

Listed below are suggested learning objectives for physician or nurse trainees working on a palliative care consultation services; Part 1 are objectives for trainees who have a one week experience, Part 2 is for a four week experience.

## 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

## **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
  - short acting and long-acting opioids, for both oral and parenteral administration;
  - 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:
  - difficult to treat cancer pain
  - 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.

- 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