

Rotation Name:

Rotation Site Leader: Maie El-Sourady

Updated by: Maie El-Sourady

Date: Feb 15, 2022

Goal:

At the end of this rotation, the resident will demonstrate his or her ability to evaluate and treat the palliative care needs for patients with life-limiting illness in a variety of settings (inpatient consult service, outpatient clinic, and inpatient unit) and within the context of an interdisciplinary team.

Objectives:

To demonstrate his or her ability to evaluate the palliative care needs of a patient with a life-limiting illness, a resident would be expected to:

- Gather 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 in the inpatient and outpatient setting (PC, MK, CS, P)
- Demonstrate use of the interdisciplinary approach to develop a care plan that optimizes patient and family goals and reduces suffering (PC, MK, CS, P)
- Assess and communicate prognosis (MK, CS)
- Evaluate and manage physical symptoms in a palliative care patient, including pain, nausea, constipation, and dyspnea (PC, MK, CS)
- Identify psychological, social, and spiritual strain and refer to appropriate interdisciplinary team member (MK, CS, P, PC)
- Identify patients goals of care through communication with patient and family and help to create a medical plan that incorporates patient's wishes and medical situation, including code status discussions (PC, MK, CS, P)
- Recognize signs and symptoms of impending death and appropriately cares for the imminently dying patient and their family members (MK, PC, CS)
- Demonstrate care that shows respectful attention to age/developmental stage, gender, sexual orientation, culture, religion/spirituality, as well as family interactions and disability (PC, MK, CS)
- Recognize the presentation and management of common cancers, including their epidemiology, evaluation, prognosis, and treatment, patterns of advanced or metastatic disease, emergencies, complications, associated symptoms, and symptomatic treatments (MK)
- Recognize the presentation and management of common non-cancer life-threatening conditions, including their epidemiology, evaluation, prognosis, and treatment, patterns of disease progression, complications, emergencies, associated symptoms, and symptomatic treatments (MK)
- Identify the admission criteria to hospice for most common diagnoses (MK)
- Identify basic approach to conducting a family meeting (CS, PC, MK, P)
- Identify a step-wise process in how to elicit code status (CS, PC, MK, P)

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
<i>Didactic Lectures</i>	Clinical Reasoning Medical Management Healthcare Resource structure and utilization
<i>Bedside Rounding</i>	Creation of prognostic assessment Communication with medical teams Communication with patients and families

Required Reading:

(Bhang and Iregui 2013)

(Blinderman and Billings 2015)

Suggested Reading and/or Resources:

<https://medsites.vumc.org/pcec/welcome>

<https://www.mypcnow.org/fast-facts/>

<https://www.vitaltalk.org/>

<https://eprognosis.ucsf.edu/>

Evaluation:

Assessment Form:

1. Please identify 3 skills you observed the resident do well? (Text Box)
2. Please identify 3 skills the resident needs to improve or should do differently. How should they do it differently? (Text Box)

(Ideally, limit to 8-10 skills that you ask your faculty to assess)

For the remaining items, please rate 1-5 (or did not observe):

1 = cannot do this skill

2 = can do this skill only with direct supervision (some needs to be there to supervise)

3 = can do this skill with indirect supervision (an attending or fellow is close by or available by phone)

4 = can do this skill unsupervised (they are ready to graduate for this skill)

5 = has achieved mastery of this skill (They can teach others how to do this skill well)

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12. Identify basic approach to conducting a family meeting (CS, PC, MK, P)
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Bhang, T. N. and J. C. Iregui (2013). "Creating a climate for healing: a visual model for goals of care discussions." J Palliat Med **16**(7): 718.

Blinderman, C. D. and J. A. Billings (2015). "Comfort Care for Patients Dying in the Hospital." N Engl J Med **373**(26): 2549-2561.