

PALLIATIVE CARE CURRICULUM
TEMPLE UNIVERSITY INTERNAL MEDICINE RESIDENCY PROGRAM

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I. Educational Purpose and Goals

Internists must provide compassionate, individualized care for dying patients. The special needs of dying patients and their families are best addressed through dedicated training under the direction of experienced hospice faculty. During this block rotation, residents are introduced to multidisciplinary care for dying patients and their families.

II. Principal Teaching Methods

- a. Supervised direct patient care forms the majority of the training experience. Residents are responsible for patients at the Keystone Hospice (see <http://www.keystonecare.com/home.html>), located in Wyndmoor, PA, and residents participate in home hospice visits.
- b. Residents participate in weekly group meetings of hospice staff.
- c. Residents will participate in components of a curriculum on managed care developed by the Tufts Managed Care Institute (http://www.thci.org/prog_serv_prod/curric_guide.htm)
- d. Independent guided reading is expected. A reading packet compiled with the assistance of the Hospice staff, is provided at the beginning of the rotation.

III. Educational Content

- a. Mix of diseases
 - i. All terminal conditions are potentially encountered.
 - ii. Special attention is placed on symptomatic conditions of dying patients, including physical pain and emotional suffering.
- b. Patient characteristics
 - i. Patients are drawn from the diverse socio-economic metro-Philadelphia area.
 - ii. While all dying patients may be encountered, the population is weighted toward geriatric patients.
 - iii. A significant portion of the patients have HIV/AIDS as well.
- c. Learning venues: Type of clinical encounters, procedures and services
 - i. The rotation is considered 80% outpatient, 20% inpatient. Keystone Hospice experiences are flexibly scheduled based on resident needs.
 - ii. Keystone Hospice operates a residential hospice service at their Keystone House facility. This is a XX-bed special purpose nursing facility providing a home-like setting and an experienced hospice staff to care for patients and their families through the dying

process. The Resident assists as a member of the Hospice team to provide care for selected patients in this unit under the direction of an attending physician. Additional opportunities at this venue include work with Telecare (Keystone hospice’s special telemedicine program).

iii. The Resident is also a part of the Home Hospice Care team, traveling with a home hospice nurse, case manager or clergy member and assisting with patient management in the patients’ home. This experience allows the Resident to understand the challenges patients and their families face as they assist their family member through the dying stages in the home environment.

iv. The Resident also has the opportunity to participate in the evaluation and care of patients on an inpatient hospice service if the opportunity arises.

d. Structure of rotation

i. First Day protocol: Residents should contact Cindy Leonard at 215-836-2449 or cleonard@keystonecare.com one week prior to the start of the rotation to confirm first day meeting plans.

Depending on the day of the week that a rotation begins, they will arrive at 9AM at the Keystone House where Cindy will review the curriculum, administer a rotation pretest, and assign clinical care duties.

ii. A sample weekly calendar follows:

DAY	AM	PM
Monday	Field Hospice meeting 8:30-10:30 @ Keystone House	Keystone House Patient Visits
Tuesday	Hospice Home Visits	Hospice Home Visits
Wednesday	Didactics @Temple	Keystone House Hospice meeting 2:00-3:00 @ Keystone House Meeting with Cindy Leonard
Thursday	HIV Home Visits	Continuity Clinic
Friday	Hospice Home Visits	Hospice Home Visits

ii. Weekly Palliative Care conference schedule:

1. Monday morning
2. Wednesday afternoon

iii. Residents continue to attend their weekly primary care Continuity Clinic afternoon throughout the rotation.

iv. Residents are expected at TUH on Wednesday mornings for morning report (9-10:00), the Outpatient Block didactics (10-11:30) and Grand Rounds (11:30-12:30).

IV. Principal Ancillary Educational Materials

a. Readings

- i. Tufts Managed Care Institute guide to “Making Decisions at the End of Life” and related materials. Patient scenarios are presented in CD format and residents will have the opportunity to review these materials during their free time.
- ii. Selected journal articles will be provided, along with access to other texts and journals
 - NEJM 2004; 350: 2582-90. Palliative Care
 - NEJM 2005; 353 (24): 2607-12. Artificial Nutrition.
 - Archives of IM 2005; 165(4):374-378. CHF.

V. Methods of Evaluation

a. Resident Performance

i. Faculty complete web-based electronic resident evaluation forms provided by the Internal Medicine Residency office. The evaluation is competency-based, fully assessing core competency performance. The evaluation is shared with the resident, is available for on-line review by the resident at their convenience, and is sent to the residency office for internal review. The evaluation is part of the resident file and is incorporated into the semiannual performance review for directed resident feedback.

b. Program and Faculty Performance

Upon completion of the rotation, the Resident completes a service evaluation commenting on the faculty, facilities, and service experience. These evaluations are sent to the residency office for review and the attending faculty physician receives anonymous summative reports of completed evaluations when sufficient volume of evaluations are received to maintain resident anonymity. The Training and Evaluation Committee will review results annually.

VI. Institutional Resources: Strengths and Limitations

- a. Strengths – Dedicated hospice professionals lead this rotation. The Keystojne Hospice is a well-supplied and highly regarded facility. Integrated home hospice visits create a well-rounded view of hospice care. Excellent rotation for focusing on patient-centered end of life care.
- b. Limitations – Clinical active interventions are de-emphasized in palliative care, resulting in less direct patient responsibility for residents.

Residents must demonstrate self-motivated and self-directed learning to maximize their training experience.

VII. Rotation Specific Competency Objectives:

Note: Some objectives may address more than one competency. Such instances are identified with the additional competencies noted in italics following the item.

By completion of the block rotation, the rotating resident will

a. Patient Care

- i. Demonstrate ability to write a terminal condition admission note focusing on hospice care needs including relevant psychosocial needs.
- ii. Construct an appropriate comfort care plan for symptoms encountered by patients in hospice or palliative care.
- iii. Perform an accurate assessment, initial and ongoing, of pain, using the appropriate techniques to assess the adequacy of pain management strategies: formal pain control formats, and patient and family satisfaction with pain management.
- iv. Recognize pain syndromes such as: bony metastases, plexopathies, peripheral neuropathies, epidural metastases/spinal cord compression, acute and postherpetic neuralgia, migraine headaches, muscle spasms, abdominal pain.

b. Medical Knowledge

- i. Understand indications and eligibility guidelines for hospice care.
- ii. Recognize and understand the steps of the dying process as needed to assist patients with the movement through these steps.
- iii. Name the most common distressing (to the patient or family) symptoms of advanced disease – pain, dyspnea, itching, nausea, vomiting, constipation, diarrhea, delirium, anorexia, multifocal myoclonus – and treatments for each.
- iv. Understand the indications, limitations, side effects, and technical aspects of pharmacologic pain management including:
 1. the WHO ladder
 2. NSAIDS and steroids
 3. Opioids, including dosage titration and conversion as well as management of side effects.
 4. Adjuvant Drugs
 - a. Anticonvulsants
 - b. Antidepressants
 - c. Antineoplastic Therapies
- v. Understand appropriate use of nonpharmacologic pain treatment modalities
 1. Physical
 - a. cutaneous stimulation – massage, counter stimulation, TENS, acupuncture, therapeutic oils

- 2. Psychosocial
 - a. Relaxation and imagery, distraction and reframing, patient education, psychotherapy and structured support, hypnosis, peer support groups, pastoral counseling
 - vi. Understand psychiatric problems associated with advanced disease:
 - 1. Depression, anxiety, delirium, dementia
- c. **Interpersonal and Communication Skills**
 - i. Establish rapport with dying patients and their families.
 - ii. Perform a patient-centered medical interview.
 - iii. Engage patients in shared decision-making, and participate in family discussions in the setting of end of life decisions.
 - iv. Effectively and considerately communicate with hospice team staff in a manner that promotes care coordination.
- d. **Professionalism**
 - i. Demonstrate respect and compassion for all patients.
 - ii. Exhibit competency in working with patients regarding advanced directives, DNR status, futility, and withholding/withdrawing therapy.
 - iii. Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all dying patients and their families.
- e. **Practice Based Learning and Improvement**
 - i. Exhibit self-directed learning.
 - ii. Demonstrate improvement in clinical management of dying patients by continually improving palliative knowledge and skills during the rotation.
- f. **Systems Based Practice**
 - i. Demonstrate ability to correctly complete death certificates under faculty direct supervision and authority.
 - ii. Demonstrate understanding of medical delivery systems, including residential hospice facilities and home hospice resources.
 - iii. Work well with multidisciplinary teams, coordinating care and effectively working with hospice nurses and other providers in team settings.
 - iv. Demonstrate understanding of cost value decision making and limitations of hospice funding.

Adapted from a curriculum developed by Michigan State University