

## Palliative Care - Medicine Residency Curriculum

### Educational Purpose

Palliative Care is a newly recognized subspecialty focusing on symptom control and supportive care for patients with advanced illness. This encompasses severe illnesses and/or chronic illnesses along with end of life issues. General internists and all Internal Medicine subspecialists deal regularly with patients in these situations. This rotation will provide a core base of knowledge and clinical skills to improve each learner's competencies and confidence in these cases. It will also help strengthen their physician-patient relationships and enhance personal satisfaction on chronic illness and end of life care.

### Learning Venue

- A. Rotation Description: The Palliative Care rotation at University hospital involves being on an acute inpatient consultation service. Multiple services regularly are involved in palliative care. These include General Medicine, Cardiology, Nephrology, Pulmonary, Infectious Disease, Oncology, Neurology, Medical and Surgical ICU services, the Burn service, Trauma Surgery, General Surgery, Otolaryngology, Orthopedic Surgery and Emergency Medicine.

The team involves our attending and our nurse practitioner. Other rotating learners include pain fellows, nephrology fellows, medicine residents, neurology residents, MSIV students and nursing students on electives. We also have occasional palliative care volunteers.

Rotation hours are Monday-Friday 8:30 AM- 5 PM. Rounds occur in the morning. The medical resident is expected to attend rounds, perform consults and attend family and hospice meetings. The resident is expected to take an active role in the treatment and management of patients. Active reading on current palliative care topics is required. In addition the learner is expected to complete EPEC modules during this rotation.

An appreciation of the team approach to palliative care is vital. Part of the palliative care experience will be interactions with other team members such as the primary team and consultants, social workers and case managers, spiritual care providers, ethics consultants, and other consultants including physical and occupational therapy, the acute pain service, dietary services, respiratory therapists, pharmacies, and others.

At one of the palliative care meetings during the learners' rotation, it is expected that the learners will do a brief (10 to 15 minutes) presentation based on the patient issue encountered during the rotation.

There will be the need to do literature searches/check other resources on an ad hoc basis based on patient issues that arise.

- Patricia Knox, NP is the point person (ext. 4-6098 or beeper 441-7437)
- Natalie Mulholland, BA is the Program Coordinator support person (ext. 4-5406)
- Barbara Krenzer, MD is the Director (ext. 4-6527 or beeper 467-2442)
- Suman Swarnkar, MD is the Associate Director (ext.4-6527 or beeper 464-4526)

## B. Teaching Methods:

I. The primary method of learning on this rotation is being actively involved in direct patient care. There is also a PCS conference once a week (Thursday, 9:30-11:00 am).

### II. *Unique learning opportunities:*

- Weekly conference on palliative care issues
- Ability to actively participate in many patient/family meetings involving goals of care, advanced directives, symptom control and hospice opportunities.

### III. *Patient characteristics:* Expect to see patients of any

Age 18 years and up for palliative care issues.

### IV. *Mix of disease/Core topics*

- Gaps in End of Life care
- Legal issues
- Care of the dying patient
- Hospice benefits
- Advanced Planning
- Communicating bad news
- Pain management
- Depression, anxiety and delirium
- Goals of care
- Psychosocial issues
- Sudden illness
- Medical futility
- Common physical symptoms
- Withholding/withdrawing care
- Last hours of living
- Medications
- Coding and reimbursement
- Grief and bereavement issues

### V. *Procedure Skills*

- Running family meetings
- PCA use

## **Mandatory Reading**

- EPEC Curriculum (all plenaries, modules, and slides) found at the following website:
  - [www.epec.net](http://www.epec.net) click on "materials" at top of page, click on "Participant's Handbook (1999 Edition Download) - free
- Folder of materials (to be presented to the learner on the first day of the rotation)

Recommended Reading:

- Fast Facts website:
  - [www.eperc.mcw.edu](http://www.eperc.mcw.edu) click on "Fast Facts"

## **Evaluations**

Evaluations are based on the six core competencies. The resident is evaluated by the Attending based on these attributes using an online evaluation system, *E-Value*. All residents should seek clear guidelines and expectations for reporting and learning at the beginning of their rotation. Residents should also seek verbal feedback after their first week.

## Rotation-Specific Competencies

- 1) Patient care: At the end of the rotation the resident should be able to provide palliative care to patients with many different advanced illnesses and dying patients. This includes caring of the psychosocial and physical needs of the patient and their families. Improved skills in communication, decision making, management of complications and symptoms control will be achieved.
- 2) Medical Knowledge: To have completed the EPEC (Education of Physicians on End of Life Care) curriculum.
- 3) Professionalism, interpersonal and communication skills: The resident will improve their skills working directly with patient and families during highly stressful situations. They will see the benefits of patient and family meetings. They will develop whole patient assessment skills. They will develop skills utilizing other patient care providers, such as social work, chaplains, physical therapy, dietary, etc.
- 4) Practice-based learning: Be able to use the necessary tools to find the most effective and proven management plans for their patients.
- 5) Systems based practice: Be able to utilize services in a cost effective manner, including understanding cost of hospice in the home setting, at a residential hospice or a skilled nursing facility. Additionally residents will need to work closely with extended care providers, knowledgeable nursing staff, respiratory therapy and hospital administration.

Reviewed 3/19/09 by Barbara Krenzer, MD; Suman Swarnkar, MD; Pat Knox, NP and Natalie Mulholland, BA