MALLA REDDY VISHWAVIDYAPEETH

(Deemed to be University)

Hyderabad

School of Nursing Science and Technology

FELLOWSHIP IN

PALLIATIVE CARE NURSING

Curriculum 2026

Programme particulars	
Level	Post-registration fellowship (Nursing)
Duration	26 weeks (6 months) – 1,000 hours
Structure	Theory 100 hrs · Simulation laboratory 60 Hrs Clinical practice 840 Hrs
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Award	Fellowship certificate of Malla Reddy Vishwavidyapeeth

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	

Contents

1. Preamble and Need for the Programme .....
2. Vision, Mission and Programme Objectives .....
3. Programme at a Glance.....
4. Eligibility, Selection and Governance .....
5. Programme Outcomes .....
6. Curriculum Framework .....
7. Detailed Syllabus: Palliative Care Nursing .....
8. Clinical Practice: Postings (840 hours) .....
9. Essential Palliative Care Skills and Logbook.....
10. Scheme of Assessment.....
11. Infrastructure, Faculty and Quality Assurance.....
12. Suggested References .....
Annexure A: Final Assessment Sheet – MRV Fellowship .....
Annexure B: Logbook Formats .....
Annexure C: Certificate of Completion (format) .....

1. Preamble and Need for the Programme

Malla Reddy School of Nursing Science and Technology recognizes the growing demand for professionally trained nurses who can provide comprehensive, compassionate and quality palliative care to patients with life-limiting illnesses in hospital, hospice, home-based and community settings. Specialized training in palliative care nursing is therefore essential to promote dignity, comfort and holistic care throughout the course of serious illness.

The Fellowship in Palliative Care Nursing is designed to strengthen the competencies of nurses in pain assessment and management, symptom control, communication, psychosocial support, end-of-life care and bereavement support. The programme also emphasizes the management of symptoms such as breathlessness, nausea, vomiting, fatigue, constipation, anxiety and delirium.

The fellowship further develops skills in advance care planning, ethical decision-making, patient and family counselling, medication safety, infection prevention, care coordination and interdisciplinary collaboration. The programme aims to enhance professional confidence, clinical judgement, communication and leadership, thereby improving the quality of life of patients and supporting families throughout the illness, dying and bereavement processes.

1.1 Need

- The increasing burden of cancer, chronic illnesses, organ failure, neurological disorders and other life-limiting conditions creates a growing need for skilled nurses trained in palliative and supportive care.
- Basic nursing programmes provide foundational knowledge and clinical experience; a structured, competency-based fellowship further strengthens specialized skills in pain management, symptom control, end-of-life care, ethical decision-making and psychosocial support.
- Hospitals, hospices, home-care services and community health settings require competent nurses who can assess patient needs, relieve suffering, maintain dignity, support families, facilitate advance care planning and coordinate continuity of care.

2. Vision, Mission and Programme Objectives

2.1 Vision

To prepare competent, compassionate and skilled palliative care nurses who provide holistic, dignified, evidence-based and person-centered care to patients with life-limiting illnesses and support their families in improving quality of life.

2.2 Mission

To provide structured, competency-based education and clinical training in palliative care nursing that equips nurses with the knowledge, skills and professional attitudes required for effective pain and symptom management, psychosocial and spiritual support, ethical practice, end-of-life care and family-centered care. The programme aims to promote dignity, comfort, compassionate communication and interdisciplinary collaboration across hospital, hospice, home-based and community settings.

2.3 Programme Objectives

After successful completion of the Fellowship in Palliative Care Nursing, the fellow will be able to:

1. Provide safe, comprehensive and evidence-based palliative nursing care to patients with life-limiting illnesses across hospital, hospice, home-based and community settings.
2. Assess, plan, implement and evaluate individualized nursing care for patients experiencing pain, breathlessness, fatigue, nausea, vomiting, anxiety, delirium and other distressing symptoms associated with serious illness.
3. Demonstrate competence in pain assessment, safe medication administration, symptom management, comfort measures and evaluation of treatment outcomes in collaboration with the multidisciplinary healthcare team.
4. Provide psychological, emotional, social and spiritual support to patients and their families, including effective communication, counselling, advance care planning, end-of-life support and bereavement care.

5. Educate and counsel patients, caregivers and families regarding disease-related symptoms, medication adherence, nutrition, personal hygiene, pressure injury prevention, home-based care and the recognition of symptoms requiring medical attention.
6. Maintain ethical, legal and professional standards in palliative care nursing, including respect for patient autonomy, dignity, confidentiality, informed consent, cultural sensitivity, accurate documentation and appropriate communication.
7. Collaborate with multidisciplinary healthcare professionals to ensure continuity of care, timely referral, discharge planning, rehabilitation where appropriate and coordinated support for patients and families.
8. Demonstrate professional accountability, clinical judgment, teamwork and leadership in delivering compassionate, safe and quality palliative care while supporting the emotional well-being of patients, families and healthcare providers.

3. Programme at a Glance

Item	Details
Name of the programme	Fellowship in Palliative 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	Total hours 1,000: theory 100, simulation laboratory 60, clinical practice 840
Credits	33 (at 30 notional hours per credit; 1,000 h ÷ 30 = 33.3, rounded down)
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Mode	Contact classes, simulation, supervised clinical postings in a teaching hospital, logbook
Assessment	MCQ 25 + practical skills (three case scenarios) 60 + logbook 15 = 100 marks; minimum 50% in each component and 50% aggregate
Award	Fellowship certificate by Malla Reddy Vishwavidyapeeth (Deemed to be University)
Medium of instruction	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 (certificate to be produced at admission).
- Medical fitness certificate and immunization record (hepatitis B at minimum).

4.2 Selection and commencement

The fellowship is established to uphold transparency, fairness and meritocracy in the selection process for the MRV Fellowship Programme. Selection is made by the Fellowship Committee on the basis of academic record, a short interview and document verification. A batch commences once the committee has approved the list of fellows and allotted a guide to each fellow.

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	The Fellowship Coordinator of MRV

Sl. No.	Role / position	Description / designation
5	Ex officio members	The Registrar and the Controller of Examinations, MRV

Functions of the committee: approval of the curriculum and of any additional output or deliverable (written approval is needed beforehand); selection of fellows; allotment of guides; monitoring of attendance, logbooks and clinical postings; conduct of the final assessment; handling of grievances; recommendation of award of the certificate.

4.4 Guides

- Guide / co-guide: Professor, Associate Professor or Assistant Professor from SNST with a postgraduate qualification in nursing and experience in Palliative Care nursing.
- Clinical preceptors: nurses with at least two years of Palliative Care experience and a valid ACLS/BLS provider certificate.

Guide-to-fellow ratio not more than 1:1

5. Programme Outcomes

5.1 Programme outcomes (POs)

At the end of the fellowship the fellow demonstrates the following programme outcomes.

PO	Domain	Programme outcome
PO1	Knowledge	Explains the etiology, pathophysiology, clinical manifestations, diagnostic findings and management of life-limiting illnesses and common symptoms encountered in palliative care.
PO2	Assessment and triage	Performs systematic assessment and monitoring of patients with life-limiting illnesses, including pain assessment, symptom identification, functional status evaluation and recognition of clinical deterioration.
PO3	Emergency interventions	Provides safe, competent and evidence-based nursing care through pain management, symptom control, comfort measures, end-of-life care and prevention of complications.
PO4	Communication and education	Communicates effectively with patients, families, caregivers and healthcare teams; maintains accurate documentation and handover; and provides education on symptom management, medication adherence, home-based care and bereavement support.
PO5	Safety, infection control and ethics	Applies infection-prevention practices, medication safety, informed consent, confidentiality, patient autonomy and ethical decision-making while maintaining dignity and respect in palliative care
PO6	Leadership and evidence	Coordinates and supervises palliative nursing activities, collaborates with multidisciplinary healthcare teams, participates in care planning and applies evidence-based practices to improve the quality of life of patients and their families.

6. Curriculum Framework

6.1 Distribution of hours

Unit	Title	Theory (h)	Simulation lab (h)
1	Introduction to Palliative Care	10	5
2	Introduction to Pain	15	7
3	Management of Pain	15	8

Unit	Title	Theory (h)	Simulation lab (h)
4	Management of Pain- Opioids	10	8
5	Communication I	15	8
6	Communication II	10	8
7	Wound Management I (Pressure Sore)	15	8
8	Wound Management II (Fungating Ulcer)	10	8
	Total	**100**	**60**

Component	Hours	Share
Theory (8 units)	100	10%
Simulation laboratory	60	6%
Clinical practice (postings)	840	84%
Total	**1,000**	**100%**

Average weekly load over 26 weeks: about 4 hours of theory, 2 hours of simulation and 32 hours of clinical practice (about 38 hours a week).

6.2 Schedule of the 26 weeks

Weeks	Activity
1–2	Orientation, ACLS/BLS certification, Units I and II & III, infection-control orientation, equipment familiarization; posting in the Maternal and Pediatric department begins
3–20	Clinical postings as in Section 8, with theory (Units III–X) and simulation sessions scheduled against the posting
21–25	Remaining postings, logbook completion, revision and case-scenario practice
26	Final assessment and exit examination

6.3 Teaching–learning methods

- Interactive lectures, educational videos and case-based learning on palliative care principles, pain and symptom management, end-of-life care and holistic patient care.
- Simulation laboratory: Palliative care manikins, pain assessment tools, oxygen delivery devices, infusion pumps, wound care models, syringe drivers and equipment for symptom management and comfort care.
- Bedside teaching supervised clinical procedures and graded responsibility during postings in palliative care units, oncology wards, pain management clinics, hospices, intensive care units and home-based palliative care services.
- Group discussions, role play, peer-led presentations, communication skills training, breaking bad news, counselling of patients and families, grief support and bereavement care.
- Pain assessment and management demonstrations, symptom management scenarios, end-of-life care simulations, advance care planning discussions and OSCE-based clinical skills practice.
- Community-based learning through home visits, family education, caregiver training, psychosocial support, spiritual care, community palliative care services and referral coordination.
- Logbook maintenance, reflective practice, case presentations, nursing care plans, clinical assignments, interdisciplinary case conferences and regular feedback from clinical preceptors.

7. Detailed Syllabus: Palliative Care Nursing

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

For every unit the syllabus gives the learning objectives, content, teaching–learning activities, assessment methods and course outcomes (CO).

Unit I: Introduction to Palliative Care

Theory: 10 hours · Simulation Laboratory: 8 hours

Learning objectives

- Understand the scope, principles, and foundations of palliative care.
- Explore the processes of grief and bereavement.
- Recognize the importance of palliative care in non-cancer conditions.

Content

Introduction to Palliative Care

- Definition and scope of palliative care.
- History and evolution of palliative care.
- Principles and philosophy of palliative care.
- Concepts of grief and bereavement.
- Stages and responses associated with grief.
- Palliative care in non-cancer illnesses.
- Holistic care addressing physical, psychological, social, and spiritual needs.

Teaching–learning activities

Lectures, case scenario discussions, reflective writing, group discussions, and interactive learning sessions.

Assessment methods

Written tests, short reflective essays, group discussions, and case-based questions.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Explain the definition, scope, history, and fundamental principles of palliative care.
CO2	Describe the processes of grief and bereavement and identify appropriate supportive interventions..
CO3	Explain the role of palliative care in managing patients with cancer and non-cancer illnesses.

Unit II: Introduction to Pain

Theory: 15 hours · Simulation Laboratory: 8 hours

Learning objectives

- Define pain and explain its physiological basis.
- Classify pain and differentiate between acute and chronic pain.
- Assess different types of pain using appropriate assessment tools.

Content

Introduction to Pain

- Definition and concepts of pain.
- Physiology and pathophysiology of pain.
- Classification of pain.
- Nociceptive pain: somatic and visceral pain.
- Neuropathic pain and its characteristics.
- Acute and chronic pain.
- Pain assessment: intensity, location, duration, character, and aggravating or relieving factors.

- Standardized pain assessment scales.
- Assessment of pain in patients with communication difficulties.
- Documentation and reassessment of pain.

Teaching–learning activities

Case study discussions, video-based demonstrations, pain assessment practice, interactive lectures, and simulated patient assessments.

Assessment methods

Multiple-choice questions (MCQs), case-based questions, objective structured clinical examination (OSCE), and pain assessment checklists.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Explain the physiological and pathophysiological mechanisms of pain.
CO2	Perform comprehensive pain assessment using appropriate tools and document findings accurately.

Unit III: Management of Pain – Non-Opioids Analgesics and Adjuvant Drugs

Theory: 15 hours · Simulation Laboratory: 8 hours

Learning objectives

- Apply the WHO analgesic ladder in pain management.
- Explain the uses of non-Opioids analgesics and adjuvant medications.
- Demonstrate the nursing responsibilities involved in non-Opioids pain management.

Content

Management of Pain: Non-Opioids Analgesics and Adjuvant Drugs

- WHO analgesic ladder and its principles.
- Individualized and multimodal approaches to pain management.
- Step 1 and relevant Step 2 medicines, including non-opioid options.
- Non-steroidal anti-inflammatory drugs (NSAIDs).
- Paracetamol: indications, precautions, and adverse effects.
- Adjuvant medications used in pain management.
- Drugs used in neuropathic pain, including selected antidepressants and anticonvulsants.
- Non-pharmacological pain management techniques.
- Assessment of therapeutic response and adverse drug reactions.
- Nursing responsibilities in medication administration, patient education, and documentation.

Teaching–learning activities

Interactive lectures, drug demonstrations, flowcharts of the WHO analgesic ladder, case discussions, medication-chart exercises, and role-play scenarios.

Assessment methods

Drug chart evaluation, short-answer tests, case-based questions, medication administration checklists, and role-play assessment.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Explain the principles and appropriate application of the WHO analgesic ladder in pain management.
CO2	Describe the indications, precautions, and adverse effects of non-opioid analgesics and adjuvant

	medications.

Unit IV: Management of Pain – Opioids

Theory: 10 hours · Simulation Laboratory: 8 hours

Learning objectives

- Explain the indications, benefits, and risks associated with opioid use.
- Identify and manage common Opioids-related adverse effects and toxic effects.
- Demonstrate safe Opioids administration, monitoring, and documentation.

Content

Management of Pain: Opioids

- Introduction to Opioids and their role in palliative pain management.
- Indications, contraindications, and precautions in Opioids therapy.
- Morphine: indications, routes, dosage principles, and titration under authorized clinical orders.
- Morphine trial and assessment of therapeutic response.
- Common adverse effects: constipation, nausea, vomiting, sedation, and pruritus.
- Recognition and management of Opioids toxicity, including respiratory depression.
- Opioids-induced constipation and preventive measures.
- Safe administration, storage, handling, and disposal according to institutional policy and applicable regulations.
- Patient and caregiver education regarding Opioids use.
- Monitoring, documentation, and reporting of adverse effects.
- Nursing responsibilities in Opioids administration and ongoing patient assessment.

Teaching–learning activities

Simulation practice, drug protocol discussions, medication safety demonstrations, role-play on patient monitoring, and case-based learning.

Assessment methods

OSCE, checklist-based assessment, written tests, medication safety exercises, and simulated patient monitoring.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Explain the principles, indications, benefits, and risks of Opioids therapy in palliative care..
CO2	Demonstrate safe Opioids administration, patient monitoring, documentation, and patient–caregiver education in accordance with authorized prescriptions and institutional protocols..

Unit V: Communication I – Fundamentals of Effective Communication

Theory: 15 hours · Simulation Laboratory: 8 hours

Learning objectives

- Explain the importance of effective medical and nursing communication in palliative care.
- Identify barriers to effective communication and develop strategies to overcome them.
- Demonstrate active listening and therapeutic communication skills.

Content

Communication I: Fundamentals of Effective Communication

- Importance of medical and nursing communication in palliative care.

- Principles and elements of effective communication.
- Verbal and non-verbal communication.
- Barriers to effective communication.
- Steps and techniques for effective communication.
- Differences between effective and ineffective communication.
- Active listening and empathetic responses.
- Therapeutic communication techniques.
- Communication with patients, families, and multidisciplinary healthcare teams.
- Respect for cultural values, privacy, dignity, and individual preferences.
- Documentation and continuity of communication in patient care.

Teaching–learning activities

Role-play, audio-visual demonstrations, group activities, paired communication exercises, reflective exercises, and simulated patient interactions.

Assessment methods

Observation checklists, group feedback, peer evaluation, communication skills assessment, and reflective writing.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Explain the principles and importance of effective communication in palliative care.
CO2	Demonstrate active listening, empathy, and therapeutic communication with patients, caregivers, and healthcare professionals.

Unit VI: Communication II – Breaking Bad News and Managing Emotions

Theory: 10 hours · Simulation Laboratory: 8 hours

Learning objectives

- Develop skills for communicating bad news sensitively and compassionately.
- Recognize and respond appropriately to patients' and families' emotional reactions.
- Manage situations involving collusion, confidentiality, and communication challenges.

Content

Communication II: Breaking Bad News and Managing Emotions

- Principles of communicating bad news in palliative care.
- Preparation of the environment and assessment of patient preferences.
- Structured approaches to breaking bad news, including the SPIKES protocol.
- Responding to shock, denial, anger, sadness, fear, and anxiety.
- Empathetic communication and emotional support.
- Dealing with collusion among family members, patients, and healthcare professionals.
- Respecting patient autonomy, confidentiality, and the right to information.
- Handling difficult conversations regarding prognosis, treatment limitations, and end-of-life care.
- Communicating with children, older adults, and vulnerable patients when appropriate.
- Referral for psychological, spiritual, or specialist support.
- Documentation of sensitive discussions and agreed care plans.

Teaching–learning activities

Simulated conversations, emotional response workshops, guided discussions, role-play, video demonstrations, and reflective practice.

Assessment methods

Simulation-based OSCE, reflective writing, communication skills rubrics, peer feedback, and case-based assessment.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Demonstrate a structured and compassionate approach to communicating bad news.
CO2	Manage communication challenges, including collusion and confidentiality concerns, while respecting patient autonomy and dignity.

Unit VII: Wound Management I – Pressure Injuries

Theory: 15 hours · Simulation Laboratory: 8 hours

Learning objectives

- Identify the causes, risk factors, and pathophysiology of pressure injuries.
- Assess and classify pressure injuries and plan appropriate nursing care.
- Apply evidence-based principles for the prevention and management of pressure injuries.

Content

Wound Management I: Pressure Injuries

- Definition and pathophysiology of pressure injuries.
- Causes and risk factors, including immobility, impaired sensation, malnutrition, and moisture.
- Stages and classification of pressure injuries.
- Comprehensive skin and wound assessment.
- Pressure injury risk assessment tools.
- Prevention strategies: repositioning, pressure redistribution, skin care, and nutritional support.
- Wound cleansing, dressing selection, and wound monitoring.
- Pain management during wound care.
- Prevention and management of wound infection.
- Documentation of wound characteristics and healing progress.
- Patient and caregiver education.
- Palliative approaches to pressure injuries in patients with limited mobility or advanced illness.

Teaching–learning activities

Clinical demonstrations, visual aids, wound assessment exercises, dressing demonstrations, group discussions, case-based learning, and simulation practice.

Assessment methods

Practical checklists, case study analysis, MCQs, wound assessment OSCE, and demonstration of preventive nursing interventions.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Explain the causes, risk factors, and pathophysiology of pressure injuries.
CO2	Assess, classify, document, and monitor pressure injuries using appropriate assessment tools.

Unit VIII: Wound Management II – Fungating Ulcers

Theory: 10 hours · Simulation Laboratory: 8 hours

Learning objectives

- Explain the pathophysiology and clinical characteristics of fungating ulcers.
- Access and manage complex wounds with emphasis on symptom control and patient comfort.
- Address the psychological, social, and emotional challenges associated with fungating wounds.

Content

Wound Management II: Fungating Ulcers

- Definition and pathophysiology of fungating wounds.
- Causes and association with advanced malignancies.
- Assessment of wound size, tissue characteristics, exudates, odour, pain, bleeding, and surrounding skin.
- Principles of palliative wound care.
- Selection of appropriate wound dressings.
- Management of malodour, excessive exudates, bleeding, and wound-associated pain.
- Prevention of skin damage and infection-related complications.
- Safe wound cleansing and dressing techniques.
- Psychological impact, body image disturbances, social isolation, and emotional distress.
- Communication with patients and caregivers regarding wound care.
- Patient dignity, privacy, comfort, and individualized care planning.
- Documentation, referral, and multidisciplinary collaboration.

Teaching–learning activities

Wound care demonstrations, simulated wound dressing, psychosocial role-play, peer teaching, case discussions, and reflective learning.

Assessment methods

Wound care OSCE, short-answer tests, case reflection, practical checklists, and case-based questions.

Course outcomes (CO)

CO	Course outcome: The fellow will be able to
CO1	Explain the pathophysiology, clinical features, and assessment of fungating wounds.
CO2	Demonstrate appropriate palliative wound care techniques to manage pain, malodour, exudate, bleeding, and surrounding skin damage.

8. Clinical Practice: Postings (840 hours)

Clinical area	Weeks	Hours
Oncology Ward	4	140
Inpatient Hospice Care	4	140
Medical and Surgical Wards (Patients with Life-Limiting Illnesses)	3	100
Intensive Care Unit (ICU) and End-of-Life Care Services	5	180
Home-Based Palliative Care and Community Health Services	4	140
Geriatric Care and Long-Term Care Facilities	3	80
Paediatric Palliative Care and Neonatal Support Services	2	40
Counselling and Psychosocial Care Services	1	20
Total	**26**	**840**

Postings shall be scheduled according to the clinical roster, availability of palliative care services and institutional requirements. The palliative care unit, oncology ward and pain and symptom management clinic postings should

begin early in the programme, followed by rotations in medical and surgical wards, intensive care, home-based care, geriatric care and pediatric palliative care. Advanced pain and symptom management, end-of-life care, communication of difficult news, psychosocial and spiritual support, and bereavement care should be undertaken after the relevant theoretical and simulation training. Fellows shall practice under the supervision of qualified palliative care professionals and maintain a clinical logbook documenting procedures, case studies, patient assessments, nursing interventions and reflective learning.

8.1 Expected learning in each posting

Posting	Focus
Oncology Ward	Assessment and nursing care of patients with cancer, management of cancer-related pain, fatigue, nausea, vomiting and other treatment-related symptoms, care during chemotherapy and radiotherapy, nutritional support, patient and family education, and coordination of palliative care services.
Inpatient Hospice Care	Comprehensive assessment of patients with life-limiting illnesses, holistic nursing care, pain and symptom assessment, comfort measures, personal hygiene, pressure injury prevention, psychosocial and spiritual support, maintenance of dignity, and promotion of quality of life.
Medical and Surgical Wards (Patients with Life-Limiting Illnesses)	Assessment of patients with advanced chronic and progressive illnesses, management of common symptoms, nursing care for patients with functional limitations, wound and pressure injury care, nutritional and hydration support, medication management, prevention of complications, and coordination of palliative care with ongoing medical treatment.
Intensive Care Unit (ICU) and End-of-Life Care Services	Assessment of critically ill patients with poor prognoses, recognition and relief of distressing symptoms, comfort-focused nursing interventions, support during end-of-life care, communication with patients and families, participation in goals-of-care discussions with the multidisciplinary team, and provision of compassionate care while respecting patient preferences and dignity.
Home-Based Palliative Care and Community Health Services	Home-based assessment of patients with advanced illnesses, planning and delivery of community palliative care, pain and symptom monitoring, caregiver education, medication adherence, prevention of pressure injuries, safe patient handling, home safety assessment, coordination of referrals, and follow-up care to support patients and families in their homes.
Geriatric Care and Long-Term Care Facilities	Assessment of older adults with frailty, dementia and multiple chronic illnesses, management of pain and other symptoms, prevention of falls and pressure injuries, assistance with activities of daily living, nutritional support, maintenance of comfort and mobility, communication with caregivers, and promotion of dignity and quality of life.
Pediatric Palliative Care and Neonatal Support Services	Age-appropriate assessment of pain and distress in children, use of suitable paediatric pain assessment tools, comfort measures, symptom management, developmental and nutritional support, family-centred care, communication with parents and caregivers, psychosocial support for siblings and family members, and compassionate care for children with life-limiting conditions.

Posting	Focus
Counseling and Psychosocial Care Services	Assessment of emotional, social and spiritual needs of patients and families, therapeutic communication, active listening, preparation of families for anticipated loss, grief and bereavement support, culturally sensitive care, referral for specialist counselling when required, and provision of compassionate support to families following the death of a patient.

9. Essential Palliative Care Skills and Logbook

The fellow shall maintain a clinical logbook in which every palliative care procedure, patient assessment, nursing intervention and clinical activity observed, assisted with or performed is recorded. Entries must be signed by the clinical preceptor and verified by the assigned guide. The minimum numbers of clinical activities and competencies listed in the logbook shall serve as proposed competency requirements for the 840 clinical practice hours. Activities should include pain and symptom assessment, administration and monitoring of prescribed medications, comfort care, wound and pressure injury management, communication with patients and families, end-of-life care, psychosocial and spiritual support, caregiver education, bereavement support and participation in multidisciplinary care planning. Procedures requiring specialized expertise must be performed only under appropriate supervision and within the fellow's authorized scope of practice. Simulation may be used when a suitable clinical case is unavailable.

9.1 Procedures observed (O)

No.	Procedure	Min.
1.	End-of-Life Care Discussions(with patient and family)	5
2.	Multi disciplinary Palliative Care Rounds	5
3.	Symptom Management Protocols(pain, Dyspnea, delirium, etc.)	2
4.	Terminal Weaning from Mechanical Ventilation	3
5.	Palliative Sedation	3
6.	Advance Care Planning and Code Status Decisions	3
7.	Hospice Admission Process	3
8.	Family Conferences for Goals of Care	3
9.	Organ and Tissue Donation Counseling	3
10.	End-of-Life Care Discussions(with patient and family)	3

9.2 Procedures assisted (A)

No	Procedure	Min	Sim
1	Pain Assessment and Opioids Titration	10	sim
2	Administration of Palliative Medications(e.g., morphine, antiemetic, anxiolytics)	10	sim
3	Wound and Pressure Ulcer Management	20	sim
4	Insertion and Care of Foley Catheters and Suprapubic Catheters	20	sim
5	Oxygen Therapy for Dyspnea Relief	10	
6	Emotional and Spiritual Support Sessions	10	
7	NG Tube Insertion and Feeding Assistance	5	sim
8	Syringe Driver/Infusion Pump Setup	5	sim
9	Mouth and Skin Care for Terminal Patients	10	
10	Comfort Measures During Withdrawal of Life-Sustaining Treatment	5	
11	Psychosocial Counseling with Family	10	

12	Education on Home-based Palliative Care	5	

9.3 Procedures performed (P)

No.	Procedure	Min.	Sim
	Patient Assessment & Monitoring		
1	Physical and Psychosocial Assessment	10	
2	Pain and Symptom Evaluation Using Validated Scales	10	
3	Monitoring for Non-verbal Signs of Distress in Non-communicative Patients	10	
4	Regular Vital Signs and Functional Status Monitoring	5	
5	Nutritional and Hydration Assessment	5	Sim
	Comfort and Symptom Management		
6	Administration of Pain Medications(Oral,IV, Subcutaneous)	5	Sim
7	Management of Nausea, Vomiting ,Dyspnea, Secretions, and Delirium	10	
8	Application of Oxygen, Nebulization, and Humidification	10	Sim
9	Bowel Management(constipation, diarrhea)	10	
10	Skin Integrity Care: Pressure Sore Prevention and Dressing Changes	15	
11	Oral and Eye Care for Comfort	15	
12	Positioning for Comfort and Pressure Relief	20	
	Communication and Counseling		
16	Establishing Therapeutic Relationships with Patients and Families	10	
17	Facilitating Discussions on Goals of Care	10	
18	Providing Emotional Support during Terminal Phases	10	
19	Assisting with Spiritual and Cultural Needs	10	
20	Educating Families on Dying Process and What to Expect	10	
21	Supporting Advance Directives and DNR Orders	10	
	End-of-Life Care		
22	Providing Bedside Care During Active Dying Phase	10	
23	Ensuring Dignity and Privacy in the Dying Process	10	
24	Managing Respiratory Distress and Agitation in the Final Hours	10	
25	Performing Last Offices(post-mortem care)	5	
26	Supporting Bereaved Families Immediately Post-Death	10	
27	Documenting Time of Death and Notifying Medical Team	10	
	Infection Control & Safety		
28	Strict Hand Hygiene and Use of PPE	10	Sim
29	Safe Medication Administration	10	Sim
30	Environmental Hygiene and Disinfection	10	
31	Use of Standard Precautions in All Patient Interactions	5	Sim
	Team Coordination		
32	CollaboratingwithInterdisciplinaryTeams(SocialWorkers,Chaplains,Physicians)	5	
33	Coordinating Referrals to Hospice and Community Services	5	
34	Participating in Case Reviews and Family Conferences	5	

No.	Procedure	Min.	Sim
35	Communicating Patient Needs in Shift Reports and Documentation	5	

9.4 Logbook

Each procedure or clinical activity must be recorded with the date, patient identification number (without identifiable patient details), procedure or activity, level of competency (O – Observed, A – Assisted, P – Performed), clinical or simulation setting, outcome, reflection, and preceptor's signature.

The clinical guide must verify the logbook at the end of every clinical posting. The Fellowship Coordinator reviews the fellow's progress at weeks 8, 16, and 24.

Case log: At least 10 case studies or case presentations with comprehensive nursing care plans must be documented, covering patients receiving palliative care for advanced or life-limiting illnesses, cancer-related pain and symptom management, end-of-life care, respiratory distress, gastrointestinal symptoms, neurological conditions, chronic organ failure, psychosocial and spiritual distress, family counseling, bereavement support, and care of patients in home-based or hospice settings, as applicable.

The logbook must be submitted to the assigned clinical guide one week before the 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. The final assessment by the assigned guides has three components.

Component	Details	Marks	Minimum (50%)
I. Multiple choice questions	Written paper; 1 mark per question; blueprint in 10.3	25	12.5
II. Practical skills assessment	Three case scenarios with discussion; 20 marks each	60	30
III. Logbook maintenance	Completeness and regularity; accuracy of entries; 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 of 100).
- In terms of the earlier wording: 50% in theory (MCQ) and 50% in practical separately, and 50% in internal assessment. The logbook, which records the continuous assessment by guides and preceptors, is the internal assessment component.
- Minimum 80% attendance in theory, simulation and clinical postings; missed postings must be completed before the final assessment.
- A fellow who fails a component repeats only that component, at the next scheduled assessment within 6 months, once.
- Any additional output or deliverable (for example a case study, audit or teaching session) is decided with the guide and needs prior written approval of the Fellowship Committee.

10.3 MCQ blueprint (25 marks)

Unit	Title	Theory hours	MCQs
1	Introduction to Palliative Care	10	2
2	Introduction to Pain	10	2
3	Management of Pain	10	2

Unit	Title	Theory hours	MCQs
4	Management of Pain- Opioids	10	2
5	Communication I	10	3
6	Communication II	10	5
7	Wound Management I (Pressure Sore)	10	3
8	Wound Management II (Fungating Ulcer)	10	2
	Total	**100**	**25**

10.4 Practical skills assessment (60 marks)

Each fellow shall be accessed through three clinical or simulated case scenarios, with discussion. Collectively, the scenarios must cover Palliative care. Each case carries 20 marks.

Criterion	Marks
Assessment and identification of clinical needs	5
Prioritization and preparation of the nursing care plan	4
Technical skills and implementation of nursing interventions	6
Patient safety, infection prevention, communication, and documentation	3
Discussion of rationale, complications, and evidence-based practice	2
Total per case	**20**

10.5 Logbook assessment (15 marks)

Criterion	Marks
Completeness and regularity	5
Accuracy of entries	5
Guide verification	5
Total	**15**

10.6 Formative assessment

Unit-wise MCQ tests, equipment and skill checklists, Log book assessment, case presentations and viva (the assessment methods listed under each unit) are used as formative assessment and feedback during the fellowship; they do not carry marks in the final result. The guide records progress at the end of each posting.

10.7 Award of the certificate

The Fellowship in Maternal and Child Health Care Nursing certificate is awarded by Malla Reddy Vishwavidyapeeth (Deemed to be University) to a fellow who satisfies the criteria in 10.2, on the recommendation of the Fellowship Committee and under the signature of the Controller of Examinations and the Dean.

11. Infrastructure, Faculty and Quality Assurance

11.1 Clinical facilities

The institution shall provide access to adequate clinical facilities for supervised palliative care nursing practice, including:

- Palliative care outpatient department and specialist consultation services.
- Inpatient palliative care unit and dedicated palliative care beds, where available.

- Medical and surgical oncology units for the management of patients with advanced and life-limiting illnesses.
- Pain management clinic and services for pharmacological and non-pharmacological symptom control.
- Medical, surgical, neurological, cardiac, respiratory, and other specialty units providing palliative care.
- Intensive care units and step-down units for palliative and supportive care, where appropriate.
- Hospice care facilities and end-of-life care services, where available.
- Home-based palliative care services and community outreach programmes.
- Rehabilitation services, including physiotherapy, occupational therapy, and nutritional support.
- Psychological counselling, psychiatric support, and spiritual care services.
- Bereavement counselling and family support services.
- Pharmacy services with access to essential palliative care medications, subject to applicable regulations.
- Multidisciplinary palliative care teams comprising physicians, nurses, pharmacists, social workers, psychologists, rehabilitation professionals, and spiritual care providers, as available.

11.2 Simulation laboratory

The simulation laboratory shall be equipped with suitable equipment and models for palliative care nursing skills, including:

- Adult patient manikins for general assessment, comfort care, and nursing interventions.
- Models or task trainers for pain assessment, symptom assessment, and medication administration.
- Equipment for monitoring vital signs, oxygen saturation, and other relevant physiological parameters.
- Oxygen delivery devices, suction apparatus, nebulizers, and bag-and-mask ventilation equipment for demonstration and supervised skill training.
- Equipment and models for wound care, pressure injury prevention, dressing changes, and management of malignant wounds.
- Models and equipment for urinary catheter care, stoma care, enteral feeding, and other supportive nursing procedures.
- Demonstration equipment for safe medication administration, including subcutaneous and intravenous routes, within the authorised scope of practice.
- Syringe drivers and infusion pumps for demonstration of continuous medication administration, where available.
- Models and equipment for positioning, transferring, mobilizing, and providing personal care to patients with limited mobility.
- Pressure-relieving mattresses, positioning aids, cushions, and other comfort-enhancing devices.
- Oral care, mouth care, and feeding assistance equipment for patients with swallowing difficulties or reduced oral intake.
- Communication and counselling resources for breaking difficult news, advance care planning discussions, family counselling, and end-of-life communication.
- Demonstration resources for non-pharmacological pain relief, relaxation, breathing exercises, and other comfort measures.
- Personal protective equipment, hand hygiene facilities, and infection prevention supplies.

11.3 Classroom and learning resources

- Smart classroom with audiovisual teaching facilities for lectures, case discussions, seminars, and demonstrations.
- Library with current textbooks, journals, and reference materials on palliative care, oncology nursing, pain management, geriatric care, end-of-life care, and supportive nursing.

- Digital resources and online access to current evidence-based guidelines on palliative care, symptom management, pain relief, and end-of-life care.
- Learning Management System (LMS) for lecture notes, demonstration videos, clinical checklists, assignments, case presentations, and logbook formats.
- Access to current World Health Organization (WHO) guidelines on palliative care, cancer pain relief, and supportive care.
- Access to Government of India and Ministry of Health and Family Welfare guidelines and relevant national programmes on palliative care and non-communicable diseases.
- Case-based learning resources, clinical scenarios, and communication exercises addressing ethical dilemmas, shared decision-making, psychosocial distress, grief, and bereavement.
- Access to standardized pain and symptom assessment tools, including appropriate pain rating scales and validated symptom assessment instruments.
- Resources on ethical decision-making, advance care planning, informed consent, patient rights, confidentiality, and culturally sensitive care.
- Educational resources for family caregivers on medication safety, nutrition, personal hygiene, pressure injury prevention, and home-based palliative care.

11.4 Quality assurance

- Fellow feedback shall be collected for every theory unit, simulation session, and clinical posting. Clinical guide feedback shall be submitted to the Fellowship Committee at the midpoint and at the end of the programme.
- The Fellowship Committee shall conduct an annual curriculum review and update the syllabus, clinical competencies, assessment methods, and learning resources in accordance with current evidence-based guidelines and applicable regulatory requirements.
- Clinical competency shall be monitored through direct observation, return demonstrations, case presentations, clinical logbook reviews, reflective practice, and feedback from clinical preceptors.
- The Fellowship Coordinator shall address academic and clinical grievances, with unresolved matters escalated to the Dean or designated institutional authority.
- Ethical practice shall be ensured through informed consent, respect for patient autonomy, dignity, privacy, confidentiality, and culturally sensitive care.
- Fellows shall practise only within the scope of a registered nurse, their demonstrated competencies, institutional policies, and applicable legal and professional requirements, under appropriate supervision.
- Patient and family preferences, comfort, quality of life, and psychosocial and spiritual needs shall be considered in the evaluation of palliative care practice.
- Clinical incidents, medication errors, breaches of confidentiality, and other safety concerns shall be reported and reviewed according to institutional policies.
- Feedback from patients and families, where appropriate and ethically obtained, shall be used to improve the quality of palliative care education and clinical services.

12. Suggested References

- World Health Organization (WHO). Palliative Care — current fact sheets, guidance, and technical resources.
- World Health Organization (WHO). WHO Guidelines for the Pharmacological and Radio therapeutic Management of Cancer Pain in Adults and Adolescents.
- World Health Organization (WHO). Integrating Palliative Care and Symptom Relief into Primary Health Care.

- World Health Organization (WHO). Planning and Implementing Palliative Care Services: A Guide for Programme Managers.
- Ferrell, B. R., Coyle, N., and Paice, J. A. (Eds.). Oxford Textbook of Palliative Nursing.
- Cherny, N. I., Fallon, M., Kaasa, S., Portenoy, R. K., and Currow, D. C. (Eds.). Oxford Textbook of Palliative Medicine.
- Bruera, E., Higginson, I. J., von Gunten, C. F., and Morita, T. (Eds.). Textbook of Palliative Medicine.
- Twycross, R., Wilcock, A., and Howard, P. Palliative Care Formulary.
- Doyle, D., Hanks, G., Cherny, N., and Calman, K. (Eds.). Oxford Textbook of Palliative Medicine.
- Indian Association of Palliative Care (IAPC). Current guidelines, standards, educational resources, and recommendations for palliative care practice in India.
- Government of India, Ministry of Health and Family Welfare. National Programme for Palliative Care (NPPC) — applicable programme guidelines and updates.
- Government of India, Ministry of Health and Family Welfare. Current national guidelines and programmes relevant to cancer care, non-communicable diseases, pain management, and community-based health services.
- International Association for Hospice and Palliative Care (IAHPC). Current resources on palliative care education, essential medicines, and standards of practice.
- International Council of Nurses (ICN). Current guidance on nursing ethics, professional accountability, patient rights, and safe nursing practice.

Annexure A: Final Assessment Sheet – MRV Fellowship

A. Fellow details

Name of fellow	
Fellowship ID	
Institution / department	
Batch / year	

Component I: Multiple choice questions (25 marks)

Number of questions: _____ Marks obtained: _____ / 25 Result: ☐ Pass ☐ Fail (minimum 50% required)

Component II: Practical skills assessment (60 marks)

Case	Maximum marks	Marks obtained	Examiner signature
Case 1	20		
Case 2	20		
Case 3	20		
Total	**60**		

Result: ☐ Pass ☐ Fail (minimum 50% required)

Component III: Logbook maintenance (15 marks)

Criteria: completeness and regularity; accuracy of entries; guide verification. Marks obtained: _____ / 15 Result: ☐ Pass ☐ Fail (minimum 50% required)

Overall assessment summary

Component	Maximum marks	Marks obtained	Pass / fail
MCQs	25		
Practical skills	60		
Logbook	15		
Total	**100**		

Final result: ☐ Pass ☐ Fail (minimum 50% aggregate required)

Additional outputs (if approved by the Fellowship Committee):

_____

Certification

We certify that the above final assessment and exit examination have been conducted strictly in accordance with the approved MRV Fellowship guidelines.

Date: _____

1. Name of guide / examiner	
Signature	
2. Name of guide / examiner	
Signature	

Annexure B: Logbook Formats

B.1 Procedure log

Date	Patient ID	Procedure	Level (O/A/P)	Clinical / Sim	Outcome and reflection	Preceptor signature

B.2 Posting summary

Posting	Dates	Hours completed	Competencies signed off	Guide signature
Oncology Ward				
Inpatient Hospice Care				
Medical and Surgical Wards (Patients with Life-Limiting Illnesses)				
Intensive Care Unit (ICU) and End-of-Life Care Services				
Home-Based Palliative Care and Community Health Services				
Geriatric Care and Long-Term Care Facilities				
Pediatric Palliative Care and Neonatal Support Services				
Counseling and Psychosocial Care Services				

B.3 Case study / presentation log

No.	Date	Diagnosis / condition	Area	Guide remarks and signature

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 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