

Department of Medicine
Internal Medicine Residency Program Rotation Curriculum

I. Rotation Sites and Supervision

Rotation Name: Outpatient palliative care and hospice

Divisional Sponsor: Hospitalist program

Site: UCIMC and Vitas hospice

Rotation Faculty Director: Solomon Liao

Rotation Staff Coordinator: Noosha Eftekharian

Phone Number: 714-456-5726

Email: seftekha@uci.edu

Key Faculty Participating in the Rotation: Solomon Liao, Shiho Ito, Mudit Dabral, Chalat Rajaram, Rosene Pirrello

II. General Description of the rotation:

Site & Setting: UCI Palliative Care clinics and Vitas hospice

Types of Patients: ambulatory patients with serious and life threatening illnesses and terminal patients on hospice care

Mix of Diseases: cancer, end-stage organ diseases, degenerative neurological conditions, intractable pain or other intractable symptoms

Types of Clinical Encounters:

- ambulatory clinic appointments for pain and symptom management,
- ambulatory discussions of goals of care, care coordination and disposition in the clinic
- home hospice visits
- hospice visits in long-term care: nursing homes, board and cares and assisted living

General Description of the Educational Environment:

The resident will spend half their time in our palliative care clinic and half the time at hospice. Our clinic mostly provides interdisciplinary pain and symptom management for patients with serious illnesses who are still ambulatory. We also engage in advance care planning and care coordination. On the hospice side, the residents will make house calls and hospice visits to facilities. They will make these visits jointly with a hospice staff and thereby learn how to function within an interdisciplinary team and provide care with nurses, social workers, and chaplains.

Specific Teaching Methods:

- “bedside” teaching in clinic with the attending, social worker, pharmacist and chaplain.
- Hospice interdisciplinary team meetings and committees.
- “Bedside” interdisciplinary teaching during home visits and “feedback” teaching and supervision by hospice attendings after the visits.
- Didactic lecture series at Vitas

Conferences & Tools: ethics journal club and monthly case conference

III. Daily (or other appropriate) Schedule, Including Conferences, Rounds, & Clinics

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Cancer Center Clinic	Hospice	Cancer Center Clinic	Heart failure clinic	Cancer Center Clinic
PM	Cancer Center Clinic	Hospice	Hospice	Hospice	Hospice

IV. General Goals of the Rotation (no more than 3)

- Provide pain and symptom management for patients with serious and life threatening illnesses in an ambulatory clinic setting
- Coordinate care for patients with serious and life threatening illness at home or in a long-term care setting
- Work with an interdisciplinary hospice team to provide end of life care to terminal patients

V. Specific Objectives of the Rotation (As many as appropriate)

The resident will be able to

1. Identify sources and causes of pain using the biopsychosocial model
2. Differentiate opioid responsive vs. opioid refractory pain
3. Initiate opioid management
4. Utilize non-opioid pharmacological analgesic treatments
5. Implement non-pharmacological management of pain and other symptoms
6. Treat common symptoms in patient with chronic serious and life threatening illnesses
7. Identify barriers to hospice referral
8. Certify patients for hospice appropriateness
9. Work with an interdisciplinary team to provide hospice care to patients and families
10. Provide hospice care to patients in long-term care facilities
11. Identify administrative advantages and disadvantages to how hospice is set up and its impact on patient and family care

VI. Levels of Responsibility (Choose the levels that apply. Must always include faculty & resident)

A. Faculty

1. Provide clinical supervision of resident's patient care
2. Provide didactic teaching
3. Coordinate learning experiences for the resident with other team members
4. Complete a written evaluation for the resident
5. Provide face to face feedback to the resident

B. Senior Residents

1. Report directly to the supervising attending physician after every patient encounter
2. Write a note for every patient encounter and submit it to the attending for review
3. Interact professionally with all team members

VII. Competencies & Demonstration of Competence (Top Row of Tools Can Vary)

	CEX	Chart Review	Written Exam	PBL Exercise	Oral Report	Video CEX	Patient Satisfaction	Peer review
Knowledge		X			X			
Patient Care		X			X			
Communication		X			X			
Practice-based Learning		X			X			
Professionalism		X			X		X	
Systems-Based Practice		X			X			
Teaching Skills					X			
Organizational Skills		X			X			

VIII. Specific Topics That Must Be Addressed During this Rotation

- Physical, psychosocial, and spiritual/existential sources of pain
- A comprehensive whole person and family unit approach to patient care that requires an interdisciplinary team
- Use of non-pharmacological pain and symptom management
- Use of non-opioid pain management
- A mechanism approach to symptom management
- Impact of barriers to hospice referral and need for appropriate and timely referrals to hospice
- Prognostication of terminal illness
- Differences in providing care in long-term care facilities vs. home
- Advantages of home care
- Different options and levels of home care

IX. Procedures

- Procedures or Lab Tests that the Resident Should Be Able to Perform: none
- Procedures or Lab Tests that the Resident Should Feel Comfortable Ordering or Interpreting
 - Chest X-ray
 - Spine MRI
 - Abdominal X-ray
 - 12 lead EKG

X. Evaluation Tools & Policies

- 360 degree evaluations by interdisciplinary team

XI. Suggested Reading & Study Materials

A. Books

B. Articles

- Scheffey C, Kestenbaum MG, Wachterman MW, Connor SR, Fine PG, Davis MS, Muir JC. Clinic-based outpatient palliative care before hospice is associated with longer hospice length of service. *J Pain Symptom Manage.* 2014 Oct; 48(4):532-9. PMID: 24680626

- Hui D, Meng YC, Bruera S, Geng Y, Hutchins R, Mori M, Strasser F, Bruera E. Referral Criteria for Outpatient Palliative Cancer Care: A Systematic Review. *Oncologist*. 2016 Jul; 21(7):895-901. PMID: 27185614
- Schenker Y, Crowley-Matoka M, Dohan D, Rabow MW, Smith CB, White DB, Chu E, Tiver GA, Einhorn S, Arnold RM. Oncologist factors that influence referrals to subspecialty palliative care clinics. *J Oncol Pract*. 2014 Mar;10(2):e37-44. PMID: 24301842
- Lutz S. The history of hospice and palliative care. *Curr Probl Cancer*. 2011 Nov-Dec; 35(6):304-9. PMID: 22136703

C. Websites (with links)

D. Guidelines – National hospice and palliative care organization guidelines for hospice eligibility

E. Other