

Master's Degree Palliative Care





Master's Degree Palliative Care

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Global University
- » Accreditation: 60 ECTS
- » Schedule: at your own pace
- » Exams: online

Website: www.techtitute.com/us/medicine/master-degree/master-palliative-care

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01

Introduction

The World Health Organization estimates that approximately 40 million people worldwide need palliative care each year. The reasons for this include the aging of the population and the increase in chronic diseases such as cancer. Faced with this situation, medical professionals play a key role in diagnosing pathologies, determining the progression of diseases and applying the most effective treatments to contribute to the well-being of users. However, to provide excellent and high quality services, physicians require a holistic approach to provide comprehensive care that addresses both medical and emotional needs. In response to this, TECH implements a pioneering online university program focused on comprehensive palliative care.



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Through this Master's Degree, 100% online, you will provide a comprehensive care focused on the needs of the patient and effectively address the most difficult symptoms"

As the world's population continues to age, the demand for palliative care focused on the specific needs of patients is on the rise. As such, medical care in this context plays a crucial role in improving the quality of life of users, as well as providing support to their families. However, despite advances in the treatment of symptoms associated with advanced chronic diseases, clinicians face significant challenges in the management of complex symptoms in terminally ill individuals. As such, physicians need to update their knowledge regularly to incorporate new treatments into their practice to help control symptoms and optimize patients' quality of life.

To facilitate this task, TECH has developed a complete program in Palliative Care. An academic itinerary that will delve into aspects ranging from pain treatments or symptom control, to emergency care during the end of life. It will also address the most innovative techniques to provide users with relief of suffering in all its dimensions (including thoracentesis, elastomeric infusors or drug delivery pumps). In this way, specialists will enhance their competencies to assess and manage a variety of symptoms in terminally ill patients.

The university program is taught in a 100% online format, which allows the experts to combine their update with the rest of their regular commitments. In addition, TECH employs its disruptive Relearning method with which doctors will progressively consolidate their knowledge without having to invest long hours of study. In turn, the program is supported by a teaching staff of excellence that is distinguished by having a renowned expert as International Guest Director. This scientist has accumulated dissimilar research results and is in charge of the development of 10 exhaustive Masterclasses.

This **Master's Degree in Palliative Care** contains the most complete and up-to-date scientific program on the market. Its most notable features are:

- ♦ Practical cases presented by experts in Palliative Care
- ♦ The graphic, schematic and eminently practical contents with which it is conceived gather scientific and practical information on those disciplines that are indispensable for professional practice
- ♦ Practical exercises where self-assessment can be used to improve learning.
- ♦ Its special emphasis on innovative methodologies
- ♦ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an Internet connection



This program guarantees you an exhaustive and exclusive update through the very complete Masterclasses of its International Guest Director"

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You will deepen your understanding of Nutrition in Palliative Care Patients and be able to help them both maintain their energy and reduce fatigue”

The program’s teaching staff includes professionals from the sector who contribute their work experience to this specializing program, as well as renowned specialists from leading societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide immersive education programmed to learn in real situations.

This program is designed around Problem-Based Learning, whereby the professional must try to solve the different professional practice situations that arise during the course. For this purpose, students will be assisted by an innovative interactive video system created by renowned and experienced experts.

You will master the most sophisticated non-invasive techniques for pain control, such as Neuromodulators, Infiltrations or Plexus Ablations.

A syllabus, based on the revolutionary Relearning methodology, that will allow you to consolidate complex concepts with efficiency and dynamism.



02 Objectives

With this revolutionary university program, physicians will have a solid understanding of the models of care in Palliative Care. Likewise, specialists will develop advanced clinical skills aimed at both the assessment and management of severe symptoms in terminally ill patients. Related to this, graduates will provide highly personalized care that takes into account the preferences, values and beliefs of individuals. In addition, physicians will stand out for their high ethical awareness and respect the dignity of individuals at all times. They will also design effective strategies to help families cope with grief.



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You will develop advanced competencies to manage the emotional stress and grief associated with caring for terminally ill patients, while also providing support to family members”



General Objectives

- ♦ Have a solid understanding of the fundamentals and models of care in Palliative Care, as well as aspects such as epidemiology or pathophysiology of chronic diseases
- ♦ Enhance clinical skills for the comprehensive assessment of patients, including the management of complex symptoms and the approach to total suffering
- ♦ Adopt an individualized approach to care, focusing on both the preferences and values of users, respecting their autonomy at all stages of pathology
- ♦ Obtain empathetic and effective communication skills with both affected individuals and their families
- ♦ Apply knowledge of specific nutrition to improve prognosis and reduce complications in patients with advanced disease
- ♦ Keep abreast of innovations in matters such as diagnostic and therapeutic techniques most relevant to the follow-up of palliative patients





Specific Objectives

Module 1. Palliative Care

- ♦ Know the origin and development of Palliative Care
- ♦ Delve into the different types of organization in Palliative Care
- ♦ Develop practical skills in symptom management (such as pain control, Dyspnea management or Fatigue management)
- ♦ Acquire skills to provide emotional support to patients and family members facing serious pathologies

Module 2. Palliative Care in Oncology Patients

- ♦ Understand the functioning of the Oncology Services
- ♦ Analyze the different types of Cancer by apparatus and systems

Module 3. Pain Treatment

- ♦ Delve into the knowledge of pain, its anatomy and ways of exploration
- ♦ Analyze conventional treatments
- ♦ Provide patients with information about their pain condition, as well as self-regulation and self-care strategies to manage it effectively
- ♦ Investigate alternative and innovative techniques for implementation in clinical practice

Module 4. Symptom Management

- ♦ Understand the physiological and pathological basis of common symptomatology in terminally ill patients
- ♦ Accurately identify the different types of symptoms
- ♦ Perform comprehensive examinations in the health of terminally ill patients
- ♦ Acquire skills to treat each symptom optimally

Module 5. Emergencies in Palliative Care

- ♦ Differentiate between palliative and terminal patients
- ♦ Recognize the most frequent emergencies in palliative patients
- ♦ Carry out a correct clinical management of palliative emergencies
- ♦ Adjust the most appropriate treatments according to the specific needs of the patient

Module 6. Palliative Care in Non-Oncological Processes

- ♦ Delve into the palliative criteria of the most frequent non-oncologic pathologies
- ♦ Obtain competences to identify patients with non-oncological palliative needs
- ♦ Apply the most appropriate treatments according to the pathology
- ♦ Provide personalized care that respects the preferences, values and beliefs of individuals

Module 7. Palliative Care Techniques in Medicine

- ♦ Know the importance of nursing in the management and care of palliative patients
- ♦ Have a solid knowledge of the NICs and NOCs
- ♦ Know how to apply assessment scales to Palliative Patients
- ♦ Remain at the forefront of state-of-the-art techniques in complex ulcer care
- ♦ Delve into the main nursing techniques with therapeutic potential
- ♦ Analyze the use of endovenous and subcutaneous pumps

Module 8. Family and Bereavement Care in Palliative Care

- ♦ Recognize the importance of psychology in palliative care
- ♦ Manage innovative techniques of approaching family members
- ♦ Establish the differences between palliative sedation and euthanasia
- ♦ Develop advanced strategies to help families manage bereavement
- ♦ Design procedures to avoid the conspiracy of silence
- ♦ Enhance communication skills to interact with patients' loved ones and inform patients honestly about issues such as prognosis of illness

Module 9. Nutrition in the Palliative Patient

- ♦ Acquire competences to diagnose malnutrition in palliative patients from early stages
- ♦ Perform an optimal approach to Cachexia and Sarcopenia
- ♦ Have a deep understanding of the types of diets depending on the pathology.
- ♦ Master the method of average nutrition

Module 10. Pediatric Palliative Care

- ♦ Be aware of the peculiarities of Pediatric Palliative Care
- ♦ Analyze the epidemiology of cancer in children
- ♦ Delve into the management of the most common symptoms in pediatric palliative care
- ♦ Control dosage by weight in pediatrics





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Updating your knowledge about Palliative Care Emergencies will be much more enjoyable thanks to the multimedia content that you will find in the Virtual Campus of this program"

03 Skills

Upon completion of this university program, medical professionals will provide comprehensive and high quality care to patients with advanced disease and at the end of life. Therefore, graduates will acquire skills to diagnose and address a wide range of complex symptomatology ranging from pain or Dyspnea to Depression. In this way, they will provide care focused on the needs and preferences of individuals, respecting both their autonomy and dignity at all stages of the pathology. In addition, specialists will optimize their communication skills to share key information such as prognosis.





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You will develop advanced skills in both assessing and treating a variety of complex symptoms, including pain, vomiting or nausea”



General Skills

- ◆ Develop skills to provide comprehensive and personalized care to advanced and terminally ill patients
- ◆ Acquire competencies to effectively manage the treatment of pain and other complex symptoms in palliative care
- ◆ Become skilled in empathic and effective communication with palliative patients and their families, adapting to their emotional and psychological needs
- ◆ Promote ethical and professional decision making in highly complex situations associated with end-of-life care
- ◆ Integrate up-to-date knowledge of oncologic and non-oncologic pathologies requiring palliative care
- ◆ Apply advanced diagnostic and therapeutic techniques in the context of palliative care to improve clinical management
- ◆ Use adapted nutrition strategies to improve the quality of life of patients and minimize the effects of advanced illnesses
- ◆ Actively participate in multidisciplinary teams to provide a holistic approach to palliative care
- ◆ Promote and apply current research and evidence to optimize palliative care practice
- ◆ Strengthen personal and professional resilience in the face of the emotional and ethical challenges of caring for terminally ill patients





Specific Skills

- ♦ Evaluate the efficacy and efficiency of palliative medicine from clinical and economic perspectives
 - ♦ Update knowledge on the presence of Palliative Medicine in scientific publications
 - ♦ Identify and address the most common tumors in different systems and devices
 - ♦ Apply knowledge of current oncology treatments, including chemotherapy, radiotherapy and emerging therapies such as immunotherapy
 - ♦ Implement effective treatments for pain, both pharmacological and non-pharmacological
 - ♦ Utilize opioids safely and effectively in palliative patients
 - ♦ Appropriately diagnose and treat a wide range of symptoms in palliative patients
 - ♦ Manage palliative care emergencies quickly and effectively
 - ♦ Apply scientific evidence to improve patient prognosis
 - ♦ Recognize and appropriately manage non-oncologic palliative processes
 - ♦ Decide on the limitation of therapeutic effort in appropriate contexts
 - ♦ Apply specific nursing scales and techniques for palliative patients
 - ♦ Develop and apply new nursing therapies to improve symptom control and quality of life
- ♦ Understand and manage the psychological and spiritual dimension of patients and their families
 - ♦ Design and implement nutritional plans adapted to the specific needs of each patient
 - ♦ Manage symptom control and emotional support for families of pediatric patients



The competencies you will acquire after the completion of this Master's Degree will guide you towards a more holistic and personalized care for terminally ill patients"

04

Course Management

TECH's philosophy is based on making the most complete and up-to-date university programs available to everyone. For this reason, it carries out a rigorous selection process to form its teaching staff. Thanks to this, for the design and delivery of this Master's Degree, it brings together leading specialists in the field of Palliative Care. Additionally, they have an extensive professional background, where they have been part of prestigious hospitals and have contributed to optimize the welfare of many terminally ill patients. Undoubtedly, a high intensity experience that will improve the clinical practice of the graduates.



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The teaching team, integrated by authentic references in Palliative Care, will guide you throughout the program to ensure a successful process of updating your knowledge"

International Guest Director

Dr. Blinderman is Associate Professor of Medicine and **Director of the Adult Palliative Medicine Service at Columbia University Medical Center/New York-Presbyterian Hospital**. He was previously an attending physician on the Palliative Care Service at Massachusetts General Hospital and co-directed the MGH Cancer Pain Clinic from 2007-2010.

He has published numerous original articles, reviews and chapters in the following areas: palliative care, early palliative care in lung cancer patients, palliative care for the dying patient, medical ethics, existential distress, symptom assessment and quality of life in patients with chronic pulmonary and heart failure, as well as cancer pain management and pain management in patients with a history of substance abuse. He is currently the editor of the Case Discussions section of the Journal of Palliative Medicine.

His academic resume includes an **MD in Medical School for International Health** from Ben Gurion University, as well as a **BA in Chemistry from Boston University**, a degree he earned *Magna Cum Laude*.



Dr. Blinderman, Craig David

- Director of Palliative Care at New York Presbyterian Hospital, New York, U.S.A.
- Specialist in Palliative Care at Massachusetts General Hospital
- Professor of Medicine at Harvard Medical School
- Degree in Chemistry, Boston University
- Associate Professor, Department of Medicine, Columbia University

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Thanks to TECH you will be able to learn with the best professionals in the world"

Management



Dr. Lafuente Sanchis, Manuel Pablo

- ◆ Head of the Home Hospitalization and Palliative Care Service at La Ribera University Hospital, Valencia
- ◆ Specialist in Family and Community Medicine at the Virgen de los Lirios Hospital, Alcoy
- ◆ Clinical Simulation Instructor, Catholic University of Murcia
- ◆ University Professor in Nursing Studies
- ◆ Expert in Palliative Care, International University of La Rioja
- ◆ University Expert in University Teaching from the Catholic University of Valencia
- ◆ Degree in Medicine and Surgery from the University of Valencia
- ◆ Member of: Spanish Society of Home Hospitalization and Spanish Society of Clinical Simulation

Professors

Dr. Duart Clemente, Cristina

- ◆ Specialist in Family and Community Medicine in the Valencia Health System
- ◆ Specialist of the Valencian Provincial Directorate of Disability Assessment Team
- ◆ Specialist in Family and Community Medicine at La Ribera University Hospital
- ◆ Master's Degree in Palliative Care from the University of Valladolid
- ◆ Degree in Medicine and Surgery from the University of Navarra

Dr. Santander López, Jorge

- ◆ Assistant Physician of the Home Hospitalization and Palliative Care Unit at La Fe Hospital
- ◆ Specialist in Family and Community Medicine
- ◆ Specialist in Home Hospitalization and Palliative Care
- ◆ Degree in Medicine and Surgery from the University of Mendoza, Argentina
- ◆ University Expert in Pain

Dr. Borda, Miguel Germán

- ♦ Geriatrician at Riviera Hospital
- ♦ Research Physician at Stavanger University Hospital
- ♦ Specialist in Geriatric Medicine
- ♦ Expert in Clinical Trials
- ♦ Advisor at the Foundation for Families with Alzheimer's Disease
- ♦ Post-doctorate in Dementias at Stavanger University Hospital
- ♦ Promoter of the SABE Bogota Study, funded by the Ministry of Science of Colombia
- ♦ Award for Best Original Research by the International Congress on Aging in Cartagena
- ♦ Member of the Colombian Association of Gerontology and Geriatrics

Dr. Tarraso Gómez, María Luisa

- ♦ Assistant Physician of the Home Hospitalization and Palliative Care Unit of La Ribera University Hospital
- ♦ Specialist Physician of the Pain Unit at La Ribera University Hospital
- ♦ Specialist in Family and Community Medicine. Residency at Dr. Peset Hospital
- ♦ Master's Degree in Palliative Care from the University of Valladolid
- ♦ Degree in Medicine and Surgery from the University of Valencia
- ♦ Member of: Valencian Society of Home Hospitalization and Palliative Group of the Spanish Multidisciplinary Society of Pain

Dr. Torrijos Pastor, Antonio

- ♦ Physician in Home Hospitalization La Ribera University Hospital
- ♦ Outpatient Emergency Physician at Carlet Integrated Health Center
- ♦ Specialist in Family and Community Medicine at the Marina Baixa Hospital, Alicante
- ♦ Degree in Medicine and Surgery from the University of Cadiz
- ♦ University Master's Degree in Palliative Care from the University of Valladolid
- ♦ Master's Degree in Clinical Medicine Research from the Miguel Hernández University
- ♦ Member of: SVMFYC Home Care Working Group, SEMERGEN Palliative Care Working Group and SEMFYC National Mental Health Working Group

Dr. Clep, Camelia Alina

- ♦ Specialist in Internal Medicine at the La Ribera University Hospital
- ♦ Degree in Medicine and Surgery from Iuliu-Hatieganu University, Cluj-Napoca Romania
- ♦ Attending Physician in the Home Hospitalization and Palliative Care Unit
- ♦ Specialist Degree in Palliative Care. International University of La Rioja
- ♦ Master's Degree in Chronic Diseases. University of Barcelona
- ♦ Member of: Spanish Society of Internal Medicine, Spanish Society of Home Hospitalization and Spanish Society of Palliative Care

Dr. Martín Marco, Antonio

- ♦ Internal Medicine Specialist at Arnau de Vilanova Hospital, Valencia
- ♦ Attending Physician in the Home Hospitalization and Palliative Care Unit
- ♦ Head of Teaching and Research in the Palliative Care in Unit
- ♦ Master's Degree in Emergency Medical Care
- ♦ Degree in Medicine and Surgery from the University of Zaragoza.
- ♦ Member of: Spanish Society of Medical Oncology and Spanish Society of Internal Medicine

Dr. Monroy Antón, José Luis

- ♦ Assistant Physician, Specialist in Radiation Oncology at La Ribera University Hospital
- ♦ Medical Services Doctor at the Infantry Academy of Toledo
- ♦ Director of Medical Radiodiagnosis Installations
- ♦ Occupational Risk Prevention Service Physician
- ♦ Expert of the Medical Association for Madrid Courts
- ♦ Degree in Medicine and Surgery from the Autonomous University of Madrid
- ♦ Collaborating Doctor in the Spanish Association Against Cancer
- ♦ Member of the Advisory Group to the Scientific Committee of the Spanish Society of Radiological Protection
- ♦ ESTRO Fellow[®] Certification
- ♦ Member of: Spanish Society of Palliative Care, Spanish Society of Radiation Oncology, European Society for Therapeutic Radiology and Oncology





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A unique, key, and decisive educational experience to boost your professional development”

05

Structure and Content

This program will provide physicians with a holistic approach to Palliative Care while developing advanced clinical skills. The syllabus will delve into issues ranging from oncology patient care or pain management to assisting family members in dealing with bereavement. In line with this, the syllabus will offer graduates the most advanced techniques oriented to terminal care, as well as innovative tools such as Ultrasound, Pleural Catheters or Endovenous Pumps. Therefore, specialists will manage a wide range of symptoms and provide personalized and comprehensive care to their patients.




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A high level syllabus that analyzes the latest scientific postulates in fields such as Pediatric Palliative Care”

Module 1. Palliative Care

- 1.1. Current Situation in Palliative Care
 - 1.1.1. Death in Modern Society
 - 1.1.2. Evolution of the Specialty
 - 1.1.3. Units at National and European Level
 - 1.1.4. Units at International Level
- 1.2. Palliative Care from the Perspective of International Law
 - 1.2.1. Human Rights
 - 1.2.2. European Law
 - 1.2.3. International Legality
- 1.3. Syllabuses
 - 1.3.1. Accreditation
 - 1.3.2. Pre-university Teaching
 - 1.3.3. Post-university Teaching
- 1.4. Scientific Societies
 - 1.4.1. National
 - 1.4.2. Regional
 - 1.4.3. Relations
- 1.5. Economic Perspective of Palliative Care in the Health Care System
 - 1.5.1. Economic Impact on Palliative Illness Health Systems
 - 1.5.2. Efficiency of Palliative Care Units
 - 1.5.3. Impact on the Family Economy
- 1.6. Organization of Palliative Care
 - 1.6.1. Hospital
 - 1.6.2. Home Hospitalization Units
 - 1.6.3. Palliative Care Based in Primary Care
- 1.7. Development of International Standards
 - 1.7.1. Historical Evolution of Palliative Care
 - 1.7.2. Birth of Modern Palliative Care
 - 1.7.3. Development of Palliative Care Units



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- 1.8. Research in Palliative Care
 - 1.8.1. Evolution of Scientific Publications in Palliative Care
 - 1.8.2. Impact Journals in Palliative Care
 - 1.8.3. Latest Publications
 - 1.9. Clinical History in Palliative Medicine
 - 1.9.1. Clinical Evaluation of Symptoms
 - 1.9.2. Scales in Palliative Medicine
 - 1.9.3. Evaluation of the Family and Main Caregiver

Module 2. Palliative Care in Oncology Patients

- 2.1. Biology and Cancer Epidemiology
 - 2.1.1. Epidemiology
 - 2.1.2. Genetic and Environmental Factors
 - 2.1.3. Evolution Over the Years
 - 2.1.4. Chronification of Cancer
- 2.2. Medical oncology
 - 2.2.1. Development of the Specialty
 - 2.2.2. Organization
 - 2.2.3. Expectations for the Future
- 2.3. Anti-cancer Treatments
 - 2.3.1. Chemotherapy
 - 2.3.2. Radiotherapy
 - 2.3.3. Immunotherapy
- 2.4. Cancer-related Syndromes
 - 2.4.1. Hypercalcemia
 - 2.4.2. Vena Cava Syndrome
 - 2.4.3. Oral Complications
 - 2.4.4. Paraneoplastic Syndromes
 - 2.4.5. Coagulation Disorders
- 2.5. Respiratory Cancer
 - 2.5.1. Most Common Types
 - 2.5.2. Treatment
 - 2.5.3. Frequent Complications

- 2.6. ORL Cancer
 - 2.6.1. Most Common Types
 - 2.6.2. Treatment
 - 2.6.3. Frequent Complications
- 2.7. Breast and Genitourinary Cancer
 - 2.7.1. Most Common Types
 - 2.7.2. Treatment
 - 2.7.3. Frequent Complications
- 2.8. Digestive Cancer
 - 2.8.1. Most Common Types
 - 2.8.2. Treatment
 - 2.8.3. Frequent Complications
- 2.9. Neurological Cancer
 - 2.9.1. Most Common Types
 - 2.9.2. Treatment
 - 2.9.3. Frequent Complications
- 2.10. Hematologic Cancer
 - 2.10.1. Most Common Types
 - 2.10.2. Treatment
 - 2.10.3. Frequent Complications
- 3.4. Pain assessment and Diagnosis
 - 3.4.1. Anamnesis and Examination
 - 3.4.2. Scales and Algorithms
 - 3.4.3. Imaging Techniques
- 3.5. Pharmacological Treatment of Pain in the Palliative Patient
 - 3.5.1. Usual Pharmacological Treatment
 - 3.5.2. Pharmacological Treatment of the Most Frequent Comorbidities: IR, CHF, Hepatic Insufficiency, Cognitive Impairment.
 - 3.5.3. Opioid Rotation
- 3.6. Non-Pharmacological Treatment
 - 3.6.1. Physical Therapy
 - 3.6.2. Radiotherapy
 - 3.6.3. Rehabilitation
- 3.7. Pain in the Palliative Oncology Patient
 - 3.7.1. Consultation Approach
 - 3.7.2. Most frequent Types of Pain
 - 3.7.3. Treatment and Follow-up Guidelines
- 3.8. Intervention Techniques
 - 3.8.1. Ganglion Ablation
 - 3.8.2. Infiltrations
 - 3.8.3. Plexus
 - 3.8.4. Drug Infusion Pumps
 - 3.8.5. Neuro-Modulators
- 3.9. Pain Associated with Antineoplastic Treatment
 - 3.9.1. Hypercalcemia
 - 3.9.2. Tumor lysis
 - 3.9.3. Related to Radiotherapy
- 3.10. Repercussions of Pain
 - 3.10.1. On the Quality of Life
 - 3.10.2. On the Emotional Sphere
 - 3.10.3. Economic Repercussions

Module 3. Pain Treatment

- 3.1. Pain in Palliative Care
 - 3.1.1. Approach to Pain in Palliative Care
 - 3.1.2. Epidemiology
 - 3.1.3. Most Common Types of Pain in Palliative Care Patients
- 3.2. Anatomy of Pain
 - 3.2.1. Topographic Atlas
 - 3.2.2. Pain Pathways
- 3.3. Classification
 - 3.3.1. According to Duration
 - 3.3.2. According to Origin
 - 3.3.3. According to Severity
 - 3.3.4. According to Pathophysiology

Module 4. Symptom Management

- 4.1. Symptom Control
 - 4.1.1. Consultation Approach
 - 4.1.2. How to Reflect the Severity of Symptoms
 - 4.1.3. Scales
- 4.2. Anorexia-Cachexia
 - 4.2.1. Approach
 - 4.2.2. Monitoring
 - 4.2.3. Treatment
- 4.3. Anxiety-Depression
 - 4.3.1. Approach
 - 4.3.2. Monitoring
 - 4.3.3. Treatment
- 4.4. Digestive Symptoms
 - 4.4.1. Nausea
 - 4.4.2. Constipation
 - 4.4.3. Dysphagia
- 4.5. Respiratory Symptoms
 - 4.5.1. Cough
 - 4.5.2. Hemoptysis.
 - 4.5.3. Stators
- 4.6. Hiccup
 - 4.6.1. Approach
 - 4.6.2. Monitoring
 - 4.6.3. Treatment
- 4.7. *Delirium*
 - 4.7.1. Approach
 - 4.7.2. Monitoring
 - 4.7.3. Treatment

- 4.8. Asthenia
 - 4.8.1. Approach
 - 4.8.2. Monitoring
 - 4.8.3. Treatment
- 4.9. Pruritus
 - 4.9.1. Approach
 - 4.9.2. Monitoring
 - 4.9.3. Treatment
- 4.10. Seizures
 - 4.10.1. Approach
 - 4.10.2. Monitoring
 - 4.10.3. Treatment

Module 5. Emergencies in Palliative Care

- 5.1. Febrile Neutropenia
 - 5.1.1. Infections in Palliative Medicine
 - 5.1.2. Approach and Diagnosis
 - 5.1.3. Treatment
- 5.2. Tumor lysis Syndrome
 - 5.2.1. Approach
 - 5.2.2. Diagnosis
 - 5.2.3. Treatment
- 5.3. Spinal Cord Compression
 - 5.3.1. Approach
 - 5.3.2. Diagnosis
 - 5.3.3. Treatment
- 5.4. Hypercalcemia
 - 5.4.1. Approach
 - 5.4.2. Diagnosis
 - 5.4.3. Treatment

- 5.5. DVT- PTE
 - 5.5.1. Approach
 - 5.5.2. Diagnosis
 - 5.5.3. Treatment
- 5.6. Anxiety Attack.
 - 5.6.1. Approach
 - 5.6.2. Diagnosis
 - 5.6.3. Treatment
- 5.7. Intestinal Occlusion
 - 5.7.1. Approach
 - 5.7.2. Diagnosis
 - 5.7.3. Treatment
- 5.8. Massive Hemorrhage
 - 5.8.1. Approach
 - 5.8.2. Diagnosis
 - 5.8.3. Treatment
- 5.9. Oncologic Breakthrough Pain
 - 5.9.1. Approach
 - 5.9.2. Diagnosis
 - 5.9.3. Treatment
- 5.10. Others in Emergency Situations
 - 5.10.1. Hemoptysis.
 - 5.10.2. Gastrointestinal Bleeding
 - 5.10.3. Dyspnea

Module 6. Palliative Care in Non-Oncological Processes

- 6.1. Heart Failure
 - 6.1.1. Diagnosis
 - 6.1.2. Palliation Criteria
 - 6.1.3. Treatment
- 6.2. COPD
 - 6.2.1. Diagnosis
 - 6.2.2. Palliation Criteria
 - 6.2.3. Treatment

- 6.3. Pulmonary Fibrosis
 - 6.3.1. Diagnosis
 - 6.3.2. Palliation Criteria
 - 6.3.3. Treatment
- 6.4. Chronic Renal Insufficiency
 - 6.4.1. Diagnosis
 - 6.4.2. Palliation Criteria
 - 6.4.3. Treatment
- 6.5. Hepatopathy or Liver Disease
 - 6.5.1. Diagnosis
 - 6.5.2. Sizing Criteria
 - 6.5.3. Treatment
- 6.6. Cognitive Impairment
 - 6.6.1. Diagnosis
 - 6.6.2. Palliation Criteria
 - 6.6.3. Treatment
- 6.7. ALS
 - 6.7.1. Diagnosis
 - 6.7.2. Palliation Criteria
 - 6.7.3. Treatment
- 6.8. Multiple Sclerosis
 - 6.8.1. Diagnosis
 - 6.8.2. Palliation Criteria
 - 6.8.3. Treatment
- 6.9. Parkinson's Disease
 - 6.9.1. Diagnosis
 - 6.9.2. Palliation Criteria
 - 6.9.3. Treatment
- 6.10. Peripheral Arterial Failure
 - 6.10.1. Diagnosis
 - 6.10.2. Palliation Criteria
 - 6.10.3. Treatment



Module 7. Palliative Care Techniques in Medicine

- 7.1. General Ultrasound
 - 7.1.1. Uses of Ultrasound
 - 7.1.2. Support in Techniques
 - 7.1.3. Urgent Pathology Screening
- 7.2. Nutritional Ultrasound
 - 7.2.1. Muscle Measurement
 - 7.2.2. Fat Measurement
 - 7.2.3. Angle of Pennation
- 7.3. Thoracentesis
 - 7.3.1. Pleural Catheters
 - 7.3.2. Technique
 - 7.3.3. Complications
- 7.4. Paracentesis
 - 7.4.1. Peritoneal Catheters
 - 7.4.2. Technique
 - 7.4.3. Complications
- 7.5. Subcutaneous Route
 - 7.5.1. Elastomeric Infusers
 - 7.5.2. Subcutaneous Treatments
 - 7.5.3. Compatible Mixtures in Infusers
- 7.6. Non-invasive Techniques in Pain Control
 - 7.6.1. Capsaicin
 - 7.6.2. Radiofrequency
 - 7.6.3. Heat
 - 7.6.4. Physical Exercise
- 7.7. Invasive Techniques in Pain Control
 - 7.7.1. Infiltrations
 - 7.7.2. Plexus Ablations
 - 7.7.3. Ganglion Ablation
 - 7.7.4. Drug Delivery Pumps
 - 7.7.5. Neuromodulators

- 7.8. Central Routes
 - 7.8.1. Types of Central Pathways
 - 7.8.2. Channeling Technique
 - 7.8.3. Complications
- 7.9. Management of Intravenous Pumps
 - 7.9.1. Types of Pumps
 - 7.9.2. Use in Routine Practice
 - 7.9.3. Compatible Drugs
- 7.10. Non-invasive Mechanical Ventilation in Palliative Care
 - 7.10.1. Cpap
 - 7.10.2. BiPap
 - 7.10.3. Cough Assist

Module 8. Family and Bereavement Care in Palliative Care

- 8.1. Psycho-oncology
 - 8.1.1. Psychological Assessment of the Patient in Palliative Care
 - 8.1.2. Adaptation Process of the Patient at the End of Life
 - 8.1.3. Support for the Terminally Ill Patient
- 8.2. The Family of the Palliative and Terminally Ill Patient
 - 8.2.1. Family Assessment and Functioning
 - 8.2.2. The Process of Adaptation of the Family to the End-of-Life Situation.
 - 8.2.3. Support for the Family in the Terminal Phase
 - 8.2.4. Caregiver Burden in Palliative Care
- 8.3. Bereavement in Palliative Care
 - 8.3.1. Assessment
 - 8.3.2. Symptoms of Bereavement
 - 8.3.3. Complicated or Pathological Grief
 - 8.3.4. Psychological Assessment and Counseling in Bereavement
- 8.4. Spirituality and Palliative Care
 - 8.4.1. Approach to Spirituality in the Consultation Room
 - 8.4.2. Facilitating Spiritual Services
 - 8.4.3. Empathy
- 8.5. Advance Directives
 - 8.5.1. What Is It?
 - 8.5.2. Current Legality
 - 8.5.3. Process
 - 8.5.4. Benefits of Having an Advance Directive
- 8.6. Last Days of Life (LDS) Situation
 - 8.6.1. Characteristics and Diagnosis of LDS
 - 8.6.2. General Care in LDS
 - 8.6.3. Symptomatic Control in LDS
- 8.7. Non-pharmacological Measures in the Last Days of Life
 - 8.7.1. Psychological Support
 - 8.7.2. Hydration
 - 8.7.3. Advice to Family Members
 - 8.7.4. Instrumental Support at Home
- 8.8. Refractory Symptoms
 - 8.8.1. What do They Consist of?
 - 8.8.2. Most Common Symptoms at the End of Life
 - 8.8.3. Management of Refractory Symptoms
- 8.9. Palliative Sedation
 - 8.9.1. Type I:
 - 8.9.2. Indications for Palliative Sedation
 - 8.9.3. Pharmacology of Sedation
 - 8.9.4. Differences Between Sedation and Euthanasia
- 8.10. Euthanasia in Palliative Care
 - 8.10.1. Differences Between Palliative Sedation and Euthanasia
 - 8.10.2. Current Legality
 - 8.10.3. Process
 - 8.10.4. Euthanasia Process

Module 9. Nutrition in the Palliative Patient

- 9.1. Disease-related Malnutrition
 - 9.1.1. Diagnosis
 - 9.1.2. Monitoring
 - 9.1.3. Treatment
- 9.2. Tumor Cachexia
 - 9.2.1. Diagnosis
 - 9.2.2. Monitoring
 - 9.2.3. Treatment
- 9.3. Specific Diets
 - 9.3.1. Hyperproteic
 - 9.3.2. Hypercaloric
 - 9.3.3. Restrictive.
- 9.4. Diets for the Treatment of Anemias
 - 9.4.1. What do They Consist of?
 - 9.4.2. Iron Deficiency
 - 9.4.3. Megaloblastic Anemia
- 9.5. Objectives of Diabetes Mellitus Control
 - 9.5.1. Management in Special Situations (Fasting, Vomiting)
 - 9.5.2. Blood Sugar Levels.
 - 9.5.3. Treatment
- 9.6. Diets for Specific Pathologies
 - 9.6.1. Chronic Heart Failure (CHF)
 - 9.6.2. COPD
 - 9.6.3. Liver Failure
 - 9.6.4. Renal Insufficiency
- 9.7. Dysphagia
 - 9.7.1. Diagnosis
 - 9.7.2. Diets with Adapted Textures
 - 9.7.3. Monitoring

- 9.8. Nutrition by SNG/PEG
 - 9.8.1. Types of Tubes
 - 9.8.2. Artificial Nutrition
 - 9.8.3. Treatment
 - 9.8.4. Monitoring
- 9.9. Interactions Between Nutrition and Drugs
 - 9.9.1. Incompatibilities.
 - 9.9.2. Treatment Adjustments
 - 9.9.3. Monitoring
- 9.10. Hydration at the End of Life
 - 9.10.1. Medical Aspects
 - 9.10.2. Legal Aspects

Module 10. Pediatric Palliative Care

- 10.1. Pediatric Palliative Care
 - 10.1.1. Differences with Adult Palliative Care
 - 10.1.2. Current Status of Pediatric Palliative Care
 - 10.1.3. Reference Units
- 10.2. Care of the Family in the Pediatric Palliative Patient
 - 10.2.1. Family Approach
 - 10.2.2. Treatment of the Family Unit
 - 10.2.3. Monitoring
- 10.3. Childhood Cancer
 - 10.3.1. Epidemiology
 - 10.3.2. Most Common Cancers
 - 10.3.3. Treatment
- 10.4. Symptom Control in Pediatric Patients
 - 10.4.1. Differential Aspects with Adults
 - 10.4.2. The Disease in the Child
 - 10.4.3. Most Common Symptoms

- 10.5. Pain Treatment in Pediatrics
 - 10.5.1. Types of Pain
 - 10.5.2. Pharmacology of Analgesia in Pediatric Age
 - 10.5.3. Dosage
- 10.6. Treatment of Dyspnea in Pediatrics
 - 10.6.1. Types of Dyspnea
 - 10.6.2. Diagnosis
 - 10.6.3. Treatment
- 10.7. Anxiety and Psychological Symptoms Associated With the Disease
 - 10.7.1. Diagnosis
 - 10.7.2. Treatment
 - 10.7.3. Monitoring
- 10.8. Drug Dosage in Pediatrics
 - 10.8.1. Differences with Adult Pharmacology
 - 10.8.2. Dosage in Analgesia
 - 10.8.3. Dosage in Antibiotherapy
 - 10.8.4. Dosage in Treatments of the Emotional Sphere
- 10.9. Last Days Situation in Pediatric Patients
 - 10.9.1. Sedation
 - 10.9.2. Refractory Symptoms
 - 10.9.3. Treatment
- 10.10. Grief in Pediatrics
 - 10.10.1. Differences with Adult Grief
 - 10.10.2. Diagnosis
 - 10.10.3. Treatment and Follow-up of Family Members





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Increase your confidence in clinical decision making by renewing your knowledge through this complete program Enroll now!”

06

Methodology

This academic program offers students a different way of learning. Our methodology uses a cyclical learning approach: **Relearning**.

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the **New England Journal of Medicine** have considered it to be one of the most effective.



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Discover Relearning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"

At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gervas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.

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Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method”

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.

Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology, more than 250,000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.



This program offers the best educational material, prepared with professionals in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Surgical Techniques and Procedures on Video

TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



Interactive Summaries

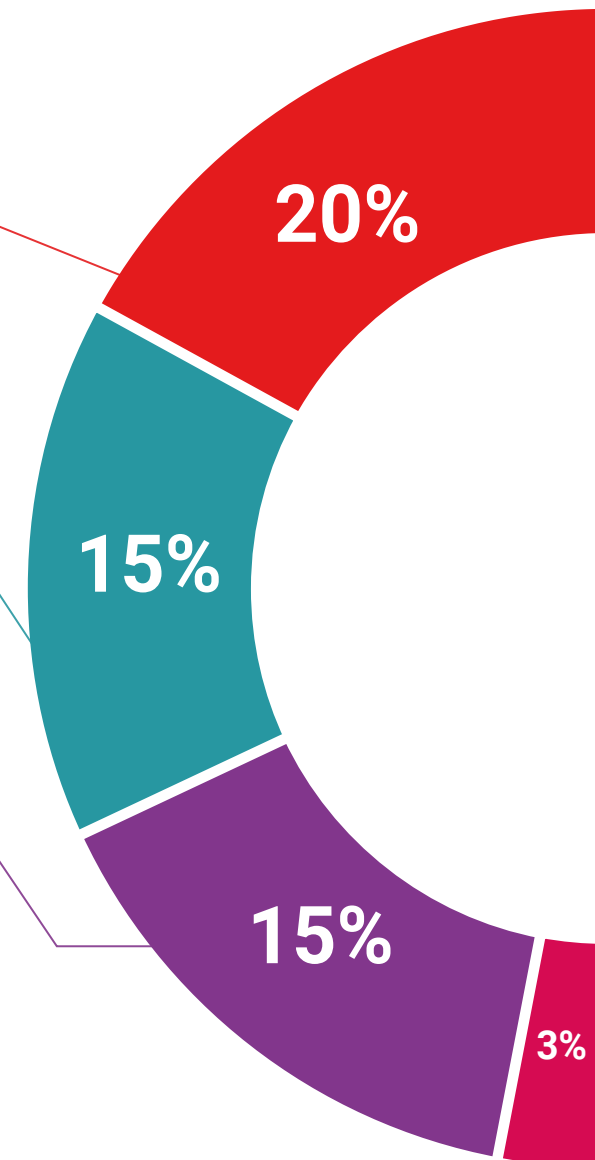
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



Classes

There is scientific evidence on the usefulness of learning by observing experts. The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.



07 Certificate

The Master's Degree in Palliative Care guarantees students, in addition to the most rigorous and up-to-date education, access to a Master's Degree issued by TECH Global University.



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*Successfully complete this program
and receive your university qualification
without having to travel or fill out
laborious paperwork”*

This private qualification will allow you to obtain a **Master's Degree Diploma in Palliative Care Management** endorsed by **TECH Global University**, the world's largest online university.

TECH Global University, is an official European University publicly recognized by the Government of Andorra (**official bulletin**). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

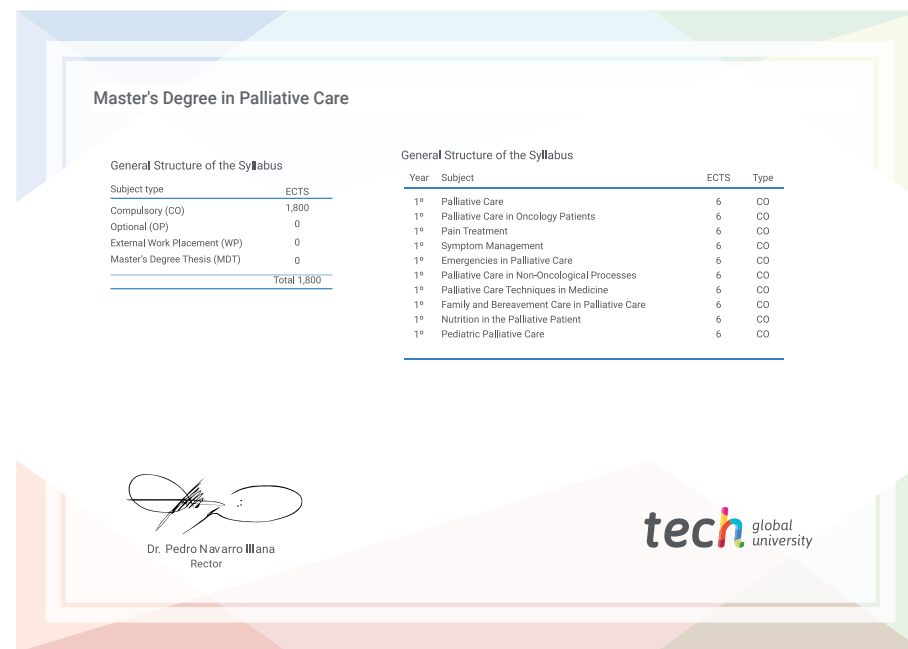
This **TECH Global University** private qualification, is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Master's Degree in Palliative Care**

Modality: **online**

Duration: **12 months**

Accreditation: **60 ECTS**



*Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH Global University will make the necessary arrangements to obtain it, at an additional cost.



Master's Degree Palliative Care

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Global University
- » Accreditation: 60 ECTS
- » Schedule: at your own pace
- » Exams: online

Master's Degree Palliative Care

