



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition:	10
Date:	10.04.2024
Page 1/13	

FACULTY OF MEDICINE No. 2

STUDY PROGRAM MEDICINE

DEPARTMENT OF FAMILY MEDICINE

APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum in Medicine

Minutes No. 7 of 17.06.24

Chairman

MD, PhD., university professor

Pădure Andrei

APPROVED

at the Council meeting of the Faculty Medicine 2

Minutes No. 10 of 17.06.24

Dean of Faculty

MD, PhD, associate professor

Mircea Bețiu

APPROVED

approved at the meeting of the chair of the Department of Family Medicine

Minutes No.19 of 06/06/2024

Head of chair

MD, PhD, university professor

Ghenadie Curocichin

SYLLABUS

DISCIPLINE PALLIATIVE MEDICINE

Integrated studies

Type of course: **Compulsory**

Curriculum developed by the authors' collective:

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Chișinău, 2024



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition: 10

Date: 10.04.2024

Page 2/13

I. INTRODUCTION

Palliative medicine (PM) has developed steadily over the past 20 years and is already on the way to being recognized as an international specialty. Towards the end of the last century, the relevance of palliative care has become evident not only for end-stage oncology patients but also for those with chronic conditions and other severe conditions with poor prognosis from the early stages of the disease.

PM is the medical care that has the mission to improve the quality of life of people suffering from a life-threatening illness and provides specialized assistance to their families as well. In particular PM affirms life, views death as a normal process and does not intend to hurry or postpone death.

The main objectives of the PM are oriented towards the treatment of suffering through a holistic approach in all its aspects (physical, psycho-emotional, social and spiritual), from the moment of confirmation of diagnosis of limited prognosis, simultaneously with the other treatments (chemotherapy, radiotherapy, dialysis, etc.) meant to slow down or even stop the development of serious illness. Moreover, palliative programs focus their efforts not only on optimizing patients' quality of life but also on helping their families solve the problems they have encountered.

The European Association for Palliative Care (EAPC) believes that training in palliative medicine is imperative for all health professionals, not only because it is important for the development of the field itself, but also because it is essential for patients and their families. More and more governments recognize the need for specialized palliative care services at the national level, and MP discipline has become mandatory at all levels of professional medical training in Europe. The content of the curriculum respects the Council of Europe recommendations (COE 144/153) and reflects the basic principles established by the World Health Organization (WHO) in the definition of palliative care.

- Mission of the curriculum (aim) in professional training

The mission of this study program is to conceptualize palliative care, as a field of medicine, aiming to improve the quality of life of patients with incurable and terminal conditions, by means of actions to prevent and eliminate suffering in all its aspects: physical, psychic, social and spiritual, as well as providing support for their families.

- Language (s) of the discipline: Romanian, English, French, Russian;

- Beneficiaries: students of the 5th year, Faculty of Medicine 1 and 2.

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	S.09.0.077		
Name of the discipline	Palliative medicine		
Person(s) in charge of the discipline	MD, PhD, university professor Curocichin Ghenadie		
Year	V	Semester/Semesters	9 and 10
Total number of hours, including:			60

	CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES	Edition:	10
		Date:	10.04.2024
		Page 3/13	

Lectures	10	Practical/laboratory hours	10
Seminars	10	Self-training	30
Form of assessment	E	Number of credits	2

III. TRAINING AIMS WITHIN THE DISCIPLINE

At the end of the discipline study the student will be able to:

- **at the level of knowledge and understanding:**
 - to define notions: palliative care (PC), total suffering, quality of life, chronic pain, types of specialized services, hospice, terminal status (end of life), terminal care, etc.;
 - to know the purpose and objectives of palliative medicine;
 - to identify the place of palliative services in the healthcare system;
 - to know the importance of palliative care for patients with incurable diseases and their families;
 - to interpret ethical principles in palliative care;
 - to know the categories of beneficiaries requiring PC;
 - to enumerate and to understand the essence of different types of specialized palliative services;
 - to be familiar with the legislation in force governing the PC in the Republic of Moldova;
 - to interpret WHO analgesic ladder;
 - to know the pain classification;
 - to know and understand the principles and methods of pain assessment;
 - to combat myths, prejudices and beliefs regarding the opioid treatment;
 - to know the basic national normative acts regarding the use and prescription of opioid analgesics in the treatment of pain;
 - to identify the most common symptoms that may occur in a patient with advanced cancer (nausea, vomiting, anorexia, constipation, dyspnea, delirium, depression, hypercalcemia, etc.);
 - to interpret the symptoms and to set out concrete actions for each type of symptoms;
 - to know how to treat and to prevent the symptoms related to the terminal stage of a disease;
 - to define the necessity and training principles of the multidisciplinary team in PC;
 - to understand the particularities of the communicative process in PC;
 - know the principles and methods of delivering bad news;
 - to define the end-of-life status and to know the principles and particularities of PC.
- **at the application level:**
 - to apply the knowledge gained in this course in later professional practice;
 - to apply the basic ethical principles of palliative care;
 - to identify the potential causes of patient suffering;
 - to determine the real needs in special care of patients and caregivers;
 - to establish effective relationships with patients and caregivers in future professional practice;
 - to decide PC goals and to plan actions in common with patient and the caregivers;
 - to develop communication skills for bad news giving;



CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES

Edition: 10

Date: 10.04.2024

Page 4/13

- to be able to analyse the legal framework in the PC field and to apply the normative acts in clinical practice;
 - to examine a patient with pain and other symptoms at the basic level;
 - to use various pain assessment methods and interpret results correctly;
 - to prescribe treatment for pain and the most common symptoms;
 - to apply in practice the WHO principles of pain treatment;
 - to analyse the most common symptoms by guiding clinical recommendations and protocols;
 - to apply different methods of moving and repositioning patient in bed;
 - to make a prompt diagnosis of palliative care emergency situations;
 - to be able to diagnose of end of life and to manage the situation;
 - to communicate effectively with the patient in the terminal illness and with his/her relatives;
 - to respect the rights of the dying patient and his/her relatives.
- **at the integration level:**
 - to demonstrate a holistic approach on PC management;
 - to show empathy and compassion for the patient and his family in difficult situations;
 - to demonstrate multidisciplinary team work skills;
 - to understand the importance of ethical, cultural, religious and spiritual aspects in PC;
 - to determine priorities in the achievement of palliative care goals;
 - to be capable of critical evaluation of communication errors;
 - to be able to self-assess own knowledge and skills.

IV. PROVISIONAL TERMS AND CONDITIONS

In order to have an excellent success in this course, beneficiaries need to show enhanced empathy and compassionate qualities towards a person suffering and be motivated to help the patient and his or her associates in dealing with difficult situations such as severely predisposed diseases. A very important moment is that the student has basic knowledge in related disciplines such as: pathophysiology, pharmacology, psychology, ethics, internal medicine, oncology, surgery, etc. And to ensure the success of the training process, basic digital skills (Internet usage, document processing, and use of text editors, electronic tables and presentation applications), communication skills and teamwork are required.

V. THEMES AND ESTIMATE ALLOCATION OF HOURS

Lectures, practical hours/ laboratory hours/seminars and self-training

No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self- training
1.	Palliative medicine. Introduction to palliative care. The holistic approach to suffering. The essence of the interdisciplinary palliative care team.	2	2	4
2.	Basic elements of communication in palliative care.	1	6	7

	CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES	Edition:	10
		Date:	10.04.2024
		Page 5/13	

No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self- training
3.	Principles of approach to pain in palliative care. Management of acute and chronic pain.	3	6	8
4	Symptoms management in palliative medicine.	3	6	8
5.	Ethical, psycho-social, cultural, religious and spiritual aspects in Palliative Assistance.	1		3
Total		10	20	30

VI. PRACTICAL TOOLS PURCHASED AT THE END OF THE COURSE

Mandatory essential practical tools are:

- To develop competences in analyzing the legal framework in the context of palliative care;
- To determine the real needs of patients and caregivers in special care;
- To develop skills in delivering terminal diagnosis and other bad news;
- To be able of critical evaluation of errors in communication;
- To interpret the classification of pain and to know the classification of analgesics according to WHO;
- To apply in practice the WHO analgesic ladder in the treatment of pain;
- To prescribe treatments for various types of pain;
- To use various methods of pain assessment and to interpret correctly the results;
- To apply different ladders in pain assessment (children, adults, unconscious);
- To examine a thematic patient and to analyze the most common symptoms guided by clinical recommendations and protocols;
- To identify and to analyze the most common symptoms that may occur in a patient with advanced cancer (nausea, vomiting, anorexia, constipation, dyspnoea, delirium, depression, hypercalcemia, etc.);
- To interpret correctly the symptoms and to set out concrete actions for each symptom;
- To prescribe treatments for the most common symptoms;
- To know how to treat or to prevent the development of some symptoms related to the terminal phase of the disease;
- To apply various methods of patient mobilization;
- To interpret and to apply ethical principles in palliative care;
- To know how to respect the rights of the dying patient and relatives;
- To make a prompt diagnosis of emergencies in palliative care;
- To be able to diagnose the terminal condition and to manage correctly the situation;
- To communicate accurately with the terminal patient and his/her relatives;
- To demonstrate the observance of the cultural, religious and spiritual aspects in palliative care.

VII. OBJECTIVES AND CONTENT UNITS



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition: 10

Date: 10.04.2024

Page 6/13

Objective	Content units
Theme 1. Palliative medicine. Introduction to palliative care. The holistic approach to suffering. The essence of the multidisciplinary palliative care team.	
<ul style="list-style-type: none">• to define general concepts used in the field of PC;• to know the purpose and objectives of palliative medicine;• to identify the place of palliative services in the health system;• to know the role and importance of PC for patients with incurable diseases and their families;• to know the categories of beneficiaries requiring PC;• to enumerate and understand the essence of different types of specialized PC services;• to develop competences to analyze the legal framework in the context of palliative care;• to define total suffering and identify potential causes of patient suffering;• to determine the real needs of patients and carers in special care;• to plan and decide on care goals with the patient and the caregivers;• to define the necessity and principles of training the multidisciplinary team in PC and identify its composition;• to work effectively in a multidisciplinary team and to coordinate the activities of the team;• to prioritize the achievement of palliative care goals.	1. Definition, purpose and objectives of palliative medicine. General notions about incurable patients, suffering and quality of life. Beneficiaries of PC.
	2. Types of services specializing in palliative care.
	3. Basic principles in palliative care.
	4. Familiarize with the main legislative acts regarding the organization and structure of the palliative care service in Moldova
	5. Characteristics of a team in palliative care.
	6. Principles of organizing teamwork. Composition of the multidisciplinary team.
	7. Roles and functions of team members.
	8. Advantages of the team in health services.
Theme 2. Basic elements communication in palliative care.	
<ul style="list-style-type: none">• to develop communication skills for terminal diagnosis and other bad news;• to understand the particularities of the communicative process in PC and• to know the principles and methods of delivering bad news;• to understand the importance of the communicative process in establishing a doctor-patient therapeutic alliance in palliative care;• to be capable of critical evaluation of communication errors.	1. Concept of communication. Elements of verbal and non-verbal communication.
	2. Particularities of communication in PC. Communicating bad news.
	3. Disturbing factors of effective communication in PC.
	4. Facilitating Communication Factors in PC. Empathetic communication.
	5. Clinical scenarios simulated by the standardized patient method.
	6. Problems of situations.



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition:	10
Date:	10.04.2024
Page 7/13	

Objective	Content units
Theme 3. Principles of approach to pain in palliative care. Management of acute and chronic pain.	
<ul style="list-style-type: none"> • to know and to understand the peculiarities of pain in palliation; • to know and to understand the physiology and types of pain in palliative care • to identify the types of acute, chronic pain, onset of pain, neuropathic, nociceptive and incident pain; • to know and to understand the principles of pain assessment; • to know and to use the pain assessment tools for patients of different ages; • to interpret the pain symptom according to Visual Analogue Scale • to know and to use analgesics according to the WHO ladder • to know the principles of treatment for various types of pain; • to apply in practice the WHO ladder in the treatment of pain; • to know and to fight the myths and prejudices regarding the treatment of pain with opioids; • to know the provision of the national normative documents related to the use and prescription of opioids in the treatment of pain • to use the methods of pain assessment and to interpret accurately the result; • to appreciate the importance of pain assessment and treatment in patients being in palliation; • to know the co-analgesics and their use in palliative medicine; • to perceive the importance of correct approach to pain in everyday medical practice. 	1. Anatomy and physiology of nociception and pain perception (definition of nociception and pain, pain dimensions, nociceptive pain mechanisms, relationship of nociceptive-antinociceptive systems, painful projection, nociceptive pain.
	2. Anatomy and physiology of neuropathic pain (pain mechanisms and examples, treatment principles).
	3. Definition of pain; types and forms of pains.
	4. Mechanisms of acute, chronic pain, onset of pain, neuropathic, nociceptive, and incident pain; dimensions of pain; mechanisms of pain.
	5. Holistic approach to the patient with pain in PC. Criteria of pain (s) assessment.
	6. WHO Principles of Pain Management. WHO concepts of analgesia in palliative medicine.
	7. WHO analgesic ladder. Step ladder treatment.
	8. Fundamentals of pain pharmacotherapy and the principles of pain treatment.
	9. Groups of medications used to treat neuropathic and nociceptive pain.
	10. Regulatory normative documents related to opioid management in Moldova. Modality to prescribe, release, store and use opioids and other medications from the Republic of Moldova
	11. General principles for prescribing, titrating and maintaining opioid doses. Myths in fighting pain with opioid products.
	12. Side effects of opioids and their removal interventions.
	13. Co-analgesia in different types of pain.



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition: 10

Date: 10.04.2024

Page 8/13

Objective	Content units
Theme 4. Symptoms management in palliative medicine.	
<ul style="list-style-type: none">• to examine a thematic patient and analyze the most common symptoms guided by clinical recommendations and protocols;• to identify and analyze the most common symptoms that may occur in a patient with advanced cancer (nausea, vomiting, anorexia, constipation, dyspnoea, delirium, depression, hypercalcemia, etc.);• to interpret correctly the symptoms and to set out concrete actions for each symptom;• prescribe treatments for the most common symptoms;• to know how to treat or prevent the development of symptoms related to the terminal phase of disease;• to apply different methods of mobilizing the patient;	1. Approach to gastrointestinal symptoms (nausea, and anorexia).
	2. Management of respiratory symptoms (dyspnea).
	3. Delusion and hypercalcemia.
	4. Addressing palliative emergencies.
	5. Contemporary aspects of stomach care (tracheostoma, urinary stomach and digestive stomach).
	6. Terminal status management.
	7. Clinical scenarios simulated by the standardized patient method.
	8. Problem situations
Theme 5. Ethical, psycho-social, cultural, religious and spiritual aspects in Palliative Assistance.	
<ul style="list-style-type: none">• to interpret and apply ethical principles in palliative care;• to be familiar with the legislation in force governing the Republic of Moldova;• to be able to properly analyze the legal framework in the field of health and to apply the provisions of normative acts in clinical practice;• to understand the importance of ethical approach to palliative medicine;• to record and to establish effective relationships with patients and carvers in future professional practice;• to know how to respect the rights of the dying patient and the caretaker;• to become aware of the role of the patient's (relatives) attitudes and prejudices in various treatments;• to make a prompt diagnosis of palliative care emergency situations;• to be able to diagnose terminal status and manage the situation correctly;• to communicate correctly with the patient in the terminal condition and his/her relatives;	1. Concepts of ethics and morality. Ethical principles and their peculiarities in palliative medicine. The principle of respect for the person. The principle of blessing. The principle of non-harm. The principle of distributive justice.
	2. Legislation of the Republic of Moldova on the observance of the patient's fundamental rights.
	3. The situation of moral conflict in palliative medicine. Moral Obligations Derived from Ethical Principles in PC.
	4. The stages of psychological changes and the triggering of the mechanisms of self-defense (denial of reality and isolation, revolt or aggression, negotiations and conclusion of conventions, depression and acceptance of death.
	5. Interventions in case of end-of-life despair.
	6. Strategies supporting patient adaptation.
	7. Problems of situations.
	8. The concept of culture, spirituality and religion. Interpretation of death and attitudes towards death.



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition: 10

Date: 10.04.2024

Page 9/13

Objective	Content units
<ul style="list-style-type: none">to define the terminal phase (or condition) and to know the principles and specificity of the PM.to understand the importance of cultural, religious and spiritual aspects in PM.	9. Cultural Aspects in PM. Unexplained lives at the end of life.
	10. Cultural features in communicating serious diagnosis and taking therapeutic decisions in PM.

VIII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY FINALITIES

✓ **Professional (specific) (SC) competences**

- PC1. Responsible execution of the professional tasks applying the values and norms of professional ethics, as well as the provisions of the legislation in force.
- PC2. Adequate knowledge of the sciences about the structure of the body, the physiological functions and behavior of the human body in various physiological and pathological conditions, as well as the existent relationships between health status, physical and social environment.
- PC3. Solving clinical situations by elaboration the plan for diagnosis, treatment and rehabilitation in various pathological situations and selection appropriate therapeutic procedures for these, including the provision of emergency medical care.
- CP4. Promoting a healthy lifestyle, applying prevention and self-care measures.
- CP5. Interdisciplinary integration of the doctor's activity in a team with efficient use of all resources.

✓ **Transversal competences (TC)**

- TC1. Autonomy and responsibility in activity.
- TC2. Achievement of interaction skills and social responsibility.

✓ **Study finalities**

Upon completion of the course the student will be able:

- to search and use normative acts regulating the field of palliative care (laws, protocols, guides, standards, etc.);
- to guide the principles of professional ethics;
- to demonstrate a compassionate attitude towards the patient and caregivers;
- to select clinical cases requiring specialized palliative care;
- to address holistically the suffering of the patient with incurable disease;
- to evaluate the real needs of the PC beneficiaries;
- to determine the prognosis of a patient with incurable disease based on diagnosis and other factors;
- to deliver bad news to patients and their relatives using standardized algorithms (SPIKES);
- to develop skills for active listening of the interlocutor (patient, relatives);
- to demonstrate empathic communication skills with patients and tutors;
- to maintain emotional calm during communication with the patient;
- to evaluate the type and character of pain using specialized tools (scales); clinical



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition: 10
Date: 10.04.2024
Page 10/13

thinking;

- to prescribe analgesic treatment according to WHO principles, in ordinary situations;
- to detect symptoms caused by incurable disease;
- to determine and set out the terminal condition diagnosis;
- to manage and monitor terminal condition cases;
- to undergo basic and special care in the field of PPE (change of bed position, basic hygiene care, stomach care, trophic wounds, etc.);
- to coordinate the activities of the multidisciplinary team of palliative care;
- to demonstrate multidisciplinary teamwork skills;
- to formulate optimal decisions to assist patients in palliative emergencies;
- to apply different ways of psychological and moral support to different types of patients.

Note. Discipline finalities (are deduced from the professional competences and the formative valences of the informational content of the discipline).

IX. STUDENT'S SELF-TRAINING

No.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
1.	Working with thematic information	Working systematically with library literature. Exploring current electronic sources on topics discussed during the course.	1. Quality of formed judgments, logical thinking, flexibility. 2. The quality of the systematization of the informational material obtained by means of own activity.	Throughout the course
2.	Public presentation of the subject	Analysis of information sources relevant to the topic of presentation and systematization of information on the proposed theme. Discussion of topics in small groups (up to 8 students). Develop the presentation in accordance with the requirements in force and present it to the classmates.	1. The quality of systematization and analysis of the informational material obtained by means of own activity. 2. Analysis of the concordance of information with the proposed theme. 3. The quality of the results presentation in public.	Throughout the course
3.	Case study analysis	Description of the case study. Analysis of the causes of the issues appeared in	1. Analysis, synthesis, generalization of data obtained by means of own investigation. 2. Formation of an	Throughout the course

	CD 8.5.1 DISCIPLINE SYLLABUS FOR UNIVERSITY STUDIES	Edition:	10
		Date:	10.04.2024
		Page 11/13	

		the case study. The prediction of the case investigated. Managing the clinical case. Discussion of topics in small groups (up to 8 students).	algorithm of knowledge based on the obtained conclusions.	
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X. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

XI. Teaching and learning methods used

- Classical methods combined with interactive teaching elements.
- Simulation training-simulated clinical scenarios and partial task-training;
- Computer-assisted training;
- Self-learning etc.

XII. Applied (specific to the discipline) teaching strategies / technologies

- Simulation training using the standardized patient method - Clinical scenarios;
- Experimental and problem-based learning;
 - Practical skills: change of bed position, subcutaneous line, portable and hospital automated setting, stoma care techniques, etc.

XIII. Methods of assessment (including the method of final mark calculation)

Current:

- self-assessment, based on video recording of simulated clinical scenarios;
- peer-to-peer evaluation, done by the classmate;
- standardized patient assessment done by the standardized patient, based on performances during the simulated clinical scenarios;
- teacher's evaluation.

Current or formative assessments (50% of the final mark) -consisting of a minimum of 2 marks gained throughout the course. The main focus is on performance evaluation in simulated clinical scenarios (communication of cancer diagnosis, pain assessment and initial treatment prescribing, reassessment of patient status and the treatment correction).

Final:

Assessment as a computer test at the end of the course (50% of the final mark).

Thus, the final (examination mark) is an average value between the current assessments average (50%) and the final test score (50%).



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition: 10

Date: 10.04.2024

Page 12/13

Method of mark rounding at different assessment stages

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	6	
6,01-6,50	6,5	D
6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	
8,01-8,50	8,5	B
8,51-9,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

The average annual mark and the marks of all stages of final examination (computer assisted, test, oral) - are expressed in numbers according to the mark scale (according to the table), and the final mark obtained is expressed in number with two decimals, which is transferred to student's record-book.

*Absence on examination without good reason is recorded as "absent" and is equivalent to 0 (zero).
The student has the right to have two re-examinations in the failed exam.*

XIV. RECOMMENDED LITERATURE:

A. Compulsory:

1. Greater Manchester and Eastern Cheshire Strategic Clinical Networks. *Palliative care pain & symptom control guidelines for adults*. Fifth edition, Publication date: 2019. Review date: 2022, 126 p.
2. Cernețchi, O., Gramma, R. *Medicina paliativă: Ghid pentru studenți*. USMF Nicolae Testemițanu, Chișinău, „Omega Premium”, 2017. 168 p. ISBN 978-9975-131-49-0.
3. Rod MacLeod, Jane Vella-Brincat, Sandy Macleod. *The Palliative Care Handbook. Guidelines for clinical management and symptom control*. 8th edition, 2016, 163 p.

B. Additional

1. Alexa Clark, et al. *Palliative and end of life care guidelines. Symptom control for cancer and non-cancer patients*. Fourth edition: 2016.
2. Bradu, A., Isac, V., Ciobanu, O., Popovici, Sv., Alexandru, A. *Ghid în îngrijiri paliative* (cu



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition: 10

Date: 10.04.2024

Page 13/13

participanții în TB, HIV/SIDA, pediatrie), Chișinău, 2017. Aprobata prin ord. MSMPS nr. 219 din 30.03.2016. https://issuu.com/roxanalianalintz/docs/15207-ghid_20ingrijiri_20paliative

3. Lucy Adkinson, et al. *A guide to symptom management in palliative care. Yorkshire and Humber Palliative and End of Life Care Group.* England. Version 7. Publication date: June 2019. Review date: June 2023, 77 p.
4. Moșoiu, D. *Standarde de calitate în îngrijirea paliativă la domiciliu, în unitățile cu paturi și ambulatoriu.* Hospice "Casa Speranței", Brașov, 2011.
<http://www.studiipaliative.ro/wp-content/uploads/2013/09/Standarde-de-calitate-pentru-ingrijirea-plaitaiva.pdf>
5. Protocol Clinic Național – 133. Îngrijiri paliative în dispnee. Ediția II, Chișinău 2024. Ordinul MS RM nr. 431 din 15.05.2024. <https://ms.gov.md/legislatie/ghiduri-protocoale-standarde/ingrijiri-paliative/>
6. Protocol clinic național PCN – 135. Îngrijiri paliative – durerea în cancer. Chișinău, 2020. Ordinul MSMPS nr. 1183 din 11.12.2020. <https://ms.gov.md/legislatie/ghiduri-protocoale-standarde/ingrijiri-paliative/>
7. Protocol Clinic Național PCN- 279. Îngrijiri paliative la copil. Chișinău, 2017. ordinul MS al RM nr. 329 din 28.04.2017. <https://ms.gov.md/legislatie/ghiduri-protocoale-standarde/ingrijiri-paliative/>
8. Protocol Clinic Național PCN-134. Managementul semnelor și simptomelor gastrointestinale în îngrijirile paliative. Ediția II. Chișinău, 2024. Ordinul MS RM nr. 430 din 15.05.2024. <https://ms.gov.md/legislatie/ghiduri-protocoale-standarde/ingrijiri-paliative/>
9. Protocol Clinic Național-136. Îngrijiri paliative în escare. Ediția II. Chișinău, 2024. Ordinul MS nr.432 din 15.05.2024. <https://ms.gov.md/legislatie/ghiduri-protocoale-standarde/ingrijiri-paliative/>
10. Protocol Clinic Național-432. Îngrijiri paliative în boli și simptome neurologice și mintale. Ediția I. Chișinău, 2024. Ordinul MS nr.451 din 24.05.2024. <https://ms.gov.md/legislatie/ghiduri-protocoale-standarde/ingrijiri-paliative/>