. - 2018. - Issue. 6, T 16. S. 278 - 289
2. Bondar GV Palliative care: a textbook. / GV Bondar. - Donetsk, 2006. - 156 p.
3. Lopanov PN Hospices / PN Лопанов □ С.А. Полишкис □ - М .: 2017. - 190 с
4. Methodical recommendations for palliative care for cancer patients // Prigozhaya TI, Nitish VE, Atamanenko AV - Gomel, 2002. - 58 p.

Information and electronic resource

National Library named after VI Vernadsky - www.nbuv.gov.ua.

State Service of Ukraine for Emergencies - www.dsns.gov.ua.

Ministry of Health of Ukraine - <http://www.moz.gov.ua>.

<http://uk.wikipedia.org/wiki>