

## Supplemental Digital Appendix 1

### Comprehensive and Essential Palliative Care Competencies for Medical Students and Internal Medicine/Family Medicine Residents, Developed from a Survey of 71 Palliative Care Experts, 2012<sup>a</sup>

Comprehensive Palliative Care Competencies for Medical Students Caring for Seriously Ill Patients	Comprehensive Palliative Care Competencies for Internal and Family Medicine Residents Caring for Seriously Ill Patients
<b>Pain and symptom management</b>	<b>Pain and symptom management</b>
1. Assesses pain systematically and distinguishes nociceptive from neuropathic pain syndromes.	1. Assesses pain systematically and treats pain effectively with opioids, non-opioid analgesics, and non-pharmacologic interventions.
2. Describes key issues and principles of pain management with opioids, including equianalgesic dosing, common side effects, addiction, tolerance, and dependence.	2. Defines and applies principles of opioid prescription, including equianalgesic dosing and common side effects, and an understanding that appropriate use of opioids rarely leads to respiratory depression or addiction when treating cancer-related pain.
3. Assesses non-pain symptoms and outlines a differential diagnosis, initial work-up and treatment plan.	3. Assesses and manages non-pain symptoms and conditions, including but not limited to, dyspnea, nausea, bowel obstruction, and cord compression using current best practices.
4. Describes an approach to the diagnosis of anxiety, depression and delirium.	4. Assesses and diagnoses anxiety, depression and delirium and provides appropriate initial treatment and referral.
<b>Communication</b>	<b>Communication</b>
5. Explores patient and family understanding of illness, concerns, goals, and values that inform the plan of care.	5. Explores patient and family understanding of illness, concerns, goals, and values, and identifies treatment plans that respect and align with these priorities.
6. Demonstrates patient-centered communication techniques when giving bad news and discussing resuscitation preferences.	6. Demonstrates effective patient-centered communication when giving bad news or prognostic information, discussing resuscitation preferences, and coaching patients and families through the dying process.
7. Demonstrates basic approaches to handling emotion in	7. Demonstrates effective approaches to exploring and handling

patients and families facing serious illness.	strong emotions in patients and families facing serious illness.
<b>Psychosocial, spiritual, and cultural aspects of care</b>	<b>Psychosocial, spiritual, and cultural aspects of care</b>
8. Identifies psychosocial distress in patients and families.	8. Identifies psychosocial distress in individual patients and families, and provides support and appropriate referral.
9. Identifies spiritual and existential suffering in patients and families.	9. Evaluates spiritual and existential distress in individual patients and families, and provides support and appropriate referral.
10. Identifies patients' and families' cultural values, beliefs, and practices related to serious illness and end-of-life care.	10. Identifies patients' and families' values, cultural beliefs and practices related to serious illness and end-of-life care, and integrates these into the treatment plan.
<b>Terminal care and bereavement</b>	<b>Terminal care and bereavement</b>
11. Identifies common signs of the dying process and describes treatments for common symptoms at the end of life.	11. Identifies and manages common signs and symptoms at the end of life.
12. Describes the communication tasks of a physician when a patient dies, such as pronouncement, family notification and support, and request for autopsy.	12. Describes and performs communication tasks effectively at the time of death, including pronouncement, family notification and support, and request for autopsy.
13. Describes normal grief and bereavement, and risk factors for prolonged grief disorder.	13. Differentiates normal grief from prolonged grief disorder, and makes appropriate referrals.
14. Describes ethical principles that inform decision-making in serious illness, including the right to forgo or withdraw life-sustaining treatment and the rationale for obtaining a surrogate decision maker.	14. Describes and applies ethical principles that inform decision-making in serious illness including: 1) the right to forgo or withdraw life-sustaining treatment, 2) decision-making capacity and substituted judgment, and 3) physician-assisted death.
<b>Palliative care principles and practice</b>	<b>Palliative care principles and practice</b>
15. Defines the philosophy and role of palliative care across the life cycle and differentiates hospice from palliative care.	15. Defines and explains the philosophy and roles of palliative care and hospice, and refers appropriate patients.
16. Describes disease trajectories for common serious illnesses in adult and pediatric patients.	16. Applies the evidence base and knowledge of disease trajectories to estimate prognosis in individual patients.

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17. Describes the roles of members of an interdisciplinary palliative care team, including nurses, social workers, case managers, chaplains, and pharmacists.

18. Reflects on personal emotional reactions to patients' dying and deaths.

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17. Describes the roles of and collaborates with members of an interdisciplinary care team when creating a palliative patient care plan.

18. Reflects on one's own emotional reactions, models self-reflection, and acknowledges team distress when caring for dying patients and their families.

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<sup>a</sup> Essential graduation competencies in grey.