

Department of Medicine

Internal Medicine Residency Program Rotation Curriculum

I. Rotation Sites and Supervision

Rotation Name: PALLIATIVE CARE MEDICINE

Divisional Sponsor: Hospitalist Program

Site	Faculty Supervisor	Administrator	Email	Phone
UCIMC	Solomon Liao, MD		ssliao@uci.edu	714-456-5003

Key Faculty Participating in the Rotation: Solomon Liao, Jamie Capasso, Kira Skavinski, Mudit Dabral, Alpesh Amin, and Shiho Ito

II. General Description of the rotation

Site & Setting: Inpatient – UCI medical center. This is a 3 week rotation.

Types of Patients: inpatients

Mix of Diseases: life-threatening illnesses, end-stage organ diseases, cancer

Types of Clinical Encounters: pain management, symptom management, goals of care

Specific Teaching Methods: didactics, case conference, bedside teaching, role modeling, teaching rounds

Conferences & Tools: case conference, pain conference, ethics journal club

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

- UCI Inpatient palliative medicine consultations – 5 days/week
- Ethics journal club – 1/month for 1.5 hour
- Clinic – 5 half days/week (optional)

IV. General Goals of the Rotation

Goal: To give the Internal Medicine resident an introductory experience in palliative medicine

V. Competency-based Objectives for the Palliative Care Rotation

Objectives: The resident will be able

- To identify various sources of suffering including physical, existential, psychological and social
- To titrate opioids effectively
- To select the appropriate opioid based upon the patient’s characteristics, co-morbidities and care setting
- To work effectively with an interdisciplinary team to provide comfort care to the patient and family
- To initiate treatment for opioid refractory pain
- To recommend appropriate types and levels of palliative care upon discharge from the hospital
- To address common ethical issues at the end of life
- To manage common symptoms of patients with life-limiting illnesses
- To discuss goals of care with a patient and family
- To develop comfort estimating prognosis

Competency-based Objectives for the Palliative Care Rotation

Patient Care	PGY1	PGY2	PGY3
Complete medical data base (H&P) relevant to palliative care and good patient care overall, especially with respect to pain and symptom management and end of life care.	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Diagnostic decision making based upon the best evidence, Coordinates decision –making with colleagues, patients, and families	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Involving patients in decisions about their care	Most of the time	All of the time. Competently conducts Family Meetings and involves all care givers in decision-making. Serves as mentor to junior residents	
Working with other health care professionals to ensure the best care	All of the time	Teaches junior residents and students and serves as a role model for communication and collegiality	
Teaching patients and families	Most of the time	All of the time. Consistently uses teamwork and team members ensure the highest quality of care and education. Uses the teach-back method to ensure understanding	
Patient triage and evaluation of severity	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Identification & intervention in psycho-social issues, including domestic violence & depression. Aware of care-giver fatigue	Most of the time	All of the time. Seeks out information. Serves as a role model for junior residents and students	

Medical Knowledge	PGY1	PGY2	PGY3
Medical illnesses and the management of pain, symptoms, and end-of-life care	Reporter & Interpreter	Manager & Educator. Serves as role model and teacher especially in the psycho-social aspects of this discipline.	Competent to practice independently at the level of a well-trained general internist
Complete differential diagnoses	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Epidemiology & biostatistics	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Research design		Competent in basic issues	Competent in basic issues
Ambulatory medicine	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
ICU Medicine	Reporter & Interpreter	Manager & Educator, especially as it relates to decisions around end-of-life	Competent at the level of a well-trained internist
Recognizing own limitations	All of the time		

Practice-based Learning	PGY1	PGY2	PGY3
Takes advantage of patient care to read & learn	Consistently	Consistently	Consistently
Use of medical information resources &	Consistently	Consistently	Consistently

search tools			
Inspiring others to use Evidence-based resources and make EBM-based decisions	Basic understanding	Consistently	Consistently
Applying critical appraisal techniques consistently to patient resources used for patient care	Basic understanding	Consistently	Consistently

Interpersonal & Communication Skills	PGY1	PGY2	PGY3
Creates personal relationships with each patient by appropriately engaging them at each encounter	Most of the time	All of the time	All of the time
Use of verbal & non-verbal facilitation	Most of the time	All of the time	All of the time
Consistently demonstrate appropriate empathy & good listening skills	All of the time	All of the time	All of the time
Respectful communication with colleagues & other professionals	All of the time	Monitors junior residents and students. Especially cognizant of the special role of the palliative care physician in coordinating care and decision-making	
Involve patients & families in discussions about care. Patient education.	Most of the time	All of the time. Skilled in conducting the Family Meeting and mentoring junior residents in the Family Meeting	
Ensures the best possible care	All of the time	All of the time	All of the time
Enlists patients & families in health care decisions, including their feedback	Most of the time	All of the time	All of the time
Accepts & integrates feedback from faculty & peers	All of the time	All of the time	All of the time
Always sits down at the bedside to speak with patients.	All of the time	All of the time	All of the time

Professionalism	PGY1	PGY3	PGY3
Altruism: patients needs above their own	Most of the time	Most of the time	Most of the time
Confidentiality (including HIPAA)	All of the time	All of the time	All of the time
Ethical behavior	All of the time	All of the time	All of the time
Commitment to excellence	All of the time	All of the time	All of the time
Sensitivity to age, gender, gender-preference, ethnicity, culture & disability	Most of the time	All of the time	All of the time
Awareness of duty hours, fatigue in myself & others, & other outside stresses, including substance abuse & finances	All of the time	All of the time	All of the time
Commitment to education & to learning	All of the time	All of the time	All of the time
Personal insight & self-reflection	Most of the time	All of the time	All of the time
Completion of assignments	All of the time	All of the time	All of the time
Timely response to pages	All of the time	All of the time	All of the time
Timely completion of medical records	All of the time	All of the time	All of the time
Conference attendance	Meets requirements	Meets requirements	Meets requirements
Hand-offs and sign-outs	Consistently well presented	Consistently of the highest quality	Consistently of the highest quality
Leadership skills	Developing	Consistent	Consistent

Systems-based Practice	PGY1	PGY2	PGY3
Cost-effectiveness	Generally aware	Integrates into all plans	Integrates into all plans
Use of outside resources	Generally aware	Integrates into all	Integrates into all plans

		plans	
Use of case-management and coordination of care across medical disciplines and professionals	Very aware	Integrates into all plans	Integrates into all plans
Attention to quality, safety, and process improvement	Generally aware	Integrates into all plans	Makes these a top priority in all areas
Identification of systems issues that affect patient care, especially with regard to end-of-life care and symptom relief.	Developing	Consistently	Consistently
Use of the incident reporting systems to identify systems issues	Developing	Consistently	Consistently
Understanding of the business of medicine, health care systems, & public policy	Developing	Generally aware	Sophisticated understanding

Teaching Skills	PGY1	PGY2	PGY3
Commitment to teaching	Generally aware; expresses importance	Strong commitment	Strong commitment
Use of the microskills of teaching	Developing	Skilled	Skilled
Understanding of the teachable moment	Developing	Skilled	Skilled
Patience with learners	Developing	Skilled	Skilled
Conference presentation	Developing	Basic	Skilled
Patient education & adherence	Basic	Clearly competent. Clearly aware of requirements for patient and family education. Assess knowledge initially and uses the teach-back method to further assess knowledge. Demonstrates patients and persistence. Arranges for follow-up. Mentors junior residents.	

Organization Skills	PGY1	PGY2	PGY3
Patient care organization systems & practice	Uses systems	Fully integrated; multi-tasks easily	Fully integrated; multi-tasks easily
Ability to prioritize personal issues in accord with personal values & priorities	Basic understanding	Consistent focus	Consistent focus
Ability to help others get organized	Basic understanding	Advisor	Educator
Organizing for study, reading, & life-long learning	Conscious of necessity	Competent & committed	Competent & committed
Organizing teams to include & prioritize learning & teaching	Basic understanding	Competent & committed	Competent & committed
Organizing to obtain & prepare for careers or fellowships	Aware	Competent	Committed

VI. Levels of Responsibility

The resident will be under the direct supervision of the faculty and does not have any teaching responsibilities over any interns or students. The resident will interact with nurses, social workers, pharmacist and chaplains. Levels of responsibility will be the same for all residents at all levels. Only senior residents electively rotate on this service.

Residents will be responsible for comprehensive evaluation of patients in two spheres, as appropriate to each patient:

- a. Evaluation for Symptom Relief
- b. Evaluation for End-of-Life Care and Services

Senior residents will perform consults and co-manage patients with primary teams. Residents will also be responsible for providing critical appraisal of current literature and for teaching medical students on the service.

Attendings will be responsible for the overall educational milieu, for patient care, and for ensuring the quality of the educational process.

VII. Competencies & Demonstration of Competence

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

VIII. Specific Topics That Must Be Addressed During this Rotation

Pain management
 Symptom management
 Addressing goals of care
 Prognostication
 Levels of hospice care

IX. Evaluation Tools & Policies

Faculty will evaluate each resident's performance using the Competencies Evaluation Form and any special documents developed for the rotation. Faculty will provide formative, face-to-face feedback at the midpoint and end of each rotation.

Evaluation forms will be submitted to the Program Director for review by the Residency Oversight Committee (ROC; competency committee).

Residents will evaluate the rotation, their faculty attending and their peers on the rotation. Rotation Evaluations will be reviewed by the ROC and transmitted to the Division Chiefs.

X. Suggested Reading & Study Materials – provided to the residents

1. Temel JS, Greer JA, Muzikansky A, et al. Early Palliative Care for Patients with Metastatic Non-small Cell Lung Cancer. *NEJM* 2010; 363(8):733-42.
2. Quill TE, Arnold RM, Back AL. Discussing Treatment Preferences with Patients who Want “Everything.” *Ann Intern Med* 2009;151:345-9.
3. Schenker Y, Smith AK, Arnold RM, Fernandez A. “Her Husband Doesn’t Speak Much English”: Conducting a Family Meeting with an Interpreter. *J Palliat Med* 2012; 15(4): 494-8.
4. Billings JA. The End-of-Life Family Meeting in Intensive Care Part 1: Indications, Outcomes, and Family Needs. *J Palliat Med* 2011; 14(9): 1042-50.
5. Billings JA. Part II: Family-Centered Decision Making. *J Palliat Med* 2011; 14(9): 1051-7.
6. Billings JA, Block SD. Part III: A Guide for Structured Discussions. *J Palliat Med* 2011; 14(9): 1058-64.
7. Arnold RM, Quill TE. Hope for the Best, and Prepare for the Worst. *Ann Intern Med* 2003; 138(5): 439-43.
8. Hallenbeck J, Arnold RM. A Request for Nondisclosure: Don’t Tell Mother. *J Clin Onc* 2007; 25(31): 5030-4.
9. Mitchell SL. A 93 Year-old Man with Advanced Dementia and Eating Problems. *JAMA* 2007; 298(21):2527-36.

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