Curriculum for Palliative Care for Internal Medicine Residents
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Rotation Goals and Educational Purpose:

Physicians must provide compassionate, individualized care for patients with advanced disease. These patients may have a high symptom burden, face complex treatment decisions, or may be near the end of life. During this block rotation, residents are introduced to multidisciplinary care for advanced disease patients with pain or other symptoms. The special needs (physical, psychosocial, and spiritual) of very ill or dying patients and their families are best addressed through dedicated training under the direction of experienced palliative care and hospice faculty.

This rotation is elective for fellows at the HO1, HO2, and HO3 levels.

Rotation Competency Objectives:

Core Knowledge – By completion of the rotation, Internal Medicine residents should have the following competencies:

1. Overview
    a. Don't delay palliative care for a patient with serious illness who has physical, psychological, social or spiritual distress because they are pursuing disease-directed treatment.

2. Pain: Assessment and Management
    a. Understand the concept of total pain: physical, psychosocial, spiritual,, social
    b. Describe and recognize common pain syndromes – bone pain, plexopathies, peripheral neuropathies, spinal cord compression, acute and postherpetic neuralgia
    c. Understand the principles of pharmacologic pain management including:
        i. WHO pain ladder
        ii. NSAIDS and steroids
        iii. Opioids
            1. Lists the indications, clinical pharmacology, alternate routes, equianalgesic conversions, appropriate titration, toxicities, and management of common side effects for opioids
            2. Describes opioid prescribing, monitoring of treatment outcomes, and toxicity management in chronic, urgent and emergency pain conditions
            3. Describes the concepts of addiction, pseudoaddiction, dependence and tolerance, and describes their significance in pain management, as well as approaches to managing pain in patients with current or prior substance abuse
        iv. Adjuvant drugs (e.g. anticonvulsants, antidepressants, steroids)
    d. Understand appropriate use of non-pharmacologic pain treatment modalities
        i. Physical (e.g. physical therapy, massage, TENS, acupuncture)

    ii. Psychosocial (e.g. relaxation and imagery, patient education, psychotherapy and structured support, peer support groups, pastoral counseling)

3. Non-Pain Symptoms: Assessment and Management
    a. Describe assessment methods and treatments for common physical symptoms of advanced disease: dyspnea, nausea and vomiting, constipation, diarrhea, delirium, anorexia
    b. Describe assessment and treatment of psychiatric symptoms associated with advanced disease - depression, anxiety, delirium

4. Communication Skills
    a. Establish rapport with dying patients and their families or surrogates, using patient-centered communication to enhance the physician-patient relationship.
    b. Engage patients and their families or advocates in shared decision-making regarding treatment options in the end of life setting, utilizing family group discussions as needed
    c. When functioning as a consultant, communicate with referring physicians in a manner that supports the primary care relationship

5. Psychosocial and Spiritual Considerations
    a. Incorporates a psychosocial history and a spiritual history into the assessment of a dying patient
    b. Recognizes common social problems experienced by patients and families facing life-threatening conditions
    c. Able to assess, counsel, support, and make referrals to alleviate the burden of caregiving
    d. Recognizes common experiences of distress around spiritual, religious, and existential issues for patients and families facing life-threatening conditions
    e. Describes the role of hope, despair, and meaning, in the context of severe and chronic illness
    f. Identifies the indications for referral to other allied health professionals, i.e. social workers and chaplains

6. Ethics and Legal Considerations
    a. Describes ethical and legal issues in palliative care and their clinical management
    b. Discusses ethical principles and frameworks for addressing clinical issues
    c. Consults clinical ethicist when necessary

7. Impending Death and Hospice
    a. 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, involving other team members as appropriate

b. Understand indications and eligibility guidelines for hospice care
c. Construct an appropriate comfort care plan for symptoms encountered by patients in hospice or palliative care
d. Recognizes the components of management for the syndrome of imminent death
    i. Identifies common symptoms, signs, complications and variations in the normal dying process and describes their management
    ii. Describes strategies to communicate with patient and family about the dying process and to provide support

Teaching Methods

Supervised Patient Care

1. The emphasis of this rotation is on experiential learning through supervised management of palliative care and end of life patients. Patient care experiences may include:
    a. U of M: Inpatient Palliative Care consultation service
    b. U of M: Outpatient Symptom Management and Supportive Care clinic
    c. Arbor Hospice: Inpatient hospice care at Arbor Hospice Residence or outpatient hospice services with the field team
    d. Veterans Administration Hospital: inpatient Palliative Care consult team, and outpatient Palliative Care clinic
    e. Pediatric Palliative Care: this option is available only occasionally and through special arrangement

During inpatient services, fellows perform initial evaluations and daily management care under the supervision of a faculty physician. During outpatient clinic, fellows perform focused evaluation and management care under attending physician supervision. During outpatient hospice services, residents provide care within a multidisciplinary team led by a nurse case manager. Patient-centered, case-based faculty discussions review each patient. Residents may interact with nursing, chaplains, social workers, fellows, and medical students while providing patient care.

The resident will keep a log of patients seen on the rotation, listing the diagnosis and a few key points summarizing what was learned. Patients in the following categories should be included if possible:

i. Pain management
ii. Non-pain symptom management
iii. Goals of care discussions
iv. Communication issues
v. Spiritual and psychosocial issues
vi. End of life or hospice care

Structured Didactics

1. Palliative Care lecture series (weekly on Thursdays at noon at the V.A.)

2. Monthly lecture sponsored by the Symptom Management and Supportive Care program (monthly on the 4th Wednesday of each month at 8:00 a.m., MCHC auditorium, U of M)
3. Monthly Symptom Management Case Discussion series sponsored by the Symptom Management and Supportive Care program (monthly on the 1st Wednesday of each month at 8:00 a.m., Dining Rooms B and C, U of M)

Independent Study

1. NCCN Palliative Care Guideline
2. Notebook with core study modules supplied on first day of rotation
3. List of core Palliative Care journal articles

Rotation Schedule

1. Continuity Clinic: Internal Medicine continuity clinics continue during this rotation. Discuss your continuity clinic schedule with your attending.
2. There is no weekend call schedule.
3. Rounding schedule will vary from training site to training site. Contact persons for each site are:
    a. U of M Palliative Care consult service: Laurie Belanger
    b. U of M Symptom Management and Supportive Care Clinic: Susan Urba
    c. V.A. Palliative Care service: Laurie Belanger
    d. Arbor Hospice: Laurie Belanger

Evaluation Methods

1. Pre and Post tests at the beginning and end of the rotation
2. Personal discussion and feedback with attendings and Dr. Susan Urba at the end of the rotation
3. Evaluation form at the end of the rotation