

**Palliative Care Consultative Service
Inova Fairfax Medical Campus
Internal Medicine Residency Program**

Course Director: Dr. Erica Schockett

Educational Purposes and Goals:

Develop an understanding of the role of palliative care in early disease management as well as advanced disease.

- 1) Develop expertise in managing symptoms associated with disease at all stages of illness and in a population of patients with a wide variety of diseases.
- 2) Develop expertise in communication and collaboration with hospital staff, referring physicians and patients and families to develop appropriate plans of care for the individual patient and family.
- 3) Demonstrate thoughtfulness and careful determination of appropriateness of diagnostic tests, therapeutic interventions, and medications and how they align with or advance the plan of care.
- 4) Become proficient in assessing difficult ethical situations.
- 5) Enhance understanding of an interdisciplinary team- the roles, diverse views and team dynamics
- 6) Appreciate Cultural awareness/ Diversity- with patients and staff especially with communication around serious illness and end of life care.
- 7) Consultant Etiquette
- 8) Overview and improved competency in Pain and non-pain Symptom management- become familiar with pharmacologic and non-pharmacologic interventions for pain, dyspnea, constipation, nausea/ vomiting, fatigue, anorexia and delirium
- 9) Become more proficient and confident in Communication Skills with special focus on Family meetings, team meetings, collaboration with primary care and subspecialists.
- 10) Understand Hospice and Palliative Care services inpatient and in the community.
- 11) Recognize signs and symptoms of imminent death, use comfort care order sets
- 12) Become more proficient and confident in withdrawal and withholding of life support and life prolonging measures.

Principal Teaching/Learning Methods

- a. *Supervised patient care:* This rotation will include inpatient palliative care consults. The attending physician may direct the resident to perform new inpatient consultation and/or follow up consultations based on his or her discretion. Patients will be seen and examined by the resident, who will formulate a hypothesis and a treatment plan and present it to the attending faculty. Both the resident and attending will examine the patient and discuss the plan of care.
- b. *Didactics/Small group sessions*
 - i. Didactics-Attendance at lectures given by Palliative care as well as participation in ward-based education
 - ii. Resident will be expected to present at least one topic per rotation to the interdisciplinary team at morning meeting.

- iii. The resident will be provided a list of resources- literature to review before and during the rotation to aid in achieving the learning goals based on evidence-based medicine and best practice.
- iv. Attend noon conference, grand rounds and other regularly scheduled program didactics

Educational Content

- 1) Patient/Disease mix –In-patients at Inova Fairfax Hospital who are over 18 years old provide an ethnically diverse patient population with a broad array of common and rare diseases.
- 2) Learning venues
 - i) Inova Fairfax Hospital
- 3) Structure – The rotation is a two- or four-week block. Residents will not be on call for this service, although they may be on disaster call for the program during this elective. There are no weekend duties. Residents will continue to attend their continuity clinic during this rotation. Daily expectation and schedule are outlined below. Residents will never work more than 14 hours in a day and typically will work for approximately 10 hours per day, five days per week.

Daily expectations:

1. Arrive at the Palliative Medicine and Comprehensive Care office by 8:00 Monday through Friday (except on days for Outpatient Clinic and public holidays). Pre round or chart check all patients that were seen by the resident the day before.
Team meeting begins at 8:45 in the conference room to briefly discuss all patients and assign patients to each team member.
2. Residents will participate in new consultations and follow up patient visits with oversight and collaboration from the palliative care team. Case load must permit active effective engagement in patient care for all patients followed by the resident.
3. Resident will collaborate with other physicians and hospital staff, pharmacists, PT, RN, SW, etc. in assessing patient needs and providing recommendations for plan of care.
4. Attendance at appropriate meetings, tumor board, oncology grand rounds, ethics committee, grand rounds, will be discussed with the palliative care attending.
5. Identify the questions or learning agenda generated by your work with patients. Every day you will encounter patients with problems you will need to read about. Identify topics you want to discuss with the attending and set up dedicated time for such discussions.
6. Fairfax library has electronic access to a large number of journals and their librarians will help you do a search.

New consults –

The resident will be assigned consults to balance exposure to a diverse population of patients 18 years and older, including location in the hospital (ED, ICU, Oncology, Transplant service etc) and referral sources (Surgery, Hospitalists, subspecialists etc) and consult purpose (pain and symptom management, goals of care, withdrawal of life sustaining therapies).

When notified of a consult, the following steps are to be taken:

- a. Review the chart to gather background information.

- b. Speak with the referring physician to: Determine the concerns to be addressed. Have they discussed the consult with the patient or their family? Would they like us to write orders or leave recommendations? Would they like a return call after seeing the patient? You must speak with the attending physician also if different than the referring MD, to notify them of the consult and ask if there are any additional concerns.
- c. The resident will be supported by a PC attending in navigating conflict.
- d. If the family wishes to be present, arrange a time to meet.
- e. Introduce yourself as the resident on the palliative care team with Dr.XXX, who will be coming by later.
- f. Many patients and families do not understand what palliative care is, so inquiring about their understanding is appropriate. Explaining the term and the reason their physician requested input helps patients and can reduce anxiety. Discuss how you would do this with the Palliative Care Attending.
- g. Complete the interview and exam and review the case with the PC attending.
- h. If the patient is decisional, it is most often appropriate to ask if they would allow you to contact their family regarding your assessment and recommendations. If the patient lacks decision-making capacity, then you must contact their surrogate decision-maker.
- i. Write a note for each visit which will be reviewed and attested by the Attending. The initial consult includes a brief summary of the patient's history and condition, followed by Assessment and Recommendations. It is best to include a comment on the etiology of the symptom as well as the therapeutic options.
- j. Review your recommendations with the referring physician and attending if different. Include nursing, and case management when relevant.

Follow up visits – Will be assigned daily at team meetings. For continuity of care- Recommended that residents see at least 2 patients from the day before. Collaborate with attending to develop patient care coverage and determine most appropriate follow up. Include other members of the interdisciplinary team if needed- social worker, chaplain, life with cancer.

Review subsequent notes, diagnostics, PCA logs, pain logs, RN prn doses administered, and see the patient. Continue communication with patient's team. Document succinctly and learn use of time based billing. Coordinate with pall med attending for PC recommendations.

Methods of Evaluation

- 1) Residents will receive feedback as needed throughout the rotation. At the end of the rotation, the supervising palliative care faculty will complete a web-based evaluation (MedHub) and review with resident.
- 2) Residents will be asked to present to the palliative team with multiple options: 1) write a narrative or personal reflective story on their rotation 2) Journal Club presentation which can include a Palliative Care Fast Facts Article 3) Case presentation based on patient experience with appropriate literature review
- 3) Lectures will be evaluated by the supervising faculty immediately after the session, and will be part of the overall rotational evaluation.
- 4) Residents will also evaluate faculty and the rotation in an anonymous fashion (summarized annually in a composite form)

Learning Venues

1. Supervised patient care/Attending rounds for inpatients
2. Participation in Daily Palliative Huddles/Interdisciplinary Team Meetings
3. Didactic sessions on Pain/Communication
4. Lecture to palliative care group
5. Independent reading
6. Palliative Care Fast Facts

Methods of Evaluation

- A. Attending evaluation
- B. Direct observation with feedback
- C. Lecture evaluation
- D. In-training exam results for self-assessment

The following competency based objectives and evaluation methods are applicable to PGY2 and PGY3 level. It is expected that resident responsibility will increase progressively as appropriate.

Competency: Patient Care	Learning Venues	Evaluation Methods
Demonstrate ability to take a comprehensive history in patient with chronic disease requiring active symptom management	1,2	AB
Tailor history and physical exam skills to needs of patient and family as well as stage of illness	“	“
Competency: Medical Knowledge	Learning Venues	Evaluation Methods
Describe and recognize common pain syndromes – bone pain, plexopathies, peripheral neuropathies, spinal cord compression, acute and postherpetic neuralgia	1-6	A,B,C,D
Understand the principles of pharmacologic pain management including NSAIDs, steroids, opioids, and adjuvant drugs	“	“
Opiate management: <ul style="list-style-type: none"> • Lists the indications, clinical pharmacology, alternate routes, equianalgesic conversions, appropriate titration, toxicities, and management of common side effects for opioids • Describes opioid prescribing, monitoring of treatment outcomes, and toxicity management in chronic, urgent and emergency pain conditions 	“	“
Describe assessment methods and treatments for	“	“

common non-pain (physical and psychiatric) symptoms of advanced disease including but not limited to: dyspnea, nausea and vomiting, constipation, diarrhea, delirium, anorexia, depression, anxiety, delirium		
Competency: Interpersonal and Communication Skills	Learning Venues	Evaluation Methods
Interact in an effective way with physicians and nurses participating in the care of patients requiring palliative care consultation or care (including physicians requesting consultation, fellows, attendings, medical students, and clinic staff personnel)	1, 2	AB
Show understanding of patients dealing with chronic and multisystem diseases including in end-stage form.	“	“
Competency: Professionalism	Learning Venues	Evaluation Methods
Treat team members, primary care-givers, and patients with respect	1,2	AB
Actively engage in the academic process	1-6	A-D
Attend and participate in all scheduled conferences and meetings	2,3,4	A-C
Describes ethical and legal issues in palliative care and their clinical management as well as discusses ethical principles and frameworks for addressing clinical issues	1,2	AB
Competency: Practice-Based Learning		
Identify limitations of medical knowledge in evaluation and management of patients with chronic or end-stage diseases and use medical literature (primary and reference), colleagues, attendings, and ancillary staff to address these gaps in medical knowledge	1-6	A-D
Competency: Systems-Based Practice	Learning Venues	Evaluation Methods
Coordinates, orchestrates, and facilitates key events in patient care, such as family meetings, consultation around goals of care, advance directive completion, conflict resolution, withdrawal of life-sustaining therapies, and palliative sedation, involving other team members as appropriate	1-6	ABC