MALLA REDDY VISHWAVIDYAPEETH
(Deemed to be University)
Hyderabad

SCHOOL OF NURSING SCIENCE AND TECHNOLOGY

FELLOWSHIP IN

PALLIATIVE AND END-OF-LIFE CARE NURSING

Curriculum 2026

Programme particulars

Item	Details
Level	Post-registration fellowship (nursing)
Duration	26 weeks (6 months) – 1,000 hours
Structure	Theory 100 hours · Simulation laboratory 60 hours · Clinical practice 840 hours
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Mode	Contact classes, simulation, supervised clinical postings, case discussion and logbook
Award	Fellowship certificate of Malla Reddy Vishwavidyapeeth (Deemed to be University)
Medium	English

Approved Curriculum by the Board of Studies, Academic Council and Executive Council

Stage	Body	Date of approval / resolution no.
1	Board of Studies – School of Nursing Science and Technology	
2	Academic Council	
3	Executive Council	

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1. Preamble and Need for the Programme

Malla Reddy School of Nursing Science and Technology recognizes the need for professionally trained nurses who can provide safe, compassionate and evidence-based palliative and end-of-life care to people living with life-limiting illnesses and to their families in hospital, hospice, community and home-care settings. Nurses play a central role in symptom assessment, relief of suffering, communication, care coordination, patient advocacy and support through the final phase of life.

The Fellowship in Palliative and End-of-Life Care Nursing is designed to strengthen competencies in holistic assessment, pain and symptom management, communication about serious illness, psychosocial and spiritual support, ethical decision-making, advance care planning, family caregiver education and bereavement support. Through structured clinical exposure, simulation-based learning and case-based discussion, fellows develop clinical judgement, practical skills, professional accountability and a person-centred approach to care.

1.1 Need

- An increasing number of people live with cancer, advanced organ disease, neurological conditions and other life-limiting illnesses that may cause complex physical, emotional, social and spiritual distress.
- Patients and families need timely pain and symptom relief, clear communication, shared decision-making and support that respects their values, culture and preferences.
- Structured post-registration education can address gaps in specialist palliative care, end-of-life nursing, caregiver support and bereavement care across hospital, hospice, community and home settings.

2. Vision, Mission and Programme Objectives

2.1 Vision

To prepare competent, compassionate and ethical palliative and end-of-life care nurses who provide holistic, evidence-based and person-centred care, uphold dignity, relieve suffering and improve quality of life for patients and families.

2.2 Mission

- Provide competency-based education through theory, simulation and supervised clinical practice.
- Promote person-centred care, ethical practice, culturally sensitive communication and safe symptom management.
- Develop clinical judgement, family education, multidisciplinary teamwork, reflective practice and quality-improvement skills in palliative care services.

2.3 Programme objectives

After successful completion of the fellowship, the fellow will be able to:

1. Explain the philosophy, principles, scope and models of palliative and end-of-life care.
2. Conduct holistic assessments of physical symptoms, psychological distress, social needs and spiritual concerns.
3. Assess pain and support safe, prescribed pharmacological and non-pharmacological symptom-management interventions.
4. Communicate sensitively with patients, families and the multidisciplinary team, including during serious-illness conversations and end-of-life decision-making.
5. Provide nursing care during the last days and hours of life while preserving comfort, dignity and respect for patient preferences.
6. Support advance care planning, shared decision-making and ethical practice within applicable law, institutional policy and professional scope.
7. Educate and support family caregivers and provide grief, loss and bereavement support.

8. Coordinate care across hospital, hospice, community and home settings and maintain accurate documentation.
9. Participate in clinical audit, evidence-based practice, reflective learning and quality improvement.

3. Programme at a Glance

Item	Details
Name of programme	Fellowship in Palliative and End-of-Life Care Nursing
Offered by	School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth (Deemed to be University)
Duration	26 weeks (6 months), full time
Total hours	1,000 hours: Theory 100; Simulation laboratory 60; Clinical practice 840
Credits	33 credits (at 30 notional hours per credit; subject to university approval)
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Mode	Contact classes, simulation, supervised clinical postings, case discussion and logbook
Assessment	MCQ 25 + practical skills assessment (three case scenarios) 60 + logbook 15 = 100 marks
Award	Fellowship certificate by Malla Reddy Vishwavidyapeeth (Deemed to be University)
Medium	English

4. Eligibility, Selection and Governance

4.1 Eligibility

- Registered B.Sc Nursing or M.Sc Nursing in India, or equivalent qualification.
- Current registration with a State Nursing Council; registration certificate to be produced at admission.
- Medical fitness certificate and immunization record as required by institutional policy.

4.2 Selection and commencement

Selection is made by the Fellowship Committee on the basis of academic record, a short interview and document verification. A batch commences after approval of selected fellows and allotment of a guide.

4.3 Fellowship Committee

Sl. No.	Role / position	Description / designation
1	Chairperson	The Dean, SNST
2	Subject expert	Dean MRCON, Professor or Associate Professor of SNST
3	Guide / co-guide	Professor, Associate Professor or Assistant Professor from SNST
4	Convener	Fellowship Coordinator of MRV
5	Ex-officio members	Registrar and Controller of Examinations, MRV

Functions include curriculum oversight, selection of fellows, guide allotment, monitoring attendance and logbooks, reviewing clinical postings, conducting final assessment, handling grievances and recommending award of the certificate. Additional outputs require prior written approval.

4.4 Guides and clinical preceptors

- Guide/co-guide: postgraduate-qualified nursing faculty with experience relevant to palliative, oncology, medical-surgical, community or end-of-life care nursing.
- Clinical preceptors: experienced nurses working in relevant clinical areas; palliative care experience is desirable.
- Recommended guide-to-fellow ratio: not more than 1:1.

5. Programme Outcomes

PO	Domain	Programme outcome
PO1	Knowledge	Explains the principles, scope, trajectory of serious illness and models of palliative and end-of-life care.
PO2	Holistic assessment	Assesses pain, symptoms, functional status, psychosocial concerns, spiritual needs and family support requirements.
PO3	Symptom management	Provides safe nursing care and supports prescribed symptom-management interventions within scope of practice.
PO4	Communication and shared decisions	Communicates sensitively and supports patient preferences, family understanding and multidisciplinary care planning.
PO5	End-of-life and bereavement care	Promotes comfort and dignity during the dying phase and supports families through grief and bereavement.
PO6	Safety, ethics and quality	Maintains accurate documentation, respects ethical and legal responsibilities and participates in evidence-based quality improvement.

6. Curriculum Framework

6.1 Distribution of hours

Unit	Title	Theory (h)	Simulation lab (h)
I	Foundations of Palliative Care	10	6
II	Communication and Professional Practice	10	6
III	Pain and Symptom Management	10	6
IV	Nursing Care in Advanced Illness	10	6
V	Psychosocial, Spiritual and Cultural Care	10	6
VI	Ethical and Legal Issues in End-of-Life Care	10	6
VII	Care During the Last Days and Hours of Life	10	6
VIII	Family Caregiver Support and Bereavement	10	6
IX	Palliative Care Across Settings and the Life Course	10	6
X	Research, Audit and Quality Improvement	10	6
	Total	**100**	**60**

Component	Hours	Share
Theory (10 units)	100	10%
Simulation laboratory	60	6%
Clinical practice	840	84%
Total	1,000	100%

Average weekly load over 26 weeks: approximately 4 hours of theory, 2–3 hours of simulation and 32 hours of clinical practice, averaging about 38 hours per week.

6.2 Schedule of the 26 weeks

Weeks	Activity
1–2	Orientation, palliative care principles, communication and safety orientation, equipment familiarization, baseline assessment and commencement of clinical posting.
3–20	Clinical postings as listed in Section 8, theory Units I–X and scheduled simulation sessions.
21–25	Remaining clinical postings, completion of logbook, case presentations, reflective practice, revision and scenario practice.
26	Final assessment and exit examination.

6.3 Teaching–learning methods

- Interactive lectures, videos and case-based learning.
- Simulation and role-play for pain assessment, communication, serious-illness conversations and end-of-life scenarios.
- Bedside teaching and supervised practice in palliative, oncology, medical, hospice and community/home-care settings.
- Group discussion, case presentations, family-education demonstrations and multidisciplinary case conferences.
- Reflective logbook entries, OSCE practice, preceptor feedback and clinical audit exercises.

7. Detailed Syllabus: Palliative and End-of-Life Care Nursing

Theory 100 hours · Simulation laboratory 60 hours · Clinical practice 840 hours

Unit I: Foundations of Palliative Care

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Explain the philosophy, principles and scope of palliative and end-of-life care.
- Describe common life-limiting illnesses and the role of the palliative care team.

Content

- Definitions and principles of palliative care and end-of-life care.
- History and development of palliative nursing; models of care delivery.
- Life-limiting illness, disease trajectories and the role of early palliative care.
- Roles and responsibilities of the palliative care nurse; multidisciplinary team.
- Principles of holistic assessment, comfort, dignity and person-centred care.

Teaching–learning activities

Interactive lecture; case discussion; videos; mapping the multidisciplinary team.

Assessment methods

MCQ; viva; short-answer test.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Describe the philosophy and scope of palliative care.
CO2	Identify the roles of the palliative care team.
CO3	Explain person-centred and holistic care principles.

Unit II: Communication and Professional Practice

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Use therapeutic communication with patients and families experiencing serious illness.
- Demonstrate professional conduct, empathy, confidentiality and teamwork.

Content

- Therapeutic communication, active listening and responding to emotional distress.
- Communication about prognosis and uncertainty; breaking bad news as part of the team.
- Shared decision-making and family meetings; culturally sensitive communication.
- Counselling and patient/family education strategies.
- Confidentiality, boundaries, professional conduct, self-care and prevention of compassion fatigue.

Teaching–learning activities

Role-play; peer discussion; simulated family meeting; reflective exercises.

Assessment methods

Observed communication checklist; case presentation; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Demonstrate therapeutic communication skills.
CO2	Participate in family-centred communication and care planning.
CO3	Identify strategies for professional resilience and self-care.

Unit III: Pain and Symptom Management

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Assess pain and common symptoms using appropriate tools.
- Explain safe nursing responsibilities in pharmacological and non-pharmacological symptom relief.

Content

- Pain assessment, classification, pain scales and reassessment.
- WHO analgesic ladder as a learning framework; prescribed analgesics and opioid safety.
- Monitoring effects and adverse effects of medicines; safe storage and documentation according to policy.
- Management of breathlessness, nausea, vomiting, constipation, fatigue, anxiety, delirium and secretions.
- Non-pharmacological approaches: positioning, relaxation, comfort measures and family support.

Teaching–learning activities

Pain-scale practice; medication-safety scenarios; symptom-management simulation.

Assessment methods

Practical OSCE; MCQ; case-based discussion.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Complete and document a pain assessment.
CO2	Monitor response to prescribed symptom-management interventions.
CO3	Recognize and promptly report uncontrolled symptoms or adverse effects.

Unit IV: Nursing Care in Advanced Illness

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Plan nursing care for patients with advanced or progressive illness.
- Provide safe skin, wound, nutrition, elimination and comfort care.

Content

- Holistic assessment and individualized nursing care planning.
- Care of pressure injuries, fungating wounds, oedema and lymphoedema.
- Mouth care, skin care, continence, bowel care, nutrition and hydration considerations.
- Medication administration and monitoring within scope and authorised orders.
- Fatigue management, mobility, positioning, falls prevention and equipment use.
- Care coordination and documentation of goals and patient preferences.

Teaching–learning activities

Bedside demonstrations; care-plan workshop; wound-care simulation.

Assessment methods

Skill checklist; case study; short-answer test.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Develop an individualized nursing care plan.
CO2	Demonstrate comfort-focused skin, wound and personal care.
CO3	Document assessment, interventions and patient response.

Unit V: Psychosocial, Spiritual and Cultural Care

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Identify psychosocial, spiritual and cultural concerns affecting patients and families.
- Support dignity, meaning, hope and individual preferences.

Content

- Psychological responses to serious illness; anxiety, sadness, fear and distress.
- Social concerns, family roles, financial strain and caregiver burden.
- Spiritual assessment and referral; meaning, hope, beliefs and rituals.
- Cultural considerations, dignity, privacy and respectful care.
- Supporting children and other family members affected by serious illness.
- Referral pathways for social work, psychology, spiritual care and community support.

Teaching–learning activities

Case discussion; reflective exercises; role-play; multidisciplinary case conference.

Assessment methods

OSCE; reflective log; case presentation.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify psychosocial and spiritual support needs.
CO2	Provide culturally respectful care and appropriate referral.
CO3	Promote dignity and patient-defined priorities.

Unit VI: Ethical and Legal Issues in End-of-Life Care

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Recognize ethical dilemmas in palliative and end-of-life care.
- Explain autonomy, consent, confidentiality and professional responsibilities.

Content

- Autonomy, beneficence, non-maleficence, justice and dignity.
- Informed consent, decision-making capacity and involvement of authorised decision-makers.
- Advance care planning and documenting patient preferences.
- Withholding or withdrawing treatment: team-based decisions, institutional policy and applicable law.
- Resuscitation decisions, goals of care, ethical consultation and conflict resolution.
- Legal responsibilities, documentation, privacy and professional scope of nursing practice.

Teaching–learning activities

Ethical case scenarios; group discussion; simulated care conference.

Assessment methods

Scenario-based OSCE; written test; group project.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify ethical concerns and escalate appropriately.
CO2	Support informed shared decision-making within professional scope.
CO3	Maintain clear and accurate documentation.

Unit VII: Care During the Last Days and Hours of Life

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Recognize common changes associated with the dying process and report concerns.
- Provide comfort-focused care that respects dignity and family preferences.

Content

- Recognizing possible signs of approaching death and communicating concerns to the team.
- Comfort measures, positioning, mouth and skin care, continence care and quiet environment.
- Management and reporting of pain, breathlessness, agitation, nausea and terminal secretions.
- Family preparation, presence, cultural practices and support during the final moments.
- Care after death and last offices in accordance with institutional policy and family/cultural needs.
- Documentation, communication and support for staff following a death.

Teaching–learning activities

Simulation scenarios; demonstration of comfort care and last offices; case discussion.

Assessment methods

Practical demonstration; OSCE; case evaluation.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Provide comfort-focused nursing care during the dying phase.
CO2	Support family understanding and presence according to preferences.
CO3	Perform care after death respectfully and according to policy.

Unit VIII: Family Caregiver Support and Bereavement

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Assess caregiver needs and provide practical education and emotional support.
- Explain grief responses and appropriate bereavement support.

Content

- Caregiver assessment, caregiver burden and family coping.
- Teaching family members about comfort care, medicines as prescribed, warning signs and when to seek help.
- Anticipatory grief, normal grief responses and risk factors for complicated grief.
- Bereavement communication, follow-up and referral to professional/community supports.
- Memorial practices, culturally respectful support and staff reflection.

Teaching–learning activities

Caregiver education role-play; bereavement scenarios; reflective discussion.

Assessment methods

Communication checklist; case presentation; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Assess family and caregiver support needs.
CO2	Provide clear, compassionate caregiver education.
CO3	Identify when bereavement referral or additional support is indicated.

Unit IX: Palliative Care Across Settings and the Life Course

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Describe palliative care delivery in hospital, hospice, community and home settings.
- Coordinate continuity of care and referral across services.

Content

- Inpatient palliative care, outpatient clinics, hospice and home-based care.
- Palliative care for cancer and non-cancer conditions, including cardiac, respiratory, renal, neurological and frailty-related illness.
- Paediatric and older-person considerations; family-centred care.
- Home-care safety, equipment, referral, discharge planning and follow-up.
- Community resources, multidisciplinary coordination and transitions of care.
- Equity, access, culturally appropriate services and patient advocacy.

Teaching–learning activities

Service mapping; discharge-planning case; home-care scenario simulation.

Assessment methods

Case evaluation; written test; care-coordination exercise.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Describe care pathways across settings.
CO2	Contribute to safe transitions and continuity of care.
CO3	Identify appropriate referrals and community resources.

Unit X: Research, Audit and Quality Improvement

Theory: 10 hours | Simulation laboratory: 6 hours

Learning objectives

- Apply evidence-based practice and basic quality-improvement principles.
- Use documentation, audit and reflection to improve palliative nursing care.

Content

- Evidence-based palliative nursing and critical appraisal basics.
- Clinical indicators: symptom reassessment, care-plan documentation, family communication and patient experience.
- Clinical audit, incident reporting, confidentiality and data protection.
- Case studies, reflective practice, service evaluation and improvement planning.
- Research ethics and use of evidence in nursing practice.

Teaching–learning activities

Journal discussion; audit exercise; group presentation; improvement-plan workshop.

Assessment methods

Audit presentation; MCQ; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify a relevant palliative care quality indicator.
CO2	Participate in a simple audit or improvement activity.
CO3	Present a practical recommendation informed by evidence.

8. Clinical Practice: Postings (840 hours)

The clinical posting sequence may be adjusted to suit the institutional roster and case availability. Each posting ends with guide-verified competency sign-off in the logbook. All clinical activities must be supervised and remain within the scope of registered nursing practice.

Clinical area	Weeks	Hours
Palliative care unit / inpatient service	5	160
Oncology / medical ward	4	130
Hospice or dedicated end-of-life care service	4	130
Medical ICU / high-dependency unit (comfort-focused care exposure)	3	100
Community and home-based palliative care	4	130
Pain and symptom management clinic / outpatient service	2	60
Bereavement support, family counselling and multidisciplinary care	2	60
Long-term care / geriatrics / relevant specialty service	2	70
Total	26	840

8.1 Expected learning in each posting

Posting	Focus
Palliative care unit / inpatient service	Holistic assessment, symptom reassessment, care planning, documentation and multidisciplinary coordination.
Oncology / medical ward	Support for patients with serious illness, treatment-related symptoms, communication and referral to palliative care.
Hospice / end-of-life care service	Comfort-focused care, family support, dignity, last-days care and care after death.
Medical ICU / high-dependency unit	Symptom relief, communication with families, goals-of-care discussions led by the team and ethical nursing practice.
Community and home-based palliative care	Home assessment, caregiver education, safe care planning, referral and follow-up.
Pain and symptom management clinic	Pain scales, symptom tracking, medication-safety monitoring and evaluation of response.
Bereavement and multidisciplinary support	Grief support, family meetings, referral and reflective practice.
Long-term care / geriatrics / specialty service	Palliative needs in frailty and chronic illness, dignity, communication and continuity of care.

9. Essential Palliative and End-of-Life Care Skills and Logbook

The fellow maintains a logbook recording each procedure or learning activity, signed by the clinical preceptor and verified by the guide. Minimum numbers should be finalized by the Fellowship Committee according to clinical availability, institutional policy and scope of practice. Activities may be completed using approved simulation when a suitable clinical case is unavailable.

9.1 Procedures observed (O)

No.	Procedure / learning activity	Suggested minimum
1	Multidisciplinary palliative care assessment / case conference	3
2	Specialist pain or symptom review	3
3	Hospice or home-based palliative care visit	3
4	Family meeting / goals-of-care discussion (observational)	3
5	Bereavement support or family follow-up activity	2
6	Advance care planning discussion (observational, with consent)	2
7	Care after death / last offices demonstration	2

9.2 Procedures assisted (A)

No.	Procedure / learning activity	Minimum	Sim
1	Holistic assessment and structured handover	10	
2	Pain assessment using an appropriate scale and reassessment	10	
3	Symptom assessment and documentation	10	
4	Wound, pressure injury and skin care	5	
5	Comfort measures for breathlessness, nausea, agitation or secretions	5	Sim
6	Patient/family education and caregiver support	5	
7	Family meeting or multidisciplinary care-plan discussion	3	
8	Advance care planning documentation workflow (under supervision)	2	
9	Bereavement support/referral activity	3	
10	Care after death / last offices	3	
11	Safe medication monitoring and adverse-effect reporting	5	
12	Discharge planning and community referral	3	

9.3 Procedures performed (P)

No.	Procedure / competency	Minimum	Sim
1	Holistic nursing assessment and individualized care plan	10	
2	Pain assessment, documentation and reassessment	15	
3	Symptom monitoring and escalation of uncontrolled distress	10	
4	Comfort care: positioning, mouth care, skin care and personal hygiene	10	
5	Pressure injury prevention and wound-care support	5	
6	Therapeutic communication and active listening	5	Sim
7	Patient/family education using teach-back	5	Sim
8	Recognition of dying-phase changes and	5	Sim

	timely communication		
9	Care after death / last offices according to policy	3	Sim
10	Documentation, handover and discharge/referral planning	10	
11	Ethical case reflection / shared decision-making scenario	3	Sim
12	Bereavement support and referral planning	3	Sim

9.4 Logbook requirements

- Record date, patient identification code, procedure/activity, level (O/A/P), clinical or simulation setting, learning outcome, reflection and preceptor signature.
- Guide verification at the end of each posting; Fellowship Coordinator reviews progress at weeks 8, 16 and 24.
- Complete at least 10 case studies or case presentations covering pain and symptom management, advanced illness, communication, end-of-life care, family support and care across settings.
- Submit the completed logbook to the guide one week before final assessment.

10. Scheme of Assessment

10.1 Final assessment and exit examination

The examination is conducted by the School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth. Final assessment comprises:

Component	Details	Marks	Minimum (50%)
I. Multiple-choice questions	Written paper; one mark per question; blueprint in Section 10.3	25	12.5
II. Practical skills assessment	Three case scenarios with discussion; 20 marks each	60	30
III. Logbook maintenance	Completeness, regularity, accuracy and guide verification	15	7.5
Total		**100**	**50**

10.2 Criteria to pass

- Minimum 50% in each of the three components and minimum 50% aggregate (50/100).
- A candidate who does not meet the minimum in any component must follow the university-approved supplementary assessment process, if applicable.

10.3 MCQ blueprint (25 marks)

Content area	Suggested marks
Foundations and models of palliative care	3
Communication and professional practice	3
Pain and symptom management	5
Advanced illness and comfort nursing	3
Psychosocial, spiritual and cultural care	2
Ethical/legal issues and advance care planning	3
Last-days care, bereavement and care across settings	4
Research, audit and quality improvement	2
Total	**25**

10.4 Practical skills assessment (60 marks)

Case scenario	Focus	Maximum marks
Case 1	Holistic assessment, pain/symptom management and nursing care plan	20
Case 2	Communication, ethical decision-making and family support	20
Case 3	Last-days care, comfort, documentation and bereavement support	20
Total		**60**

10.5 Logbook assessment (15 marks)

Criterion	Marks
Completeness and regularity of entries	5
Accuracy, reflection and learning outcomes	5
Guide/preceptor verification and completion of required activities	5
Total	**15**

10.6 Formative assessment

Unit-wise MCQ tests, skill checklists, case presentations, viva, reflective logbook entries and feedback are used throughout the fellowship. The guide records progress at the end of each posting.

10.7 Award of certificate

The fellowship certificate is awarded by Malla Reddy Vishwavidyapeeth (Deemed to be University) to candidates who meet the approved attendance, clinical competency and assessment requirements.

11. Infrastructure, Faculty and Quality Assurance

11.1 Clinical facilities

- Access to palliative care services, oncology/medical wards, hospice or end-of-life care services, community/home-care services and relevant specialty clinics.
- Clinical preceptors and multidisciplinary professionals available for supervised learning.
- Access to institutional protocols for symptom assessment, medication safety, documentation, referral and care after death.

11.2 Simulation laboratory

- Pain and symptom assessment tools, mannequins or task trainers as available, comfort-care equipment and wound-care materials.
- Role-play spaces for communication, family meetings, shared decision-making and bereavement support.
- Medication-safety scenarios, documentation templates and OSCE checklists.

11.3 Classroom and learning resources

- Classroom with audiovisual resources and internet access for evidence-based learning.
- Access to current nursing texts, palliative care guidelines, clinical protocols and journal articles.
- Standardized logbooks, case presentation formats and assessment rubrics.

11.4 Quality assurance

- Review attendance, learning outcomes, logbooks and clinical competency at planned intervals.
- Collect feedback from fellows, guides, preceptors and clinical partners.
- Review curriculum content, assessment blueprint and clinical placement suitability periodically through the authorised academic process.

- Maintain confidentiality, patient consent, professional boundaries and safe supervision during all learning activities.

12. Suggested References

- World Health Organization. Palliative care: key facts and relevant guidance. WHO.
- World Health Organization. Integrating palliative care and symptom relief into primary health care. WHO.
- Indian Association of Palliative Care. Standards, educational resources and clinical guidance for palliative care.
- National Cancer Grid, India. Relevant supportive and palliative care guidance, where applicable.
- Oxford Textbook of Palliative Nursing. Oxford University Press.
- Ferrell, B. R., Coyle, N., and Paice, J. A. (eds.). Oxford Textbook of Palliative Nursing. Oxford University Press.
- Current institutional policies and applicable national/state guidance on nursing practice, medication safety, consent, documentation and care after death.

Note: The institution should verify the latest editions, publication details and locally applicable policies before final approval.

Annexure A: Final Assessment Sheet – MRV Fellowship

General information

Fellow details	Entry
Name of fellow	
Fellowship ID	
Institution / department	
Batch / year	

Component	Maximum marks	Marks obtained	Pass / Fail
MCQs	25		
Practical skills – Case 1	20		
Practical skills – Case 2	20		
Practical skills – Case 3	20		
Practical skills total	60		
Logbook	15		
Total	100		

Final result: ☐ Pass ☐ Fail (Minimum 50% in each component and 50% aggregate)

Additional outputs, if approved: _____

Date: _____

1. Name of guide / examiner: _____ Signature: _____

2. Name of guide / examiner: _____ Signature: _____

Annexure B: Logbook Formats

B1. Clinical activity record

Date	Patient code	Procedure / activity	O/A/P	Clinical / simulation	Learning outcome / reflection	Preceptor signature

B2. Case presentation record

Case no.	Clinical focus	Date	Guide feedback	Fellow signature

B3. Posting verification

Clinical posting	Hours completed	Competencies reviewed	Preceptor signature	Guide verification

Annexure C: Certificate of Completion (format)

MALLA REDDY VISHWAVIDYAPEETH

(Deemed to be University)

This is to certify that

_____

Fellowship ID _____ has successfully completed the 26-week

FELLOWSHIP IN

PALLIATIVE AND END-OF-LIFE CARE NURSING

at the School of Nursing Science and Technology, and has passed the final assessment and exit examination held in _____ with a total of _____ / 100 marks.

Date of issue: _____	Place: Hyderabad
Controller of Examinations	Dean, School of Nursing Science and Technology