



Care for Children and Adolescents with Cancer Who Do Not Respond to Treatment

» Modality: online

» Duration: 6 months

» Certificate: TECH Global University

» Accreditation: 17 ECTS

» Schedule: at your own pace

» Exams: online

Website: www.techtitute.com/us/nursing/postgraduate-diploma/postgraduate-diploma-care-children-adolescents-cancer-who-do-not-respond-treatment

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Introduction

The development of this training program arises from the need for specific education in the field of oncology for nursing professionals, particularly in the area of nursing and care for children with cancer who do not respond to treatment. The increasing incidence only on pediatric patients but also on their families and surroundings-highlight the importance of ensuring that healthcare professionals are up-to-date with the essential





tech 06 | Introduction

Thanks to the scientific and technological advances of recent years, there has been a significant increase in treatment and cure possibilities for children and adolescents with oncological diseases. These continuous scientific and therapeutic advances require constant specialization and updating of nursing professionals working in pediatric oncohematology units in order to provide high-quality care to those in need of increasingly complex and specific care.

Nursing care for pediatric patients with neoplastic diseases, as well as for their families, poses a challenge due to the meaning of the disease itself, its progression, the intensive and specific treatment required, its side effects, and the emotional and social impact on them.

Pediatric oncology nursing professionals are aware of the need for postgraduate training to achieve a specific level of competence that allows us to enhance our clinical care training and respond effectively to the care needs of our patients and their families.

The program in Pediatric Oncology Nursing we present is currently the only specific master's program focused on the treatment and care of children and adolescents with cancer and their families, designed by and for nursing professionals.

Our teaching team consists of highly esteemed professionals with extensive experience in reference units, both nationally and internationally, in the treatment and care of childhood cancer. During this program, we will provide you with the scientific-technical knowledge and comprehensive care skills needed to acquire the competencies necessary for the care of children with cancer and their families. A global approach that incorporates physical, psychological, emotional, social, and spiritual dimensions.

This Postgraduate Diploma in Care for Children and Adolescents with Cancer Who Do Not Respond to Treatment contains the most complete and up-to-date scientific program on the market. The most important features include:tures:

- The latest technology in online teaching software
- A highly visual teaching system, supported by graphic and schematic contents that are easy to assimilate and understand
- Practical cases presented by practising experts
- State-of-the-art interactive video systems
- Teaching supported by telepractice
- · Continuous updating and recycling systems
- Self-regulating learning: full compatibility with other occupations
- Practical exercises for self-evaluation and learning verification
- Support groups and educational synergies: questions to the expert, debate and knowledge forums.
- Communication with the teacher and individual reflection work
- Content that is accessible from any fixed or portable device with an Internet connection internet connection
- Banks of complementary documentation permanently available, even after the course



Get intensively updated on the practical strategies for the management of oncological diseases through a learning process designed to be applied in the practice, from the very beginning"



This Postgraduate Diploma can be the best investment you can make when selecting a professional development program for two reasons: in addition to updating your knowledge in the care of children and adolescents with cancer who do not respond to treatment, you will also earn a diploma for the Postgraduate Diploma awarded by TECH Global University"

Our teaching staff consists of active professionals, ensuring that we meet the goal of providing the educational update we aim for. A multidisciplinary team of experts, trained and experienced in different settings, will develop the theoretical knowledge efficiently, but, above all, will offer practical insights based on their personal experience—one of the distinguishing qualities of this Postgraduate Diploma.

This mastery of the subject is complemented by the effectiveness of the methodology used in the design of this Postgraduate Diploma. Developed by a team of e-learning experts, it integrates the latest advancements in educational technology. As such, you will be able to study with a range of multimedia tools that are convenient and versatile, providing the functionality you need for your training.

The design of this program is based on Problem-Based Learning: an approach that conceives learning as a highly practical process. To achieve this remotely, we will use telepractice learning: with the help of an innovative interactive video system, and learning from an expert, you will be able to acquire the knowledge as if you were actually dealing with the scenario you are learning about. This concept will enable you to integrate and consolidate learning in a more realistic and lasting way.

The most outstanding aspect of our educational formula is the possibility of hands-on learning, even while learning remotely: a challenge that we have achieved and that provides our students with the best results.

Observing the expert, while performing the task, triggers brain mechanisms similar to those activated when performing the same activity: this is the principle of the high efficiency of our "learning from an expert"





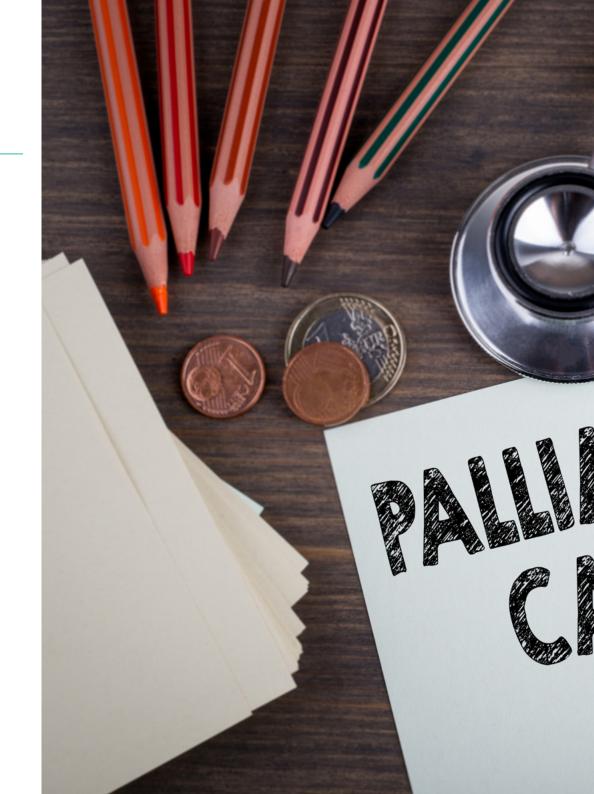


tech 10 | Objectives



General Objectives

- Update knowledge on Care for Children and Adolescents with Cancer Who Do Not Respond to Treatment
- Promote work strategies based on an integrated approach to the care of
 patients with Care for Children and Adolescents with Cancer Who Do Not
 Respond to Treatment, serving as a model for achieving excellence in healthcare
- Foster the acquisition of skills and technical expertise through a powerful audiovisual system, and offer opportunities for development through online simulation workshops and/or specific training
- Encourage professional stimulation through continuous training and research
- Optimize the quality of care for pediatric patients with oncological diseases, acquiring higher qualifications
- Acquire the essential competencies to provide comprehensive care for children and adolescents with cancer and their families
- Recognize and assess the physical, psychological, social, and spiritual needs of children and adolescents with cancer and their families
- Gain the knowledge and skills necessary to develop the personal and professional attitudes required to treat children and adolescents with cancer
- Develop a holistic vision of care for children and adolescents with cancer and their families, always promoting their well-being, autonomy, and dignity
- Develop problem-solving skills and generate evidence in pediatric oncology to address knowledge gaps
- Develop problem-solving and evidence generation capabilities in the field of pediatric oncology to correct knowledge shortcomings
- Establish standards of excellence in practice







Specific Objectives

- Analyze the anatomical, physiological, and cognitive differences of children and adolescents with cancer based on their age and developmental stage
- Present and emphasize the rights of hospitalized children
- Understand the fundamental elements of the management and organization of pediatric oncohematology services and units
- Epidemiologically locate the incidence and survival rates of childhood cancer
- Present the biological and pathophysiological foundations of childhood cancer
- Acquire basic knowledge on key aspects of malignant onco-hematological pathologies in childhood, including diagnosis, etiology, treatment, and late side effects
- Present and emphasize the rights of hospitalized children
- Discuss the broader context of childhood cancer in society and the healthcare system





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An impressive teaching staff, made up of professionals from different areas of expertise, will be your teachers during your training: a unique opportunity not to be missed"

tech 14 | Course Management

Management



Ms. Coronado Robles, Raquel

• Nurse specialized in Pediatric Nursing. Pediatric oncohematology unit, Vall d'Hebron Hospital, Barcelona. Associate Professor and coordinator of the Childhood Mention of the Nursing Degree at the Autonomous University of Barcelona (UAB)

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Ms. Fernández Angulo, Verónica

- Day Hospital Pediatric Oncohematology Unit
- Vall d'Hebron Hospital of Barcelona

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• Pediatric oncohematology Unit Vall d'Hebron Barcelona Hospital Campus. Co-director of SEER (Emotional Health and Education)

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• Pediatric intensive care unit (PICU). Vall d'Hebron Barcelona Hospital Campus

Ms. Saló Rovira, Anna

- Psycho-Oncologist
- Pediatric oncohematology Unit Vall d'Hebron Barcelona Hospital Campus

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Ms. Verona-Martínez Humet, Pilar

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Ms. Vidal Laliena, Miriam

 Ph.D cell biology, immunology and neuroscience at IDIBAPS- UB. Clinical Data Managerstudy coordinator Pediatric oncohematology unit Vall d'Hebron Barcelona Hospital Campus (2016-2017). Current clinical trial monitor in the pharmaceutical industry (contact, support and coordination with hospital units)

Ms. Vlaic, Mihaela

• Pediatric Nurse. Vall d'Hebron Hospital of Barcelona







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Module 1. Introduction to Pediatric Cancer and Main Treatments

- 1.1. Children and Cancer
 - 1.1.1. Children Are Not Small Adults
 - 1.1.1.1. Anatomophysiological Differences
 - 1.1.1.2. Developmental Stages
 - 1.1.2. The Child with Cancer
 - 1.1.3. The Adolescent with Cancer
 - 1.1.4. The Family
 - 1.1.4.1. The Parents
 - 1.1.4.2. The Siblings
 - 1.1.4.3. The Grandparents
 - 1.1.5. Pediatric Oncohematology Units
 - 1.1.5.1. The Hospital Environment
 - 1.1.5.1.1. The Hospital
 - 1.1.5.1.2. The Pediatric Oncohematology Unit
 - 1.1.5.1.2.1. The Physical Space
 - 1.1.5.1.2.2. The Professional Team
 - 1.1.5.1.2.3. The Non-Professional Support Team
 - 1.1.5.1.3. Support Units
 - 1.1.6. Life Outside the Hospital During the Period of Illness
- 1.2. Types of Pediatric Cancer
 - 1.2.1. Leukemias and Myelodysplastic Syndromes
 - 1.2.1.1. Acute Leukemias in Pediatric Age (AL)
 - 1.2.1.2. Chronic Leukemias in Pediatric Age (CL)
 - 1.2.1.3. Myelodysplastic Syndromes
 - 1.2.2. Lymphomas and Reticuloendothelial Neoplasms in Pediatrics
 - 1.2.2.1. Hodgkin's Lymphomas
 - 1.2.2.2. Non-Hodgkin's Lymphomas
 - 1.2.3. Brain Tumors and Miscellaneous Intracranial and Intraspinal Neoplasms in Pediatrics
 - 1.2.4. Neuroblastomas and Other Peripheral Nerve Cell Tumors in Pediatrics

- 1.2.5. Retinoblastomas in Pediatrics
- 1.2.6 Renal Tumors in Pediatrics
- 1.2.7. Hepatic Tumors in Pediatrics
 - 1.2.7.1. Hepatoblastoma
 - 1.2.7.2. Hepatocellular Carcinoma
- 1.2.8. Bone Tumors in Pediatrics
 - 1.2.8.1. Osteosarcomas
 - 1.2.8.2. Chondrosarcomas
 - 1.2.8.3. Ewing and Related Bone Sarcomas
- 1.2.9. Soft Tissue Sarcomas and Other Extraosseous Tumors in Pediatrics
- 1.2.10. Other Malignant Neoplasms in Pediatrics
- 1.3. Diagnostic Procedures and Follow-Up in Pediatric Oncohematology
 - 1.3.1. Introduction
 - 1.3.2. Physical Examination
 - 1.3.3. Peripheral Blood Analysis
 - 1.3.4. Urine Analysis
 - 1.3.5. Stool Analysis
 - 1.3.6. Imaging Tests
 - 1.3.7. Bone Marrow Aspiration (BMA)
 - 1.3.8. Bone Marrow Biopsy
 - 1.3.9. Lumbar Puncture
 - 1.3.9.1. Cerebrospinal Fluid Study
 - 1.3.9.2. Measuring Intracranial Pressure (ICP)
 - 1.3.10 Tumor Biopsies
 - 1.13.11 Adapting Diagnostic Tests in Pediatrics
- 1.4. Pediatric Cancer Treatment
 - 1.4.1. Introduction
 - 1.4.2. Chemotherapy
 - 1.4.3. Radiotherapy
 - 1.4.3.1. General Principles
 - 1.4.3.2. Indications
 - 1.4.3.3. Age Adaptation
 - 1.4.3.4. Side Effects

1.4.4. Surgery

- 1441 Indications
 - 1.4.4.1.1. Histological Diagnosis
 - 1.4.4.1.2. Tumor Staging
 - 1.4.4.1.3. Cancer Treatment
 - 1.4.4.1.4. Adjuvant Surgery
 - 1.4.4.1.5. Bone Reconstruction
 - 1.4.4.1.6. Treatment of Complications
 - 1.4.4.1.7. Organ Transplantation
- 1.4.4.2. Most Common Surgery Types
- 1.4.5. Hematopoietic Stem Cell Transplantation
- 1.4.6. Supportive Therapies
 - 1.4.6.1. Transfusional Support Therapies
 - 1.4.6.2. Infection Treatment and Prophylaxis
 - 1.4.6.2.1. Antibiotics
 - 1.4.6.2.2. Antivirals
 - 1.4.6.2.3. Antifungal
 - 1.4.6.2.4. Granulocyte Colony-Stimulating Factor (G-CSF)
 - 1.4.6.3. Antiemetics
 - 1464 Corticosteroids
 - 1.4.6.5. Immunosuppressants
 - 1.4.6.6. Thrombolytic and Antithrombolytic Therapy
 - 1.4.6.7. Pain Treatment
 - 1.4.6.8. Pain Treatment
- 1.4.7. New Therapies

Module 2. ursing Care for Children with Cancer

- 2.1. Patient Safety in Nursing Care in the Unit
 - 2.1.1. Safety Culture
 - 2.1.2. Involved Professionals
 - 2.1.3. Safety Priorities
 - 2.1.3.1. Patient Identification
 - 2.1.3.2. Medication Error Prevention
 - 2.1.3.3. Prevention and Care of Phlebitis
 - 2.1.3.4. Prevention and Management of Drug Extravasation
 - 2.1.3.5. Safe Transfusion Practices
 - 2.1.3.6. Fall Risk
 - 2.1.3.7. Risk of Pressure Ulcers (PU)
 - 2.1.3.8. Infection Prevention
 - 2.1.3.9. Pain Prevention and Management
 - 2.1.3.10. Participation in Decision Making
 - 2 1 4 Fyidence-Based Care
- 2.2. Nursing Care. Venous Catheters (II). Subcutaneous Reservoir
 - 2.2.1. Indications for Subcutaneous Reservoir Placement
 - 2.2.2. Advantages and Disadvantages
 - 2.2.3. Implantation in the Operating Room
 - 2.2.4. Nursing Care
 - 2.2.4.1. Receiving the Patient
 - 2.2.4.2. Catheter Verification
 - 2.2.4.3. Catheter Registration
 - 2.2.4.4. Maintenance
 - 2.2.4.4.1. Needle Insertion
 - 2.2.4.4.2. Care of the Insertion Site
 - 2.2.4.4.3. Handling the Catheter with Needle Inserted
 - 2.2.4.4.4. Removal/Change of the Gripper Needle
 - 2.2.4.4.5. Recording Catheter Maintenance Care
 - 2.2.4.5. Potential Complications
 - 2.2.4.6. Management of Complications
 - 2.2.5. Removal of the Subcutaneous Reservoir

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- The Importance of Observation and Active Listening in Pediatric Oncohematology Nursing 2.3.1. Importance of Observation 2.3.1.1. Differences Between Seeing, Looking and Observing 2.3.1.2. Objectives of Active Observation 2.3.1.3. Moments for Observation in Pediatric Oncohematology 2.3.1.3.1. Observing the Child 2.3.1.3.2. Observing the Family 2.3.1.4. Obstacles and Difficulties 2.3.2. Importance of Active Listening 2.3.2.1. Differences Between Hearing and Listening 2.3.2.2. Technique of Absolute Listening 2.3.2.3. Factors That Prevent Maintaining Active Listening 2.4. Treatment and Pain Management in Pediatric Oncohematology 2.4.1. What It Is 2.4.2. Pathophysiology 2.4.3. Classification 2.4.3.1. By Pathophysiological Mechanisms Involved 2.4.3.2. By Etiology 2.4.3.3. By Duration 2.4.4. Pain Assessment in Pediatrics 2.4.4.1. Nursing Objectives 2.4.4.2. Measurement Methods 2.4.4.2.1. Physiological Assessment 2.4.4.2.2. Behavioral Assessment 2.4.4.2.3. Cognitive Assessment. Self-Communication or Self-Report 2.4.5. Pain Treatment in Pediatrics 2.4.5.1. Pharmacological 2.4.5.2. Non-Pharmacological
- Skin Care in Pediatric Oncohematology 2.5.1 Introduction 2.5.2. General Skin Care 2.5.2.1. Sun Exposure 2.5.2.2. Clothing 2.5.2.3. Hygiene 2.5.2.4. Hydration 2.5.2.5. Nail Care 2.5.2.6. Postural Changes 2.5.3. Most Common Alterations. Prevention, Assessment and Treatment 2.5.3.1. Alopecia 2.5.3.2. Hirsutism 2.5.3.3. Skin Dryness 2.5.3.4. Exfoliative Dermatitis or Palmar-Plantar Erythrodysesthesia 2.5.3.5. Pruritus 2536 Striae 2.5.3.7. Ulcerations 2.5.3.8. Radiodermatitis 2.5.3.9. Perianal and Genital Dermatosis 2.5.3.10. Mucositis 2.5.3.11. Surgical Complications 2.5.3.11.1. Fixations 2.5.3.11.2. Wounds/Scars 2.5.3.11.3. Vacuum-Assisted Closure Therapy (VAC) 2.5.3.12. Related to Therapeutic Devices 2.5.3.12.1. Venous Access 2.5.3.12.1.1. Peripherally Inserted Central Catheter (PICC) 2.5.3.12.1.2. Central Venous Access in Jugular Veins 2.5.3.12.1.3. Subcutaneous Reservoir 2.5.3.12.1.4. Extravasations

2.5.3.12.2. Nutritional and Elimination Devices
2.5.3.12.2.1. Nasogastric Tube
2.5.3.12.2.2. Gastric Button
2.5.3.12.2.3. Stomas

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- 2.6. When the Response to Treatment Is Inadequate
 - 2.6.1. Response to Disease
 - 2.6.1.1. Concept of Minimal Residual Disease
 - 2.6.1.2. Complete Remission
 - 2.6.1.3. Partial Remission
 - 2.6.1.4. Disease Progression
 - 2.6.2. Definition of Recurrence
 - 2.6.3. The Challenge of Preventing Relapses
 - 2.6.4. Diseases or Situations with Higher Likelihood of Recurrence
 - 2.6.5. Treatment Options
 - 2.6.6. Supporting and Accompanying the Patient Through Recurrence
 - 2.6.6.1. Parents
 - 2.6.6.1.1. Emotional Reactions
 - 2.6.6.1.2. Coping Strategies
 - 2.6.6.1.3. Nursing Support
 - 2.6.6.2. Children with Cancer Recurrence
 - 2.6.6.2.1. Emotional Reactions
 - 2.6.6.2.2. Coping Strategies
 - 2.6.6.2.3. Nursing Support
 - 2.6.6.3. Adolescent with Cancer Recurrence
 - 2.6.6.3.1. Emotional Reactions
 - 2.6.6.3.2. Coping Strategies
 - 2.6.6.3.3. Nursing Support
- 2.7. "Caring with Care" for the Child/Adolescent with Cancer and Their Family
 - 2.7.1. Fragility and Vulnerability
 - 2.7.1.1. Of Those We Care For
 - 2.7.1.2. Of Nursing Professionals
 - 2.7.2. Sympathy, Empathy and Compassion
 - 2.7.3. Bioethics and Pediatrics
 - 2.7.3.1. Paternalism in Pediatrics
 - 2.7.3.2. The Issue of Autonomy in Minors
 - 2.7.3.3. Assent and Informed Consent in Minors
 - 2.7.3.4. Autonomy in Adolescence and in Mature Minors

- 2.7.3.5. Legal Capacity of Minors
- 2.7.3.6. Access of Parents to Medical Records
- 2.7.3.7. Ethical Issues
- 2.7.3.8. Clinical Ethics Committee (CEC)
- 2.7.3.9. Nursing as an Ethical Guarantee

Module 3. Palliative Care and End-of-Life Situations in Pediatric Oncology

- 3.1. Pediatric Palliative Care. History, Concepts, Peculiarities and Universal Principles
 - 3.1.1. History of Palliative Care
 - 3.1.2. Difficulties in the Implementation of Pediatric Palliative Care (PPC) in the Pediatric Population. The Challenge of Pediatric Palliative Care
 - 3.1.3. Definition of Pediatric Palliative Care
 - 3.1.4. Care Groups in Pediatric Palliative Care
 - 3.1.5. Concepts
 - 3.1.5.1. Quality of Life
 - 3.1.5.2. Best Interests of the Minor
 - 3.1.5.3. Refractory Symptoms
 - 3.1.5.4. Therapeutic Futility
 - 3.1.5.5. Therapeutic Obstinacy
 - 3.1.5.6. Palliative Sedation
 - 3.1.5.7. Principle of Double Effect
 - 3.1.6. Peculiarities of Pediatric Palliative Care
 - 3.1.7. Universal Principles of Pediatric Palliative Care (PPC)
- 3.2. Objectives and Stages of the Therapeutic Approach in Pediatric PPC
 - 3.2.1. Objectives of the Palliative Approach
 - 3.2.2. Situation of Advanced Disease. Turning Point
 - 3.2.3. Stages of the Therapeutic Approach
 - 3.2.3.1. Advanced Incurable Disease
 - 3.2.3.2. Terminal Illness
 - 3.2.3.3. Agonal Phase
 - 3.2.4. Symptom Management in Pediatric Palliative Care
 - 3.2.5. Place of Care: Hospital-Based vs. Home-Based

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- 3.3. Comprehensive Care for the Child and Adolescent with Oncohematologic Disease in a Pediatric Palliative Care Situation and Their Family
 - 3.3.1 Criteria for Comprehensive Care
 - 3.3.2. Organizational Model
 - 3.3.3. Communication and Decision-Making
 - 3.3.4. Nursing in Pediatric Palliative Care
 - 3.3.4.1. Functions
 - 3.3.4.2. Basis of Care
 - 3.3.4.2.1. Symptom Management
 - 3.3.4.2.2. Information, Communication, and Emotional Support
 - 3.3.4.2.3. Organizational Changes
- 3.4. Symptom Management in Pediatric Oncology Palliative Care
 - 3.4.1. Diagnosis and Assessment of Symptoms
 - 3.4.2. Basic Principles of Symptom Management
 - 3.4.3. Symptoms to Be Relieved
 - 3.4.3.1. Main Symptom to Be Relieved: Pain
 - 3.4.3.2. General Symptoms
 - 3.4.3.3. Constitutional Symptoms
 - 3.4.3.4. Respiratory Symptoms
 - 3.4.3.5. Digestive Symptoms
 - 3.4.3.6. Neurological Symptoms
 - 3.4.3.7. Other Symptoms
 - 3.4.4. Prevention and Treatment
 - 3.4.4.1. Non-Pharmacological Measures
 - 3.4.4.2. Pharmacological Measures





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- 3.5.1. Cicely Saunders
- 3.5.2. Concept of Total Pain
- 3.5.3. Pain Threshold
 - 3.5.3.1. Definition
 - 3.5.3.2. Influencing Factors
- 3.5.4. Basic Principles for the Relief of Total Pain
- 3.5.5. Pain, Suffering and Death
- 3.5.6. Barriers in the Management of Total Pain in Pediatric Oncohematology
- 3.5.7. Dying with Dignity

3.6. Ethical Aspects and Decision Making in Pediatric Oncology Palliative Care

- 3.6.1. Definition of Ethics and Bioethics
- 3.6.2. Basic Principles of Bioethics
 - 3.6.2.1. Non-Maleficence
 - 3.6.2.2. Justice
 - 3.6.2.3. Autonomy
 - 3.6.2.4. Beneficence
- 3.6.3. Communication and Decision-Making
- 3.6.4. Deliberation in Decision-Making
- 3.6.5. Role of Clinical Ethics Committees

3.7. Terminal Phase and End-of-Life Situations in Pediatric Oncology

- 3.7.1. Diagnostic Principles of the Terminal Phase
- 3.7.2. Agonal Phase or End-of-Life Situation (EOLS)
 - 3.7.2.1. Definition
 - 3.7.2.2. Signs and Symptoms of the Agonal Phase
 - 3.7.2.3. Therapeutic Objectives
 - 3.7.2.4. Symptom Control
 - 3.7.2.5. Family Care
 - 3.7.2.6. Palliative Sedation
 - 3.7.2.7. Adjustment of Pharmacological Treatment

3.8. Palliative Sedation in Pediatric Oncology

- 3.8.1. Difference Between Palliative Sedation and Euthanasia
- 3.8.2. Indications for Palliative Sedation
- 3.8.3. Principle of Double Effect Applied to Palliative Sedation
- 3.8.4. Procedure

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Module 4. New Therapies: Clinical Trials and Immunotherapy in Pediatric Oncology

- 4.1. Clinical Trials in Pediatric Oncohematology. Concept and Historical Foundations
 - 4.1.1. What is a Clinical Trial?
 - 4.1.2. Historical Background, Legislation, and Ethics of Drug Experimentation
 - 4.1.2.1. "The Canon of Medicine". Avicenna (Ibn Sina)
 - 4.1.2.2. First Clinical Trial in History. James Lind
 - 4.1.2.3. Experiments on Children in the Auschwitz Concentration Camp (Josef Mengele)
 - 4.1.2.4. Nuremberg Code (1946)
 - 4.1.2.5. Ethically Questionable Clinical Trials After the Nuremburg Code
 - 4.1.2.5.1. Willowbrook State School Clinical Trial (USA) (1963–1966)
 - 4.1.2.5.2. Thalidomide Trial (1958–1963)
 - 4.1.2.5.3. Tuskegee Trial (USA) (1932–1972)
 - 4.1.2.6. Helsinki Declaration (1964)
 - 4.1.2.7. Good Clinical Practice Guidelines (1995)
- 4.2. Why Clinical Trials are Necessary in Pediatric Oncology
 - 4.2.1. Increase Survival Rates in Patients with Poor Prognosis
 - 4.2.2. Reduce Long-Term Seguelae
- 4.3. Designing a Clinical Trial
 - 4.3.1. Designing a Clinical Trial
 - 4.3.2. International Conference of Harmonization
 - 4.3.3. Clinical Trial Design
 - 4.3.3.1. Clinical Experiment
 - 4.3.3.2. Random Allocation of Treatments
 - 4.3.3.3. Blinding
 - 4.3.3.4. Types of Designs Used in Clinical Trials: Parallel, Cross-Over, Factorial
 - 4.3.3.5. Objectives of the Clinical Trial
 - 4.3.3.6. Inclusion/Exclusion Criteria
 - 4.3.3.7. Statistical Analysis
 - 4.3.3.8. Sample Size

- 4.3.4. Types of Clinical Trials Based on the Sponsor
 - 4.3.4.1. Non-Commercial
 - 4.3.4.2. Commercials
- 4.3.5. Phases of Clinical Trials in Pediatric Oncology
 - 4.3.5.1. Phase I
 - 4.3.5.2. Phase II
 - 4.3.5.3. Phase III
 - 4.3.5.4. Phase IV
- 4.4. Preparation and Implementation of a Clinical Trial
 - 4.4.1. Participating Centers
 - 4.4.1.1. Identification of Participating Centers
 - 4.4.1.1.1. Role of the Coordinating Investigator
 - 4.4.1.1.2. Role of the Principal Investigator
 - 4.4.1.2. Selection of Participating Centers
 - 4.4.1.2.1. Pre-study Visit
 - 4.4.1.2.2. Documentation of Investigators and Center Staff, and Pharmacy
 - 4.4.2. Approval by Competent Authorities
 - 4.4.2.1. Ethics Committee for Clinical Research with Medicines (CEIm)
 - 4.4.3. Medication
 - 4.4.3.1. Medication for Clinical Research
 - 4.4.3.2. Hospital Pharmacy Service
 - 4.4.4. Economic Aspects
 - 4.4.4.1. Economic Aspects of the Clinical Trial and the Center's Economic Management Department
 - 4.4.5. Analysis Laboratory
 - 4.4.6. Archive

Structure and Content | 25 tech

4.5.	Deve	lopment	of a	Clinical	Trial

4.5.1. Development of the Open Clinical Trial at a Center

4.5.1.1. Initiation Visit

4.5.1.2. Monitoring Visit

4.5.1.2.1. Informed Consent

4.5.1.2.2. Medical History and Data Collection Book

4.5.1.2.3. Review of Medication

4.5.1.3. Closure Visit

4.5.1.4. Investigator's Archive

4.5.1.5. Management of Adverse Events

4.5.1.6. Trial Medication

4.5.2. Inclusion of a Pediatric Patient in a Clinical Trial

4.5.2.1.1. Informed Consent

4.5.2.1.1.1. Legal Guardians

4.5.2.1.1.2. Patient (depending on age)

4.5.2.1.2. Drug Administration

4.5.2.1.3. Disease Evaluation

4.5.2.1.4. Follow-Up

4.6. Professionals Involved in a Clinical Trial

4.6.1. Coordination in the Conduct of a Clinical Trial

4.6.2. Professionals in the Pharmaceutical Company

4.6.2.1. Clinical Department

4.6.2.2. Pharmacovigilance Department

4.6.2.3. Regulatory Affairs Department

4.6.3. Professionals in the Hospital Setting

4.6.3.1. Principal Investigator

4.6.3.2. Research Coordinators

4.6.3.3. Data Entry Manager

4.6.3.4. Clinical Trial Nursing Staff

4.6.3.5. Attending Physicians

4.6.3.6. Pharmacists

4.7. Role of the Nursing Professional in Pediatric Oncology Clinical Trials

4.7.1. Nurse in the Pediatric Oncohematology Clinical Trial Team

4.7.2. Specific Training Requirements

4.7.2.1. Training in Good Clinical Practice

4.7.2.2. Training in Handling and Sending Biological Risk Samples

4.7.2.3. Specific Training for Each Clinical Trial

4.7.3. Responsibilities

4.7.4. Delegated Activities in Clinical Trials

4.7.4.1. Management of Material

4.7.4.1.1. Consumables

4.7.4.1.2. Non-consumables

4.7.4.2. Management of Local Laboratory Samples

4.7.4.3. Management of Central Laboratory Samples

4.7.4.4. Nursing Techniques

4.7.4.5. Drug Administration

4.7.4.6. Source Records

4.7.4.7. Electronic Data Collection Book

4.7.5. Nursing Care

4.7.5.1 Basic Needs Care

4.7.5.2. Support and Accompaniment

4.8. Competency Map for Nursing Professionals in Pediatric Oncology Clinical Trials

4.8.1. Professional, Ethical, and Legal Competencies

4.8.1.1. Accountability

4.8.1.2. Ethical Practice

4.8.1.3. Legal practice

4.8.2. Competencies in Providing and Managing Care

4.8.2.1. Providing Care

4.8.2.2. Care Management

4.8.2.2.1. Safe Environment

4.8.2.2.2. Interprofessional Care

4.8.3. Competencies in Professional Development

4.8.3.1. Professional Improvement

4.8.3.2. Quality Improvement

4.8.3.3. Continuous Training



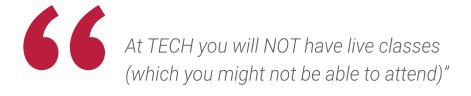


The student: the priority of all TECH programs

In TECH's study methodology, the student is the main protagonist.

The teaching tools of each program have been selected taking into account the demands of time, availability and academic rigor that, today, not only students demand but also the most competitive positions in the market.

With TECH's asynchronous educational model, it is students who choose the time they dedicate to study, how they decide to establish their routines, and all this from the comfort of the electronic device of their choice. The student will not have to participate in live classes, which in many cases they will not be able to attend. The learning activities will be done when it is convenient for them. They can always decide when and from where they want to study.







The most comprehensive study plans at the international level

TECH is distinguished by offering the most complete academic itineraries on the university scene. This comprehensiveness is achieved through the creation of syllabi that not only cover the essential knowledge, but also the most recent innovations in each area.

By being constantly up to date, these programs allow students to keep up with market changes and acquire the skills most valued by employers. In this way, those who complete their studies at TECH receive a comprehensive education that provides them with a notable competitive advantage to further their careers.

And what's more, they will be able to do so from any device, pc, tablet or smartphone.



TECH's model is asynchronous, so it allows you to study with your pc, tablet or your smartphone wherever you want, whenever you want and for as long as you want"

tech 30 | Study Methodology

Case Studies and Case Method

The case method has been the learning system most used by the world's best business schools. Developed in 1912 so that law students would not only learn the law based on theoretical content, its function was also to present them with real complex situations. In this way, they could make informed decisions and value judgments about how to resolve them. In 1924, Harvard adopted it as a standard teaching method.

With this teaching model, it is students themselves who build their professional competence through strategies such as Learning by Doing or Design Thinking, used by other renowned institutions such as Yale or Stanford.

This action-oriented method will be applied throughout the entire academic itinerary that the student undertakes with TECH. Students will be confronted with multiple real-life situations and will have to integrate knowledge, research, discuss and defend their ideas and decisions. All this with the premise of answering the question of how they would act when facing specific events of complexity in their daily work.



Relearning Methodology

At TECH, case studies are enhanced with the best 100% online teaching method: Relearning.

This method breaks with traditional teaching techniques to put the student at the center of the equation, providing the best content in different formats. In this way, it manages to review and reiterate the key concepts of each subject and learn to apply them in a real context.

In the same line, and according to multiple scientific researches, reiteration is the best way to learn. For this reason, TECH offers between 8 and 16 repetitions of each key concept within the same lesson, presented in a different way, with the objective of ensuring that the knowledge is completely consolidated during the study process.

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.





A 100% online Virtual Campus with the best teaching resources

In order to apply its methodology effectively, TECH focuses on providing graduates with teaching materials in different formats: texts, interactive videos, illustrations and knowledge maps, among others. All of them are designed by qualified teachers who focus their work on combining real cases with the resolution of complex situations through simulation, the study of contexts applied to each professional career and learning based on repetition, through audios, presentations, animations, images, etc.

The latest scientific evidence in the field of Neuroscience points to the importance of taking into account the place and context where the content is accessed before starting a new learning process. Being able to adjust these variables in a personalized way helps people to remember and store knowledge in the hippocampus to retain it in the long term. This is a model called Neurocognitive context-dependent e-learning that is consciously applied in this university qualification.

In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

Likewise, this very complete Virtual Campus will allow TECH students to organize their study schedules according to their personal availability or work obligations. In this way, they will have global control of the academic content and teaching tools, based on their fast-paced professional update.



The online study mode of this program will allow you to organize your time and learning pace, adapting it to your schedule"

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 assess 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.

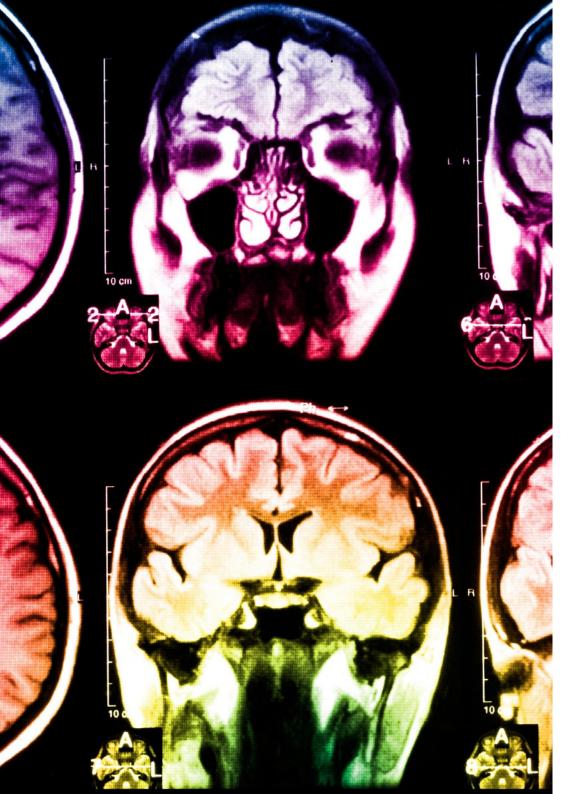


The results of this innovative teaching model can be seen in the overall satisfaction levels of TECH graduates.

The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

Access the study contents from any device with an Internet connection (computer, tablet, smartphone) thanks to the fact that TECH is at the forefront of technology and teaching.

You will be able to learn with the advantages that come with having access to simulated learning environments and the learning by observation approach, that is, Learning from an expert.



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As such, the best educational materials, thoroughly prepared, will be available in this program:



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.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.



Practicing Skills and Abilities

You will carry out activities to develop specific competencies and skills in each thematic field. Exercises and activities to acquire and develop the skills and abilities that a specialist needs to develop within the framework of the globalization we live in.



Interactive Summaries

We present 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, international guides... In our virtual library you will have access to everything you need to complete your education.

Case Studies

Students will complete a selection of the best case studies in the field. Cases that are presented, analyzed, and supervised by the best specialists in the world.

Testing & Retesting



We periodically assess and re-assess your knowledge throughout the program. We do this on 3 of the 4 levels of Miller's Pyramid.

Classes



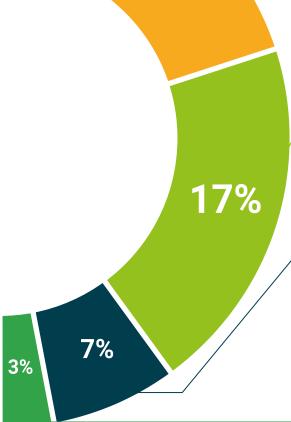
There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an expert strengthens knowledge and memory, and generates confidence for 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.







tech 38 | Certificate

This private qualification will allow you to obtain a diploma for the **Postgraduate** Diploma in Care for Children and Adolescents with Cancer Who Do Not Respond to **Treatment** 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: Postgraduate Diploma in Care for Children and Adolescents with Cancer Who Do Not Respond to Treatment

Modality: online

Duration: 6 months

Accreditation: 17 ECTS



with Cancer Who Do Not Respond to Treatment

This is a private qualification of 510 hours of duration equivalent to 17 ECTS, with a start date of dd/mm/yyyy and an end date of dd/mm/yyyy

TECH Global University is a university officially recognized by the Government of Andorra on the 31st of January of 2024, which belongs to the European Higher Education Area (EHEA)

In Andorra la Vella, on the 28th of February of 2024



health people information guarantee statements feaching technology tech global university

Postgraduate Diploma

Care for Children and Adolescents with Cancer Who Do Not Respond to Treatment

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Global University
- » Accreditation: 17 ECTS
- » Schedule: at your own pace
- » Exams: online

