



Undergraduate Medical Education Elective

Family Medicine – Palliative Care			
Contact Information			
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Sites
<p>Jewish General Hospital Mount Sinai Hospital MUHC: Glen – Royal Victoria Hospital MUHC: Lachine Hospital St. Mary’s Hospital Lakeshore Hospital Teresa Dellar Palliative Care Residence St. Raphael Palliative Care Home and Day Centre</p>
Elective Description
<p>The student will be integrated into the interdisciplinary palliative care service and will gain experience caring for people affected by serious illness. This includes symptom (e.g. pain, nausea) assessment and management and communication skills related to advance care planning and transitions in goals of care. The student will attend all regular clinical rounds, staff meetings, journal club and education sessions.</p> <p>The Jewish General Hospital offers ward, clinical and palliative care consultation exposure to the medical student; the Royal Victoria Hospital offers palliative care unit exposure; Mount Sinai Hospital offers palliative care unit and homecare exposure; the Teresa Dellar Palliative Care Residence, St. Raphael Palliative Care Home and Day Centre and Vaudreuil-Soulanges Palliative Care Residence are hospice settings with in-patient exposure; the Lakeshore Hospital, St. Mary’s Hospital and Lachine Hospital are community hospitals that offer in patient, out patient and consultation services.</p>
Elective Duration
2, 3 or 4 weeks
Educational Objectives
<p>Palliative Care McGill – Rotation Objectives CanMEDs Objective: EXPERT</p> <p>Conceptual frames and overarching processes</p> <ol style="list-style-type: none"> 1. Demonstrate knowledge of the dying process. 2. Demonstrate the ability to adopt a holistic approach (bio, psycho, social, spiritual, and cultural) in an end-of-life care context and elaborate an interdisciplinary plan.



3. Demonstrate an understanding of the notion of suffering and total pain.
4. Start considering possible prognosis and establish performance status of the patient.

Pain and Symptom Management

1. Effective evaluation of pain with appropriate physical examination, history-taking and pertinent investigations.
2. Demonstrate an understanding of how to prescribe opioids:
 - a) Equianalgesic dosages
 - b) How to start
 - c) How to titrate
 - d) How to rotate
 - e) PRN dosages
3. Recognize and address side effects of opioids
 - a) Nausea/vomiting
 - b) Constipation
 - c) Opioid neurotoxicity
4. Use of coanalgesics and other treatment modalities in various pain scenarios:
 - a) Visceral pain
 - b) Neuropathic pain
 - c) Bone pain
 - d) Muscular pain
5. Assess and treat nausea/vomiting
6. Assess and treat constipation
7. Assess and treat shortness of breath
8. Recognize, assess and treat delirium
9. Recognize and treat emergencies in PC:
 - a) Acute pain crisis
 - b) Acute shortness of breath crisis
 - c) Hyperactive delirium
10. Be aware of the presentations, assessments and treatments for bowel obstructions
11. Diagnosis of depression and anxiety
12. Diagnose, treat and prevent mouth related problems

CanMEDs Objective: **COMMUNICATOR**

1. Demonstrate the ability to announce bad news to patients and their families in an empathetic manner.
2. Demonstrate the ability to discuss goals of care as well as levels of care with a patient and his/her family.



3. Demonstrate the ability to adapt to their language so that it is easily understood by patients and their families.
4. Listen and observe attentively.
5. Communicate with patients and families using the McGill approach to communication skills.
6. Elicit patient concerns using non-directive (open-ended) and directive (close-ended) questions, paraphrasing, explaining and summarizing when appropriate.

CanMEDs Objective: PROFESSIONAL

1. Understand the ethical, moral, and legal differences between a) treatment withdrawal/withholding, b) medical assistance in dying (MAiD), c) deep continuous palliative sedation.
2. Discuss limitations to the health care plan (such as advanced care directives and level of intervention).
3. Demonstrate awareness of one's own emotions and limitations related to end-of-life issues and know when and how to seek support.

CanMEDs Objective: HEALTH ADVOCATE

1. Recognize the social, spiritual, and psychosocial impact of a life-threatening illness on the patient and the family.
2. Identify determinants of health and risk factors for illness relevant to the individual including demography, culture, socioeconomic status, race, ethnicity, gender, sexual orientation, and circumstances of living.
3. Recognize the needs of bereaved families.

CanMEDs Objective: MANAGER

1. Demonstrate understanding of when, why and how to refer a patient to palliative care.
2. Engage patients & their families in developing plans that reflect the patients' perspectives, health care needs, values & goals
3. Discuss care plans openly and effectively with patients and families.
4. Describe different models for end-of-life Care.

CanMEDs Objective: COLLABORATOR

1. Understand the importance of and be able to work with an interdisciplinary team.
2. Recognize and respect the distinct roles, responsibilities and competencies of other health care professionals in relation to their own.
3. Participate in shared decision-making and collaborate in meeting these shared goals.



4. Recognize the need for referral of patients to specialized care and interprofessional consultation and participation in integrating this input into patient care.
5. Work with others to promote understanding, manage differences, and resolve conflicts.
6. Understand different roles of family physicians, consultants and other health professionals in provision of end-of-life care.

Prerequisites

It is recommended that this elective take place following one of these core rotations: family medicine, internal medicine, geriatrics.

Recommended Reading

The "Palliative Medicine Case-Based Manual" is practical and easy to assimilate source of learning, and is the recommended text for rotation. The e=book version of the case-based manual can be found [here](#).