Inpatient Palliative Medicine Consultation Residency Rotation
University of Colorado Denver
Curriculum and Core Competencies 2010-11

I. Educational Purpose and Goals

Hospice and palliative medicine is comprehensive, interdisciplinary care for patients with advanced, life-threatening illnesses and their families; this model of care is referred to as palliative care. The discipline and model of care aim to help patients and their families achieve the best possible quality of life throughout the course of a life-threatening illness by preventing and relieving suffering, controlling symptoms, and providing psychosocial support.

This is an inpatient clinical experience. The residents will see patients whose primary team has requested a palliative care consultation. The palliative care consultation service sees an average of 50 new patient consults per month with consultations for symptom management to goals and communications discussions. Consultations take place at the University Hospital AIP. Residents will perform a history and physical on the patients they see including a detailed palliative care focused assessment, partake in family meetings, and interface with primary team to ensure recommendations are communicated. Some days may be spent at the Hospice of Saint John. Resident duty hours are less than 80 hours a week. No Palliative Care call is required. Residents continue to attend their weekly general medicine continuity clinic(s) and required conferences.

By the end of the rotation, the residents will be able:

1. To complete a whole patient palliative care assessment focusing on values and goals, psychosocial-spiritual well-being, and physical symptoms.

2. To identify therapies to alleviate common symptoms at the end of life, including pain, dyspnea, nausea/vomiting, constipation, and depression.

3. To be able to identify goals of care and work towards a plan of care consistent with patient goals.

II. Principal Teaching Methods

A. Supervised Direct Patient Care:

1. Residents encounter patients admitted to the University of Colorado Hospital. The population is obtained from the outpatient clinics, the emergency department, and in transfer from other hospitals. Faculty supervise consult histories, physical exams, daily management, and discharge plans.

2. Management and teaching rounds are conducted daily for 1-9 hours. The management team includes one attending physician, one-two advanced practice nurses, one chaplain, volunteers, and one PGY2 or PGY3 resident. The management team utilizes floor based social workers, case managers, and pharmacists. The bedside component includes confirmation of residents' history and physical examination skills by the teaching attending physician. The teaching attending assesses and models communication skills.

C. Didactic Sessions

1. Residents receive one-on-one didactics for an hour each day by faculty.

III. Educational Content

A. Mix of Diseases

Encountered patients have a variety of conditions representative of common medical problems. Residents act as medical consultants for patients admitted to medical and non-medical specialty services.

B. Patient Characteristics

Patients come from a variety of diverse backgrounds.

C. Learning Venues

1. Anschutz Inpatient Pavilion
2. Hospice of Saint John

D. Structure of Rotation

1. Call is not a required element of the consultative service. Responsibilities for residents are detailed in the resident manual.
2. Residents begin the day between 8-9:00 AM. Residents round with the managing attending and advanced practice nurse. Family meetings are scheduled throughout the day. A sample generic workweek is scheduled as below, with flexible management rounds and patient care hours. Residents work hours are fully described in the resident manual.

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
8:00-9:00AM	Didactic Session	Didactic Session	Didactic Session	Didactic Session	Didactic Session	Off
9:00AM-6:00PM	Patient Care	Patient Care	Patient Care	Patient Care	Patient Care	Off

IV. Principal Ancillary Educational Materials

A. All residents and managing physicians are provided with the Palliative Medicine Curriculum and Learning Objectives prior to the start of each rotation.

B. Residents are assigned targeted reading in primary literature sources by Managing Attending physicians and Advanced Practice Nurses throughout the rotation.

C. Full service libraries are present at the Denison Library at the University of Colorado Denver. 24-hour access to on-line programs and literature is available.

D. Computer-based resources are available at the hospital to facilitate patient care, education and communication. The following are made available:

1. Computer-based palliative medicine didactics
2. Drug information including side effect and drug-drug interactions
3. Electronic Medical Record internet accessibility
4. Electronic textbooks of medicine
5. E-mail services
6. Internet access to medical sites on the World Wide Web
7. Laboratory and radiology results retrieval
8. Patient education materials

V. Methods of Evaluation

A. Resident Performance

1. Faculty complete computerized resident evaluation forms. The evaluation is competency-based. The evaluation is shared with the resident, who receives a copy, and is internally reviewed by the residency office. The evaluation is part of the resident file and is incorporated into the semiannual performance review for directed resident feedback.
2. Residents receive a pretest on the first day of the rotation and a posttest on the last day of the rotation. The test results and comparisons are shared with the resident and supervising faculty.
3. Patient chart records are reviewed by attendings who provide specific feedback to the resident on data-gathering and documentation skills.

B. Program and Faculty Performance

1. Upon completion of the rotation, residents complete a service evaluation commenting on the faculty, facilities and service experience. Evaluations are reviewed by the program and attending faculty physicians receive anonymous copies of completed evaluations. Collective evaluations serve as a tool to assess faculty development needs. The Training and Evaluation Committee reviews results annually.

VII. Rotation Specific Competency Objectives

A. Patient and Family Care

The resident should demonstrate compassionate, appropriate, and effective care, based on the existing evidence base in the field, aimed at maximizing well being and quality of life for patients with advanced, progressive, life-threatening illnesses and their families, and provide care in collaboration with an interdisciplinary team.

1.1. Gathers comprehensive and accurate information from all pertinent sources,

including patient, family members, health care proxies, other health care providers, interdisciplinary team members and medical records

1.1.1. Obtains a basic medical history

1.1.2. Obtains a comprehensive palliative care history and physical exam, including:

· Patient understanding of illness and prognosis

· Goals of care/advance care planning

· Spirituality

· Detailed symptom history (including use of scales)

· Psychosocial and coping history including loss history

· Functional assessment

· Detailed neurological exam, including mental status exam

· Observed pain behavior

· Other areas of major concern (e.g. stressors)

· Attitude toward, and use of, complementary and alternative medicine

1.1.3. Performs appropriate diagnostic workup; makes use of diagnostic workup information already completed

1.1.4. Utilizes information technology, by accessing on-line evidence-based medicine resources, electronic repositories of information, and medical records

1.2. Synthesizes and applies information in the clinical setting

1.2.1. Develops a prioritized differential diagnosis and problem list, based on patient and family values

1.2.2. Obtains additional clinical input (from other physicians, nurses, social workers, case managers, chaplains) when appropriate

1.3. Bases care on patient and family preferences and goals of care; best evidence, clinical judgment, and input from the interdisciplinary team (IDT).

1.3.1. Understands and utilizes patient- and family-centered approach to care

1.3.2. Makes recommendations to consulting physician(s) as appropriate

1.3.3. Makes recommendation to patient and family based on prognostic information and patient and family and goals

1.4. Provides patient and family education

1.4.1. Educates families in maintaining and improving level of function in order to preserve quality of life

1.4.2. Explains consultation needs and results to patients and families

1.5. Demonstrates care that shows respectful attention to age, gender, sexual orientation, culture, religion/spirituality, and disability

1.6. Treats the physical symptoms, and psychosocial and spiritual distress of the patient using an interdisciplinary framework

1.6.1. Adjusts care plan according to the patient's care setting

1.7. Recognizes and treats the psychosocial and spiritual distress of family members using an interdisciplinary framework

1.8. Re-assesses pain and other symptoms on a frequent basis, and makes therapeutic adjustments as needed

1.9. Seeks to preserve the patient's level of function and improve the quality of life for patients and families.

1.9.1. Evaluates level of function and functional decline

1.9.2. Provides expertise in improving and maintaining patient's level of function and quality of life

1.10. Coordinates, orchestrates, and facilitates key events in patient care, such as family meetings, consultation around goals of care, advance directive completion, conflict resolution, withdrawal of life-sustaining therapies, and palliative sedation

1.11. Recognizes signs and symptoms of impending death and appropriately cares for the imminently dying patient and family members

1.11.1. Effectively prepares family for the patient's death

1.12. Provides appropriate information about all settings of the palliative care continuum, including hospital, home and inpatient hospice, nursing home, and other community resources, to ensure smooth transitions across settings

1.12.1. Delivers accurate information to patients and families about palliative care treatment settings to facilitate choices

1.12.2. Includes interdisciplinary team members in formulating the best discharge plan for patient and families

1.12.3. Helps patients and families in discharge planning decision-making

1.13. Provides treatment to the bereaved

1.13.1. Involves interdisciplinary team members in treating the bereaved

1.13.2. Appropriately refers family members to bereavement programs

1.13.3. Recognizes complicated bereavement among family members of patients with life-threatening illnesses

1.13.4. Identifies individuals at high risk of complicated grief

1.14. Refers patients to non-palliative care physicians to assess, treat and manage patient and family care issues

1.14.1. Recognizes the need for referral in order to deliver good medical care

1.14.2. Translates consultant recommendations to the palliative care setting

B. Medical Knowledge

The resident should demonstrate knowledge about established and evolving biomedical, clinical, population science and social-behavioral sciences; and relate this knowledge to the care of patients with life-threatening illnesses, and their families.

2.1. Understands the scope and practice of palliative care, including the relationship to hospice. Has knowledge of the following:

2.1.1. Domains of palliative care

2.1.2. Settings where palliative care is provided

2.1.3. History of the hospice and palliative medicine fields

2.1.4. Barriers to accessing palliative care

2.2. Understands the scope and practice of hospice care. Has knowledge of the following:

2.2.1. Structure of the Medicare Hospice Benefit

2.2.2. Settings where hospice is provided

2.2.3. Basic elements of a home visit

2.2.4. Barriers to accessing hospice care

2.3. Understands the various settings and related structures for organizing, regulating, and financing care near the end of life, and their interaction with hospice and palliative care

2.3.1. Knows the spectrum of services, and the benefits and barriers to providing end of life care in the following settings: home care, assisted living, long-term care, acute hospital medical unit, intensive care unit, long term acute care, palliative care unit, hospice unit

2.3.2. Knows local resources both in the hospital and in the community, for patients requiring transition out of the hospital

2.4. Understands the role of the interdisciplinary team in hospice and palliative medicine

2.4.1. Knows the members of the hospice interdisciplinary team and their roles

2.4.2. Recognizes psychosocial and organizational features that promote successful interdisciplinary team function and collaboration

2.5. Understands how to assess and communicate prognosis in end-of-life care

2.5.1. Knows common chronic illness diagnoses with expected natural course, trajectories, prognostic factors and treatments

2.5.2. Knows strategies to communicate with patient and family about prognosis

2.7. Understands the management of common cancers, their presentation, patterns of metastatic disease, common complications, and symptomatic treatment

2.8. Understands the management of common non-cancer life-threatening conditions, including their presentation, evaluation, prognosis, associated symptoms, and symptomatic treatment

2.9. Understands basic principles of pain assessment

2.9.1. Knows the concept of “total pain”

2.9.2. Knows the relevant basic science, pathophysiology, symptoms, and signs necessary to differentiate among different types of pain as the etiology of discomfort

2.9.3. Knows how to use tools and strategies for pain diagnosis and assessment

2.9.4. Knows the critical role of functional assessment in pain management

2.10. Understands common approaches to treating each type of pain

2.10.1. Knows the indications, relevant clinical pharmacology, alternate routes, equianalgesic conversions, and management of common side effects for opioids

2.10.2. Knows the concepts of addiction, pseudoaddiction, dependence and tolerance, their importance in pain management, and the complexities of managing pain in patients with current or prior substance abuse

2.10.3. Knows the legal and regulatory issues surrounding opioid prescribing

2.10.4. Knows the indications, relevant clinical pharmacology, alternate routes, and management of common side effects for the following agents: acetaminophen, aspirin, NSAIDS, and adjuvant medications

2.10.5. Knows the common indications and contraindications for interventional pain management procedures

2.10.6. Knows the appropriate use of commonly applied non-pharmacologic approaches to pain control

2.10.7. Knows common barriers to the effective treatment of pain

2.11. Understands how to approach common and urgent non-pain symptoms, and clinical problems encountered in palliative care practice

2.11.1. Knows the etiology, pathophysiology, diagnosis and management of common non-pain symptoms and clinical problems from both a disease-specific and organ systems approach

2.11.2. Knows the etiology, pathophysiology, diagnosis, and management of urgent non-pain symptoms and clinical problems

2.11.3. Knows the diagnosis and management of brain death and persistent vegetative state

2.11.4. Knows the role of physical therapy, occupational therapy, Physical Medicine and Rehabilitation, and other allied health professions in the management of patients with life-threatening illnesses and above symptoms

2.12. Understands how to manage the syndrome of imminent death

2.12.1. Knows common symptoms, signs, complications and variations in the normal dying process and their management

2.12.2. Knows strategies to communicate with patient and family about these varied manifestations

2.13. Understands how to recognize, evaluate, and support cultural values and customs, particularly in minority populations, with regard to information sharing, decision making, expression of physical and emotional distress, and preferences for site of care and death.

2.14. Understands major contributions from sociology, anthropology, and health psychology in appreciating the patient's and family's experience of serious and life-threatening illness

2.15. Understands patient's and family's common psychological stresses and disorders in end-of-life care, and the elements of appropriate clinical assessment and management.

2.15.1. Knows how to anticipate and recognize psychological distress

2.15.2. Integrates concepts of coping styles, psychological defenses, and developmental stages into the evaluation and management of psychological distress

2.15.3. Knows how to provide supportive counseling where appropriate

2.16. Understands patient's and family's common social problems in end-of-life care and the elements of appropriate clinical assessment and management

2.16.1. Knows how to assess, counsel, support, and make appropriate referrals to strengthen the family's coping skills, of the family and alleviate the burden of caregiving

2.16.2. Knows how to assess the needs of minor children when an adult parent or close relative is dying, and how to provide counseling and referral when appropriate

2.16.3. Knows how to assess the needs of parents and siblings of children who are dying and is able to provide appropriate care

2.16.4. Knows how to assess, provide support, and make appropriate referral around fiscal issues and insurance coverage

2.17. Understands patients' common experiences of distress around spiritual, religious, and existential issues in end-of-life care, and elements of appropriate clinical assessment and management

2.17.1. Knows how to perform a basic spiritual/existential/religious evaluation

2.17.2. Knows how to provide basic spiritual counseling

2.17.3. Knows the indications for referral to chaplaincy

2.17.4. Knows the role of hope, despair, and meaning in the context of severe and chronic illness

2.18. Understands the etiology, pathophysiology, diagnosis, and management of common psychiatric disorders encountered in palliative care practice

2.18.1. Knows how to recognize, evaluate, and treat these common psychiatric disorders

2.18.2. Refers appropriately to psychiatry

2.18.3. Demonstrates knowledge of the indications, contraindications, pharmacology, and side-effects of common psychiatric medications, and appropriate prescribing practice

2.19. Understands the basic science, epidemiology, natural course, and management options for normal and complicated bereavement

2.19.1. Demonstrates knowledge of elements of bereavement follow-up, including assessment, treatment, and referral options for bereaved family members

2.19.2. Knows the diagnostic features, epidemiology, and natural course of normal and complicated grief and depression and the risk factors for complicated grief

2.22. Understands common ethical and legal issues in end-of-life care and their clinical management

2.22.1. Knows ethical principles and frameworks for addressing clinical issues

2.22.2. Knows federal, state, and local laws and practices that impact on palliative care practice

C. Practice Based Learning and Improvement

The resident should be able to investigate, evaluate, and improve their practices in caring for patients and families and appraise and assimilate scientific evidence relevant to palliative care.

3.1. Maintains safe and competent practice, including self-evaluation and continuous learning

3.1.1. Demonstrates an ability to self-reflect on personal learning deficiencies and develop a plan for improvement

3.1.2. Demonstrates knowledge of and commitment to continuing professional development and life-long learning

3.1.3. Demonstrates knowledge of the roles and responsibilities of the trainee/mentor

3.1.4. Demonstrates the ability to reflect on his/her personal learning style and use different opportunities for learning

3.1.5. Demonstrates the ability to actively seek and utilize feedback

3.1.6. Demonstrates the ability to develop an effective learning relationship with members of the faculty

3.2. Accesses, analyzes and applies the evidence base to clinical practice in palliative care

3.2.1. Demonstrates knowledge of, and understands limitations of evidence-based medicine in palliative care

3.2.2. Actively seeks to apply the best available evidence to patient care and encourages others to do so

3.2.3. Shows ability to apply evidence-based medicine to facilitate safe, up-to-date palliative clinical practice

3.5. Understands common approaches to quality and safety assurance

3.5.1. Demonstrates an openness and willingness to evaluate and participate in practice and service improvement

3.5.3. Demonstrates awareness of and adherence to patient safety standards, including appropriate practice in documentation of rationale for clinical decision-making

D. Interpersonal and Communication Skills

The resident should be able to demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making, and teaming with patients, their patients' families, and professional associates.

4.1. Initiates informed relationship-centered dialogues about care

4.1.1. Negotiates how much information and decision-making input a patient/family want

4.1.2. Determines, in collaboration with patient/family, the appropriate participants in discussions concerning a patient's care

4.1.3. Assesses patient's and family members' decision making capacity, and other limitations on understanding and communication

4.1.4. Enlists surrogates to speak on behalf of a patient when making decisions for non-decisional patients

4.2. Demonstrates empathy and compassion

4.2.1. Uses empathic and facilitating verbal behaviors such as: naming, affirmation, normalization, reflection, silence, listening, and humor

4.2.2. Uses empathic and facilitating non-verbal behaviors such as touch, eye contact and open posture, in an effective, appropriate, and flexible manner

4.2.3. Uses empathic curiosity effectively

4.3. Demonstrates ability to effectively recognize and respond to own emotions

4.3.1. Is aware of own emotional state during patient and family encounters

4.3.2. Reflects on emotions after event

4.3.3. Deals with own emotions in clinical setting in order to focus on the needs of the patient and family

4.3.4. Responds to requests to participate in spiritual or religious activities and rituals, in a manner that preserves respect for both the patient and family, as well as one's own integrity

4.3.5. Self-corrects communication miscues

4.4. Demonstrates the ability to educate patients/families about the medical, social and psychological issues associated with life-limiting illness

4.4.1. Recognizes the importance of serving as an educator for patient/family

4.4.2. Effectively identifies gaps in knowledge for patients/families

4.4.3. Communicates new knowledge to patients/families adjusting language and complexity of concepts based on the patient/family's level of sophistication and values, as well as on developmental stage of patient

4.4.4. Identifies patients/families who may benefit from a language translation service or interpreter

4.4.5. Refers patients/families with special needs to appropriate resources

4.5. Uses age- and culturally-appropriate concepts and language when communicating with families and patients

4.5.1. Routinely assesses patients/families to identify individuals who might benefit from age-appropriate interventions or support

4.5.2. Demonstrates an informed understanding of developmental stages in approaching patients/families

4.5.3. Appreciates the need to adjust communication strategies to honor different cultural beliefs

4.6. Uses the above skills in the following paradigmatic situations with patients or families and write an informative, sensitive note of documentation in the medical record:

· Giving bad news

· Discussing transition from curative therapies to a focus on palliative care

· Introducing option of palliative care consultation

· Discussing goals of care including advance care planning and code status

· Withholding and withdrawing of life-sustaining therapy

· Discussing enrollment into hospice

· Talking about artificial hydration and nutrition

· Talking about severe spiritual or existential suffering

· Saying good-bye to patients or families

4.7. Organizes and leads a family meeting

4.7.1. Identifies when a family meeting is needed

4.7.2. Identifies appropriate goals for a family meeting

4.7.3. Follows a step-wise approach in leading a family meeting

4.7.4. Effectively deals with family conflict

4.7.5. Clearly documents the course and outcome of a family meeting in the medical record

4.8. Works effectively with others as member or leader of Interdisciplinary Team (IDT)

4.8.4. Accepts feedback from IDT members

4.9. Develops effective relationships with referring physicians, consultant physicians, and other health care providers

4.9.1. Gives a concise verbal history and physical presentation for a new palliative care patient

4.9.2. Summarizes the active palliative care issues for a known patient in signing out to or updating a colleague

4.9.3. Communicates with referring and consultant clinicians about the care plan/recommendations for the patient and family

4.9.4. Communicates with health care providers when there is disagreement about treatment plans

4.9.5. Works toward consensus building about treatment plans and goals of care

4.9.6. Supports and empowers colleagues in leading family meetings

4.9.7. Elicits concerns and provide emotional support and education to staff around difficult decisions and care scenarios

4.10. Maintains comprehensive, timely, and legible medical records

4.10.1. Writes in a manner which can be read by a normal person

4.10.2. Writes notes within 24 hours of seeing the patient

4.11. Communicates effectively about palliative care to the community at large

4.11.1. Uses opportunities to educate health care professionals and the public about palliative care when they arise

4.11.2. Communicates accurate and relevant information on hospice and palliative medicine to the community at large

E. Professionalism

The resident should be able to demonstrate a commitment to carrying out professional responsibilities, awareness of their role in reducing suffering and enhancing quality of life, adherence to ethical principles, and sensitivity to a diverse patient population.

5.1. Achieves appropriate balance between needs of patients/family/team, while balancing one's own need for self-care

5.1.1. Knows effective strategies for self-care, including balance, emotional support, and dealing with personal loss

5.1.2. Contributes to team wellness

5.1.3. Knows how to set appropriate boundaries with colleagues and with patients and families

5.2. Understands own role and the role of the system in medical error

5.2.1. Assesses personal behavior and accepts responsibility for errors when appropriate

5.2.2. Discloses medical errors in accord with institutional policies and professional ethics

5.3. Demonstrates accountability to patients, society, and the profession; and a commitment to excellence

5.4. Fulfills professional commitments

5.4.1. Responds in a timely manner to requests from patients and families for medical information

5.4.2. Responds appropriately to requests for help from colleagues

5.4.3. Demonstrates accountability for personal actions and plans

5.4.4. Fulfills professional responsibilities and works effectively as a team member

5.4.5. Appropriately addresses concerns about quality of care and impaired performance among colleagues

5.4.6. Treats co-workers with respect, dignity, and compassion

5.5. Demonstrates knowledge of ethics and law that should guide care of patients, including special considerations around these issues in adult palliative care, including:

· Foregoing life-sustaining treatment

· Confidentiality

· Truth-telling

· Limits of surrogate decision-making

· Decision-making capacity

· Conflicts of interest

· Use of artificial hydration and nutrition

· Nurse-physician collaboration

· Principal of double effect

· Organ donation

5.6. Demonstrates respect and compassion towards all patients and their families, as well as towards other clinicians

5.6.1. Is aware of sensitivities regarding age, ethnicity, sexual orientation, culture, spirituality and religion, and disability

5.6.2. Effectively communicates the mission of palliative medicine to hospital administrators, clinicians, and community at large

F. Systems Based Practice

The resident should be able to demonstrate an awareness of and responsiveness to the larger context and system of health care, including hospice and other community-based services for patients, including children, and families, and the ability to effectively call on system resources to provide high-quality care.

6.1. Demonstrates care that is cost-effective and represents best practices

6.1.1. Knows relative costs of medications and other therapeutics/interventions

6.1.2. Implements best practices for common palliative medicine clinical scenarios across settings

6.1.3. Understands the rationale for the use of medication formularies

6.1.5. Understands basic concepts and patterns of physician billing and reimbursement across settings

6.2. Evaluates and implements systems improvement based on clinical practice or patient and family satisfaction data, in either personal practice, team practice, or within institutional settings

6.2.1. Reviews pertinent clinical or patient/family satisfaction data about personal, team, or institutional practice patterns

6.3. Integrates knowledge of health care system in developing plan of care

6.3.1. Understands policies and procedures of pertinent health care systems

6.3.2. Understands philosophy, admissions criteria, and services, and structure of hospice care

6.4. Knows differences in admission criteria for various settings such as skilled-nursing and assisted-living facilities, acute/sub-acute rehab facilities, and long-term acute care settings as well as hospice

6.5. Collaborates effectively with all elements of the palliative care continuum, including hospitals, nursing homes, home and inpatient hospice, and other community resources

6.5.1. Effectively utilizes members of interdisciplinary team to create smooth and efficient transitions across health care settings for patients and families

6.5.2. Communicates with care managers/discharge planners across sites to enable seamless transitions between settings

6.5.3. Communicates with clinicians at time of discharge to clarify and coordinate care plan across settings

6.6. Advocates for quality patient and family care and assists patients and families in dealing with system complexities

6.6.1. Communicates and supports patient and family decision-making about discharge planning – including settings of care, service options, and reimbursement/payer systems

6.6.2. Coordinates and facilitates dialogue between patients/families and service provider representatives (e.g. hospice liaison nurses, nursing home administrators, etc.)

6.7. Partners with health care managers and health care providers to assess, coordinate, and improve patient safety and health care, and understands how these activities can affect system performance

6.7.1. Understands hospital and palliative medicine program continuous quality improvement programs and their goals and processes

6.7.2. Demonstrates ability to work with managers of varying disciplines to improve patient safety and system-based factors that affect care delivery

6.8. Understands common high-risk scenarios in palliative care and how to prevent them (e.g., under-dosing of opioids, misuse of methadone, overdosing with naloxone)

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University of Colorado Denver 2010-11

Specific Goals and Objectives:

4. To complete a whole patient palliative care assessment focusing on values and goals, psychosocial-spiritual well-being, and physical symptoms.

5. To identify therapies to alleviate common symptoms at the end of life, including pain, dyspnea, nausea/vomiting, constipation, and depression.

6. To be able to identify goals of care and work towards a plan of care consistent with patient goals.

Curriculum:

►The resident is provided with:

1. An electronic syllabus containing handouts and articles covering the specific educational objectives.

2. ►Resident didactic lectures given by the Palliative Care Consultation team

    a. Pain

b. Dyspnea
c. Nausea and Vomiting
d. Constipation
e. Goals and Values discussions
f. Family Meetings
g. Advance Care Planning

Clinical Experiences:

This is an inpatient clinical experience. The residents will see patients whose primary team has requested a palliative care consultation. The palliative care consultation service sees an average of 50 new patient consults per month with consultations for symptom management to goals and communications discussions. Consultations take place at the University Hospital AIP. Residents will perform a history and physical on the patients they see including a detailed palliative care focused assessment, partake in family meetings, and interface with primary team to ensure recommendations are communicated. Some days may be spent at the Hospice of Saint John. Resident duty hours are less than 80 hours a week. No Palliative Care call is required. Residents continue to attend their weekly general medicine continuity clinic(s) and required conferences.

Method of Evaluation of Resident Competence:

The evaluation form provided by the Internal Medicine Residency Office will be completed. This evaluation is competency-based as it pertains to the specific goals and educational objectives of the rotation. The evaluation is shared with the resident.