

Name of rotation: Palliative Care **Division:** Cancer Center
Course Director: Douglas Ross, MD, PhD, Timothy Keay, MD, MA-Th Susan Wolfsthal, MD **Site(s):** UMMC VAMC – Loch Raven
Duration of rotation: [] one month only [x] 2 weeks possible

General description of the training including educational purpose, rationale or value:

The purpose of this rotation is to allow Internal Medicine resident physicians to improve their knowledge and skills in palliative care by means of an experiential palliative care program. This elective rotation builds upon the required on-line course that is completed during the first year of residency, allows the resident to complete in one rotation all required Competency Assessment Tools [CATS], and provides the resident with an in-depth experience in palliative care.

It is expected that upon graduation all Internal Medicine residents should have the knowledge, skills and attitudes to use major aspects of palliative medicine, and some of the techniques of this specialty, in the practice of general internal medicine. Their specific competencies should include medical knowledge of general principles and patient care in palliative care, interpersonal and communication skills pertinent to palliative care, professionalism related to end-of-life care, pain management, and goals of care, and understanding of the role of palliative care in practice-based improvement, and the ability to incorporate palliative care to improve systems of general internal medicine practice.

The palliative care team at the University of Maryland Medical Center includes a medical director (Dr. Keay) and a covering physician (Dr. Ross), two full time palliative care certified nurses, administrative support, and integrated social work and chaplaincy services. It is primarily a consultation service, both inpatient and outpatient, with plans to develop an inpatient palliative care unit. Since starting in 2001, the team has grown in the number of new patients seen to over 700 per year. It has demonstrated cost-savings to the institution while simultaneously improving patient centered outcomes, such as relief of pain and dyspnea.

All first year residents must complete the web-based learning program, "Medical Resident Training in End-of-Lie and Palliative Care" before the end of their internship. If this elective is taken as an intern, then these modules must be completed before starting the elective. The program is available on the UMMS Intranet (under "Physician Resources/Residents"), or on any computer with internet access at <http://134.192.120.12/canRes/htdocs/login.asp>

Resident responsibilities:

The residents are expected to actively participate in patient care and consultation, and to engage in self directed/problem based learning. All participants are expected to complete at least 4 CATS, with one in each domain, including 1) communication, 2) pain and symptom management, 3) ethical and legal aspects of care, and 4) psychosocial, cultural, spiritual and hospice. Residents will participate and perform palliative care consultations with the attending physician and participate in at least 3 family conferences. For those doing a 4-week rotation, residents will complete a specific project in palliative care that is identified and approved by the palliative care attending. The resident will rotate with physicians, nurses and other team members as available and visit at least one in-patient hospice.

Attendance is expected to be 100% during the week, except during regularly scheduled resident clinic time. The rotation is designed primarily for PGY-2 and PGY-3 residents: PGY-1 residents must obtain approval from the Internal Medicine Program Director.

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation.

During this training, the PGY-1 resident will:

Patient Care

1. Develop increasing independence in patient evaluation and management
2. Demonstrate skills as documented by completed CATS.
3. Recommend appropriate use of morphine, oxycodone, hydromorphone, and fentanyl in a safe and effective manner, including being able to calculate opioid rotation doses for all usual routes of administration (oral, sublingual, subcutaneous, intravenous, intramuscular).

4. Discuss why methadone, meperidine, buprenorphine, and other narcotic analgesics are not usually used in general internal medicine practices, but may have a place in special circumstances.
5. Identify other means of communicating goals of care (e.g. MIEMSS form, LST Option form).

Medical Knowledge

1. Expand knowledge base in above stated patient care objectives .
2. Attain certification in CATS, as outlined above.
3. Discuss the appropriate way to counsel a patient and their family about advance directives.

Practice-Based Learning

1. Describe means of communicating goals of care.

Interpersonal and Communication Skills

1. Enhance communication skills with seriously ill patients and their families.
2. Complete communication related CATS.

Professionalism – See Core Competencies

System-Based Practice

1. Describe ways in which palliative care systematically improves care while lowering costs.
2. Advocate for vulnerable terminally ill patients within the context of their medical care.
3. Complete system-based practice related CATS.

During this training, the PGY-2 resident will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Demonstrate skills as documented by completed CATS.
3. Complete initial consultation form for palliative care consultations.

Medical Knowledge

1. Expand knowledge base in above stated patient care objectives.
2. Attain certification in CATS, as outlined above.

Practice-Based Learning

1. Be able to identify and describe means of communicating goals of care.
2. Locate appropriate forms for communicating goals of care.

Interpersonal and Communication Skills

1. Enhance communication skills with seriously ill patients and their families.
2. Complete communication related CATS.

Professionalism – See Core Competencies

System-Based Practice

1. Find literature in which palliative care systematically improves care while lowering costs.
2. Advocate for vulnerable terminally ill patients within the context of their medical care.
3. Complete system-based practice related CATS.

During this training, the PGY-3 will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Demonstrate skills as documented by CATS completed.
3. Complete initial consultation and be able to give preliminary recommendations in palliative care under the supervision of consultant.

Medical Knowledge

1. Expand knowledge base in above stated patient care objectives.
2. Attain certification in CATS, as outlined above.

Practice-Based Learning

1. Be able to identify and describe means of communicating goals of care.
2. Obtain and use available forms and formats for communicating care goals.

Interpersonal and Communication Skills

1. Enhance communication skills with seriously ill patients and their families.
2. Provide leadership in family conference.
3. Complete communication related CATS.

Professionalism – See Core Competencies

System-Based Practice

1. Find literature in which palliative care systematically improves care while lowering costs.
2. Advocate for vulnerable terminally ill patients within the context of their medical care.
3. Complete system-based practice related CATS.

Check all principle teaching methods used during this training:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input checked="" type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conferences specific to the rotation | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input type="checkbox"/> | Individual instruction of procedures | <input type="checkbox"/> | Review of diagnostic studies |
| <input checked="" type="checkbox"/> | Other: Family meetings_____ | <input checked="" type="checkbox"/> | Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

The content of the rotation includes assessment, management and consultation to patients with life-threatening illnesses, as well as the general principles and major methods used in palliative medicine. Approximately 60% of the patients seen on the current service have end-stage cancer. Residents have the opportunity to provide initial consultation assessment, in coordination with the palliative care attending physician, with special emphasis on pain management, management of other symptoms associated with dying, and interaction with vulnerable patients and their families.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic material |
| <input type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input checked="" type="checkbox"/> | Other: CATs_____ | <input type="checkbox"/> | Case studies |

Methods used to evaluate the residents and the rotation:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance |
| <input checked="" type="checkbox"/> | Evaluation of attending teaching skills and other attributes |
| <input checked="" type="checkbox"/> | Rotation assessment by resident |
| <input checked="" type="checkbox"/> | Observation of resident's clinical competency |
| <input type="checkbox"/> | Observation of resident's leadership and teaching skills |
| <input type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input type="checkbox"/> | Resident's attendance of rounds and conferences monitored |
| <input checked="" type="checkbox"/> | Other: Completion of CATs |

Identify strengths and limitations specific to the resources of the sponsoring institution:

The major strength of the rotation is the ability to work with an interdisciplinary palliative care team, in a consultative role, to provide services for a wide variety of adults with life-threatening diseases, in a large academic medical center. The main limitation at this time is the lack of a dedicated inpatient unit for more intensive direct management of symptoms.

Conferences or attending/Patient Care Rounds:

One-on-one rounds with the palliative care attending or other members of the palliative care team; three-times weekly interdisciplinary conference-rounds; and selected other relevant conferences.