**Palliative Medicine**
**PGY-2**
**(Required)**

<table>
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<tr>
<th>Description of Rotation or Educational Experience</th>
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| Palliative Medicine involves the supportive treatment of patients with terminal illnesses. The extent of care is not only limited to the patient, but also includes compassion and support of the patient’s family members.  

This PGY-3 rotation is a one-month required experience involving working as a member of the Palliative Care Team. The resident will work primarily with terminally ill patients and their families. As the resident becomes familiar with the principles of pain management, these concepts can also be applied to their management of non-terminal patients with chronic pain. The rotation will additionally involve discussions of ethical principles. Fellow team members will include specialty trained physicians, nurses, social workers, pharmacists and chaplains, who will provide an integrated approach to the care of seriously ill patients and their families. |

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<th>Patient Care</th>
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<tr>
<td><strong>Goal</strong></td>
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<td>Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</td>
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<tr>
<th>Competencies</th>
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<tr>
<td>Residents are expected to:</td>
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<tr>
<td>1. Communicate effectively.</td>
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<td>2. Identify patients appropriate for palliative medicine</td>
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<td>3. Demonstrate caring and respectful behaviors when interacting with patients and their families.</td>
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<td>4. Gather essential and accurate information about patients regarding their palliative issues as well as comorbidities</td>
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<td>5. Make informed decisions about appropriate care and supportive measures.</td>
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<td>6. Develop and carry out patient management plans.</td>
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<td>7. Counsel and educate patients, parents and other family members about the patient’s diagnosis and plan of care.</td>
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<td>8. Use information technology to support patient care decisions and patient education.</td>
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<td>9. Perform all medical procedures considered essential to the specialty of Family Medicine as they relate to Palliative Medicine.</td>
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<td>10. Work with health care professionals to provide patient-focused care.</td>
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<td>11. Be able to provide appropriate palliative treatment to patients with palliative issues.</td>
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<td>12. Be able to properly evaluate the patient’s illness in the context of their social environment including their cultural perception of death and dying.</td>
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Objectives
Upon completion of the rotation, residents will have:

1. Provided pain control and nutrition to patients with palliative issues.
2. Distinguish and apply evidence-based medicine principles to the practice of Palliative Medicine.
3. Further enhanced their knowledge, skills and attitudes to confidently and efficiently manage problems commonly encountered in Palliative Medicine.
4. Become comfortable with the role of educator and advocate for palliative patients and their families.
5. Described the ethical dilemmas that face Palliative Medicine physicians in their daily work.
6. Demonstrated the ability to obtain a complete pain history.
7. Participated in family discussions regarding code status and comfort care.

Medical Knowledge

Goal
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

Competencies
Residents are expected to:

• Apply evidence-based knowledge of Palliative Medicine to patient care
• Effectively manage pain and provide supportive care to patients with terminal conditions.
• Understand the difference between various opioids and their relative potencies.
• Understand the potential side effects of various medications commonly used in Palliative Medicine, particularly narcotic analgesics.

Objectives
At the conclusion of the rotation, residents will:

1.) Demonstrate knowledge of various common symptoms encountered in Palliative Medicine and awareness of the appropriate methods of effective symptom management.
   - Pain
   - Nausea and Vomiting
   - Depression
   - Constipation
   - Delirium

2.) Describe the following concepts:
- Addiction
- Pseudoaddiction
- Tolerance
- Dependence

3.) Discuss the equianalgesic doses of opioids and the use of pain and palliative performance scales
4.) Become familiar with the WHO 3-step analgesia ladder
5.) Describe the types of pain pathophysiology
6.) Describe the different routes of medication administration
7.) Discuss non-medication treatment of pain
8.) Describe the causes of dyspnea
9.) Discuss treatment options for dyspnea within the realm of palliative care, including non-pharmacologic management

Practice-Based Learning and Improvement

Goal
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Competencies
Residents are expected to develop skills and habits to be able to:
- Systematically analyze practice, using quality improvement methods and implement changes with the goal of practice improvement.
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise and assimilate evidence from medical literature relevant to the conditions they are treating in their rotation.
- Use information technology to optimize learning and to ensure the most up to date and appropriate evidence-based care for their patients.

Objectives
At the conclusion of this rotation the resident will be able to:
- Utilize evidence-based medicine to determine appropriate strategies for providing palliative care to terminally ill patients
- Understand the importance of patient education in Palliative Medicine
- Analyze their own practice for areas in need of improvement

Systems Based Practice

Goal
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal care for individuals with terminal conditions.
Competencies
Residents are expected to:

- Work as an effective member of the Palliative Care Team.
- Coordinate patient care within the health care system relevant to Palliative Medicine
- Advocate for quality patient care and optimal patient care systems
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and in implementing potential system solutions

Objectives
By the conclusion of this rotation, the Family Medicine resident will be able to:

- Demonstrate understanding of the interaction of Palliative Care Team within the health care system
- Partner with health care managers to assess, coordinate and improve health care
- Demonstrate an understanding of community systems and agencies that enter into Palliative Medicine
- Describe community resources to assist in the management of patients and educate patients and their families about the resources available to them
- Educate patients about palliative care and hospice.
- Identify the role of the Palliative Medicine physician in the health care system and the appropriate times for referral

Professionalism

Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competencies
Residents are expected to demonstrate:

- Compassion, integrity, and respect for others
- Respect for patient privacy and autonomy
- Accountability to patients, society, and the profession of medicine
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Objectives
During this rotation the resident will demonstrate:

- Respect, compassion and integrity
- Sensitivity to a patient’s culture, gender and disabilities.
By the end of the rotation, the resident will be able to:

- Discuss the importance of recognizing cultural diversity among the patient populations and the resources available to assist with bridging cultural gaps
- Demonstrate ethical principles in providing or withholding care, confidentiality of patient information, and informed consent.
- Recognize families at high risk for conflict among its members.

### Interpersonal and Communication Skills

#### Goal
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

#### Competencies
Residents are expected to:

- Communicate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals and health related agencies
- Maintain comprehensive, timely, and legible medical records using the electronic medical record.
- Communicate effectively with patients’ families and other medical professionals regarding palliative care options
- Act in a consultative role to other physicians and health professionals.

#### Objectives
By the conclusion of this rotation, the resident will demonstrate the ability:

- To work effectively with others as a member of a health care team.
- To create and sustain a therapeutic and ethically sound relationship with patients and their families.
- To accurately and concisely present findings to the staff attendings and consultants
- To work as part of a team with other physicians, nurses and ancillary staff to provide comprehensive care to patients with emergent health concerns.
- Legibly and thoroughly document the findings, impression and plan for each patient.
- Demonstrate an understanding of the interaction of the patient’s psycho-social-spiritual response to his or her illness.
- Participate actively in family conferences.
Teaching Methods

Palliative Medicine is a required third year rotation in which the resident will be expected to function as an active member of a Palliative Care Team. The resident will be under the supervision of a Palliative Medicine physician and performance will be evaluated at the completion of the rotation.

Administrative Information for the Palliative Medicine Elective

**Length:** 4 weeks  
**Status:** Required  
**PGY:** 3

Responsibilities to the Department of Family Medicine during this Rotation

- # of half-days each week in the FM clinic: 4 - 5
- FM journal club required? Yes
- FM call required? Yes
- Primary Responsibility for hospitalized FM continuity patients? Yes
- Responsible for own FM obstetrical patients? Yes
- Departmental Meeting (Every other month)? Required
- Geriatric Rounds? Yes

Responsibilities to the Palliative Care Team during this Rotation

- Rounds: Yes
- Conferences: as scheduled by the Palliative Medicine attendings
- Shifts required: 4-5 half days per week
- Supervising responsibilities? None
- Presentations: as assigned by the Palliative Medicine or Family Medicine attendings

Assessment Method (Residents)

1. At the end of the Palliative Medicine rotation, the Palliative Medicine attending physicians will provide an evaluation of the resident’s performance, using the competency-based evaluation form developed by the Department of Family Medicine. The resident will write an essay in response to questions about their experience to assess whether the rotation objectives have been met.

2. At the end of the Palliative Medicine rotation, the resident will perform a self-assessment, using the goals and objectives in this document, to assess competency and to determine areas which still need further training and/or exposure. The required essay will allow time for self-reflection on what was learned during the
rotation and how this will be incorporated into their Family Medicine practice.

3. The yearly Family Medicine in-training examination will assess cognitive aspects of Palliative Medicine.

Assessment Method (Program Evaluation)

1. The resident will evaluate the faculty and the Palliative Medicine rotation upon its completion. A required essay will also be reviewed by the Palliative Medicine attending and the faculty to look for ways in which to improve the rotation to meet the resident needs.

2. Both residents and faculty will complete annual standard program evaluation toward the end of the academic year.

Level of Supervision

Supervision of residents is carried out by both direct and indirect observation by the attending physician on the Palliative Care Team.

Educational Resources

- **Choices in Palliative Care: Issues in Health Care Delivery**, 2007
- **A Practical Guide to Palliative Care**, 2007
- **Walsh: Palliative Care, 1st Ed.**, 2008
- **Goldman: Cecil Medicine, 23rd Ed.**, Chapter 3, 2007
- **Noble: Textbook of Primary Care Medicine, 3rd Ed.**, Chapter 9, 2001
- **Duthie: Practice of Geriatrics, 4th Ed.**, Chapter 12, 2007
- **Hoffman: Hematology: Basic Principles and Practice, 5th Ed.**, Chapter 95, 2008

Last revised: 2/13/12 (TPG)
I, ________________________ hereby attest I have read the above goals and objectives of the Palliative Medicine rotation and have reviewed them with ____________________________, who acts as my faculty advisor. I hereby attest that I understand these goals and objectives, how they relate to the 6 core competencies set forth by the ACGME, and agree to work diligently within their constructs.

________________________________________               _____________
resident signature                                                                                         date

________________________________________               _____________
faculty advisor signature                                                                                   date