

HOSPITALIST/PALLIATIVE MEDICINE ELECTIVE

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OFFICE LOCATION:	Medical Education Building

Overall Goals:

- 1) To understand the interdisciplinary approach and practice of palliative and end-of-life care, including the roles of health care providers in the community.
- 2) To understand the role of the palliative care physician in addressing the unique needs of patients and their families, in terms of pain and symptom control, and in their emotional, psychosocial, cultural, and spiritual needs.
- 3) To participate in the care of patients with advanced illness or near end-of-life, including participation in a "goals of care" meeting.

Description:

Hospitalist/Palliative Medicine - Windsor Regional Hospital (WRH)

Students will work on an inpatient Palliative Care Team and have the opportunity to participate in outpatient clinics focused on malignant pain, symptom management and advanced malignancy. Weekly rounds to review the student experience will occur and the student will use a reflective journal technique to stimulate discussion around individual cases (knowledge, attitudes, and behaviors). Students will also spend at least one half day working with a nurse practitioner or palliative care nurse, social worker, and dietitian.

Objectives:

1. Medical Expert:

Knowledge:

The student will be able to:

- i) Describe the fundamental concept of "total pain", including the physical symptoms, and how emotional, psychological, spiritual and cultural concerns contribute to the pain experience.
- ii) Describe the fundamental role of the palliative care physician in providing pain and symptom management and describe a "goals of care" meeting.
- iii) Demonstrate knowledge of:
 - a) Pain management in advanced disease including the differentiation of nociceptive, neuropathic, and inflammatory pain
 - b) Opioid use in advanced illness and near end of life, including the rationale for an opioid rotation, calculation of breakthrough and long acting opioid dosages, and how to titrate opioids appropriately

- c) Pharmacology of opioids and the concepts of tolerance, physical dependence, and addiction as they relate palliative care.
 - d) Risk factors for addictive behavior and a strategy to treat patients with a history of drug or alcohol addiction.
 - e) Common side effects of opioids, including delirium and neurotoxicity, and an appropriate management plan for each adverse effect.
 - f) The treatment of neuropathic pain in advanced disease or near end-of-life.
 - g) Evidence based treatment plans for fatigue, anorexia, cachexia, constipation, dyspnea, nausea and vomiting, delirium, anxiety and depression
 - h) The potential roles of radiotherapy, chemotherapy, surgery, balloon kyphoplasty, vertebroplasty, RF ablation, esophageal stenting, and interventional anaesthesia in the management of symptoms from advanced malignancy.
- iv) Describe the individual roles of interprofessional palliative care providers in the community, such as nurses/nurse practitioners, social workers, dietitians; and explain how to access each of them.

Skills:

The student will be able:

- i) To communicate, in an effective and professional manner with inter-professional palliative care providers
- ii) To develop an appropriate management plan in terms of a history, physical examination, differential diagnosis, and suggest investigations of pain and symptoms in patients with advanced illness or near end of life
- iii) To assess the psychosocial and spiritual needs of a dying patient and his or her family
- iv) To write an appropriate opioid prescription including breakthrough dosing
- v) To assist in monitoring the efficacy of treatment plans for pain and symptom management
- vi) To contribute and effectively record all the components of a holistic and interprofessional record of a palliative patient.
- vii) To conduct or participate in a "goals of care" meeting.
- viii) To use a reflective journal and group discussions to identify one's own attitudes and beliefs in caring for those with advanced illness or near end of life.

Attitudes:

The student will:

Demonstrate a patient and family centered interdisciplinary approach in the assessment of pain and symptoms in patients with advanced illness or near end of life.

This will include demonstration of a professional attitude toward their patients health care providers.

- a. ii) Describe and or demonstrate an approach to defining cultural, religious, and aboriginal issues in palliative and end-of-life care.
- iii) Discuss how one's own attitudes may potentially impact care delivered to the dying patient.

2. Communicator

- a. To describe the nature of suffering and the patient's experience of advanced illness or impending death.
- b. To recognize and describe the role that existential anxiety may contribute to suffering or "total pain" near end-of-life.
- c. To conduct patient-centred interviews which explore the patient's feelings, ideas, impact on function, and expectations.

- d. Develop relationships with patients characterized by compassion, empathy, respect, and genuineness, demonstrating a willingness to collaborate with the patient about management rather than needing to always take charge.
- e. Perform a physical exam without causing the patient embarrassment.
- f. Adapt treatment plans to the individual with consideration for the patient's age, general health, special needs, expectations, cultural background, progress, or changes in condition.
- g. Recognize risk factors and be able to counsel patients on risk reduction.
- h. Tolerate uncertainty and focus on the patient's welfare rather than a need for precision with faced with a difficult situation.
- i. Abide by the principles of the Code of Ethics as published by the Canadian Medical Association and keep informed of changes in the code.

3. Collaborator

- a. Develop the ability to work effectively as a member of a team, as participant or leader.
- b. Collaborate effectively with patients and families without having to take charge.
- c. Demonstrate skill in finding common ground when differences of opinion exist.
- d. Demonstrate the ability to communicate effectively with peers and colleagues by contributing to productive communication and co-operation among colleagues engaged in education, research, and health care.
- e. Establish effective relationships with colleagues and other members of the health care care team by:
 - I. Considering their suggestions and criticisms.
 - II. Tactful handling of differences of opinion.
 - III. Providing support and direction to less experienced personnel.

4. Manager

- a. Assist patients in accessing the health care system for physical, psychological, social, and economic rehabilitation or long-term care.
- b. Use concepts of evidence-based medicine to guide patient care decisions.
- c. Identify potential conflict between individual and population interests and seek advice from others, including ethicists, when necessary to help resolve issues.

5. Health Advocate

- a. On completion of the elective, students will be able to identify and attend to suffering.
- b. Use specialized knowledge and skills to contribute to the community as well as the individual's well-being.
- c. Identify the rights and legal responsibilities of physicians to patients and the community.

6. Scholar

- a) Demonstrate skill in self-directed learning by:
 - i. Ability to identify areas of deficiency in one's own knowledge and skills.
 - ii. Ability to find appropriate educational resources.
 - iii. Ability to evaluate personal learning progress.
 - iv. Ability to use new knowledge in the care of patients.
- b) Determine the validity and applicability of published data through critical appraisal.

7. Professional

- a) Demonstrate commitment to one's teachers, classmates, patients, the profession and society through ethical behavior

EVALUATION:

Summative assessment will be completed by the primary preceptor at the end of the rotation block.

LOTTERY:

Hospitalist/Palliative Medicine Electives are **ONLY** available via the On-line Electives Lottery –
2 students per Block