1. ONE WEEK PC/HOSPICE EXPERIENCE LEARNING OBJECTIVES

Professionalism
• Articulate the impact of caring for seriously ill and dying patients on one’s professional development as a physician.
• Describe how personal values and past personal and professional experiences impact their values toward the care of seriously ill patients.

Patient Care/Medical Knowledge
• Demonstrate a whole patient palliative care assessment
• Demonstrate a systematic pain assessment using a standardized assessment schema (e.g. PQRST)
• Describe pharmacological properties of morphine (dose-time efficacy curves for IV and oral morphine and common toxicities).
• Describe a systematic approach for deciding upon and then adjusting baseline doses and breakthrough doses of oral morphine.
• Demonstrate equianalgesic oral/parenteral morphine calculations using a reference guide.
• Know first-line treatment for opioid-induced constipation and nausea.
• Define tolerance, physical dependence, psychological dependence, addiction and pseudo-addiction.
• Use and interpret results from a delirium assessment scale.
• Identify four common causes of delirium.
• Differentiate sadness from clinical depression from anticipatory grief.

Interpersonal and Communication Skills
• Demonstrate a six step approach to Giving Bad News.
• Elicit patient understanding of illness and prognosis as part of an initial palliative care encounter.
• Demonstrate empathy and compassion by acknowledging, legitimating, and exploring patient emotions; able to use silence effectively.
• Demonstrate how to determine medical decision making capacity.

Practice-based Learning and Improvement
• Find evidence-based resources and guidelines for pain and symptom management relevant to patient encounters.
• Demonstrate how to use best available evidence to facilitate patient care encounter.
• Demonstrate ability to work as a member of an interdisciplinary team
• Actively seek and utilize feedback to improve performance.

Systems Based Practice
• Know the eligibility requirements, covered services, reimbursement mechanism and physician’s role, as described by the Medicare Hospice Benefit.
• Know the differences and similarities between palliative care and hospice.
• Know state law(s) concerning advance directives and do-not-resuscitate orders.

2. FOUR WEEK PC/HOSPICE EXPERIENCE

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Professionalism
• Articulate the impact of caring for seriously ill and dying patients on one’s professional development as a physician.
• Describe how personal values and past personal and professional experiences impact one’s own values toward the care of seriously ill patients.
• Speak personally regarding the impact of helping patients and their families in the setting of life-threatening illness.
• Articulate one’s own personal values and emotional reactions and their impact on patient care related to (with particular emphasis on patients seen on rotation):
  → pain, pain treatment, opioid dependence and addiction, across different cultural/socioeconomic populations.
  → the withdrawal of life-sustaining treatment, palliative sedation, assisted suicide, and euthanasia.
  → withholding/withdrawing artificial nutrition/hydration, mechanical ventilation and dialysis.
  → caring for dying patients in vulnerable populations (cognitively impaired, mentally ill, homeless, patients with substance abuse disorders).
  → caring for dying patients from different cultures and backgrounds.
  → caring for dying patients at different phases in the life cycle.
• Articulate ethical/legal distinctions between withdrawal of life-sustaining medical care, palliative sedation, assisted suicide, and euthanasia.
• Describe the physician’s professional role and responsibility regarding shared decision making.
• Demonstrates an ability to share responsibility for patient and family care with other members of an interdisciplinary team.

Patient Care/Medical Knowledge
• Demonstrate a thorough pain assessment using a standardized assessment schema (e.g. PQRST)
• Demonstrate knowledge of initial treatment approaches to manage somatic pain, neuropathic pain, and visceral pain.
• Describe the mechanisms of action/pharmacological principles associated with use of morphine, hydromorphone, oxycodone and fentanyl for pain (dose-time efficacy curves for oral, transdermal and parenteral administration, and common toxicities).
• State the indications (and contra-indications) for use, starting dose, and dose titration schema for
  o short acting and long-acting opioids, for both oral and parenteral administration;
  o one anticonvulsant and one anti-depressant drug for neuropathic pain.
• Accurately perform equianalgesic oral/parenteral calculations for morphine, hydromorphone, oxycodone and fentanyl using a reference guide.
• Define tolerance, physical dependence, psychological dependence, addiction and pseudo-addiction, their incidence and management strategies in the palliative care setting.
• Present a differential diagnosis for:
  o difficult to treat cancer pain
  o new onset dyspnea, delirium, nausea and constipation in the palliative care setting.
• Give examples of when and from whom to obtain consultative help for intractable pain.
• Describe first and second line pharmacological treatments for dyspnea, nausea, delirium, and constipation.

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• Describe a minimum of one non-pharmacological treatment for pain, dyspnea, delirium, and nausea.
• Demonstrate proper use a delirium assessment scale.
• Know risks and benefits of artificial hydration and nutrient at end-of-life
• Differentiate sadness from clinical depression from anticipatory grief.
• Give examples of when to seek psychiatric consultation in palliative care.
• Demonstrate use of one prognostic scoring system for cancer.
• Know general prognostic factors for cancer and end-stage heart, lung, liver and kidney disease and dementia.
• Describe normal and complicated grief.

Interpersonal and Communication Skills
• Demonstrate a six step approach to Giving Bad News.
• Demonstrate how to assess medical decision making capacity.
• Demonstrate how to complete a screening interview for depression and delirium.
• Demonstrate the key steps of a patient/family goal setting meeting.
• Demonstrate how to conduct a DNR discussion.
• Demonstrate an approach to managing cross-cultural conflicts in palliative care.

Practice-based Learning and Improvement
• Describe where to find resources for pain and symptom management.
• Describe where to find resources for managing challenging doctor-patient communication situations.
• Demonstrate an ability to self-reflect on personal learning deficiencies and develop a plan for improvement.
• Demonstrate ability to work as a member of an interdisciplinary team.
• Demonstrate the ability to actively seek and utilize feedback.
• Actively seek to apply the best available evidence to patient care.

Systems Based Practice
• Know the eligibility requirements, covered services, reimbursement mechanism, and physician's role, as defined by the Medicare Hospice Benefit.
• Describe differences in eligibility and covered services between home care, home palliative care services, home hospice, and residential hospice.
• Describe four levels of hospice services covered by the Medical Hospice Benefit.
• Know state law(s) concerning advance directives and do-not-resuscitate orders.
Suggested Potential Learning Activities

✓ Self-assessment knowledge test and attitude survey with feedback.
✓ Mentoring and personal debriefing time with faculty physician at least once per week.
✓ Personal journaling of experiences.
✓ Observed communication skills (real or simulated patients)
✓ Interdisciplinary patient care rounds.
✓ Residential hospice experience
✓ Journal Club
✓ Brief clinical reviews (1/2-2 pages) with presentation
✓ Care planning for patient encounters: ability to work through pain and symptom management problems that test basic competencies such as equianalgesic dosing, responding to accelerated pain, changing routes, calculating appropriate baseline and prn meds

Settings
✓ Should see 3-5 new patients per week with longitudinal follow-up
✓ Evaluate and follow patients in at least one inpatient and one outpatient or home setting:
  ▪ inpatient palliative care consult service
  ▪ inpatient hospice and/or palliative care unit
  ▪ home visit
  ▪ outpatient palliative care consultation service