Rotation Objectives Palliative Care

The WHO defines Palliative Care as: "an approach that improves quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

Our residents are exposed to the Palliative Care Approach both in immersion and longitudinal experiences.

At the end of 2-years for sites with a longitudinal experience and at the end of an immersion-type rotation, residents’ learning outcomes for Palliative Care include the following:

### Medical Expert

- **Apply the Palliative Care approach to all patients with terminal illnesses (not just cancer patients), including:**
  - End stage renal disease
  - End stage congestive heart failure
  - End stage chronic obstructive pulmonary disease and other respiratory diseases
- **Be able to manage pain effectively:**
  - Identify different types of pain (somatic, visceral, neuropathic) and be able to manage each
  - Effectively prescribe opioids, specifically:
    - Equi-analgesic dosages
    - How to start, titrate, and rotate opioids
    - How to prescribe maintenance and prn dosing
    - recognize different routes of medication administration
    - monitor for side effects, including (nausea, constipation, cognitive impairment, opioid toxicity)
- **Have a diagnostic approach to be able to manage the following:**
  - Dyspnea
  - Nausea and vomiting
  - Acute cognitive impairment and delirium
- **Considers suffering as an illness and has a structured and patient-centred approach to it**
- **Identifies and repeatedly clarifies patient’s wishes for treatment of infections, intubation, dying at home, etc.**

### Communicator

- **Be able to discuss end of life wishes to understand a patient’s fear and wishes about end-of-life issues**
- Be able to explore and address spiritual issues relating to end of life

- Demonstrates ability to develop rapport and trust with patients and families
  - Particular skill is required in dealing with “difficult patients” and families

- Articulates the principles of the “patient-centred” method and demonstrate that they consistently incorporate this into their clinical assessments

- Accurately and clearly conveys needed information and explanations to patients, families, and colleagues

- Provides clear and accurate written documentation of clinical encounters and plans

**Collaborator**

- Demonstrates a team-based approach, by involving and working together with other members of the palliative care team, other related disciplines, and community agencies, depending on patient needs
- Engages patients and those involved in their care as active participants
- Maintains a positive working environment
- Transfers care in a way that ensures patient safety and comfort
- Completes consultations such that the most relevant clinical information is included

**Manager/Leader**

- Manages their work-flow in a way that balances volume with comprehensive patient care.
- Manages their practice in a way that ensures patient safety. This includes signing off labs in a timely manner and providing follow-up assessments.

**Advocate**


- Recognizes when a patient has social, cultural, and/or physical causes of vulnerability (also called ‘determinants of health’)

- Recognizes patient and community assets
- Mobilizes additional support and resources for patients and families when vulnerable

### Scholar

- Demonstrates intellectual curiosity by asking relevant clinical questions and study
- Reads and acquires knowledge consistent with their ongoing needs (derived from personal reflection and feedback from supervisors)
- Teaches junior learners

### Professional

- Is honest
- Is on time for shifts and clinics. When anticipates being late or absent, informs the right people in a timely manner
- Recognizes own limitations and asks for help
- Is polite and respectful even during periods of stress and conflict
- Maintains patient confidentiality
- Demonstrates an awareness of own attitudes, feelings, and impact on their practice
- Reflects on clinical events to deepen self-knowledge
- Demonstrates awareness of their own attitudes that can influence their patient assessments and therapeutic relationships

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