

**University of Michigan Health System  
Internal Medicine Residency**

**Palliative and Hospice Care: Elective Rotation Curriculum**

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**Rotation Goals and Educational Purpose**

Internists must provide compassionate, individualized care for dying patients. The special needs of dying patients and their families are best addressed through dedicated training under the direction of experienced hospice faculty. During this block rotation, residents are introduced to multidisciplinary care for dying patients and their families.

This rotation is elective, available for residents at the HO2/3 levels.

**Rotation Competency Objectives**

In supplement to the University of Michigan Longitudinal Learning Objectives, the following provide an overview of the knowledge, skills, and behaviors promoted in this rotation.

- I.** Patient Care and Medical Knowledge
  - a. Core Knowledge – By completion of the rotation, residents should
    - i. Understand indications and eligibility guidelines for hospice care.
    - ii. Recognize and understand the stages of the dying process as needed to assist patients moving through these stages.
    - iii. Describe assessment methods and treatments for common physical symptoms of advanced disease – pain, dyspnea, nausea, vomiting, constipation, diarrhea, delirium, anorexia.
    - iv. Describe assessment and treatment of psychiatric symptoms associated with advanced disease - depression, anxiety, delirium, dementia.
    - v. Describe and recognize common pain syndromes - bony metastases, plexopathies, peripheral neuropathies, epidural metastases/spinal cord compression, acute and postherpetic neuralgia, migraine headaches, muscle spasms.

- vi. Understand the indications, limitations, side effects, and technical aspects of pharmacologic pain management including:
  - 1. the WHO ladder
  - 2. NSAIDS and steroids
  - 3. Opioids, including dosage titration, drug conversion, and management of side effects.
  - 4. Adjuvant drugs (e.g. anticonvulsants, antidepressants, antineoplastic therapies)
- vii. Understand appropriate use of nonpharmacologic pain treatment modalities
  - 1. Physical (e.g. cutaneous stimulation – massage, TENS, acupuncture)
  - 2. Psychosocial (e.g. relaxation and imagery, distraction and reframing, patient education, psychotherapy and structured support, hypnosis, peer support groups, pastoral counseling)
- b. History, Physical Examination, and Medical Management
  - i. Write a terminal condition hospice admission note or consultative care note focusing on palliative care needs, including relevant psychosocial needs and goal setting. Include documentation of reasons for hospice appropriateness using “Medical Guidelines for Determining Prognosis in Selected Non-Cancer Diseases” if appropriate.
  - ii. Construct an appropriate comfort care plan for symptoms encountered by patients in hospice or palliative care.
  - iii. Perform an accurate assessment, initial and ongoing, of pain, using appropriate techniques to assess the adequacy of pain management, including patient and family satisfaction.
  - iv. Under supervision, provide symptomatic palliative care reflecting the above core knowledge.

## **II. Interpersonal and Communication Skills**

- a. Establish rapport with dying patients and their families or surrogates, using patient-centered communication to enhance the physician-patient relationship.
- b. Adapt history-taking skills to the mental status, demeanor, and psychosocial presentation of the patient and family.
- c. Engage patients and their families or advocates in shared decision-making regarding treatment options in the end of life setting, utilizing family group discussions as needed.
- d. Under supervision, successfully negotiate appropriate communication for most “difficult” encounters, such as the despondent patient or family.
- e. Effectively and considerately communicate with palliative care and hospice team staff in a manner that promotes care coordination.
- f. When functioning as a consultant, communicate with referring physicians in a manner that supports the primary care relationship.

## **III. Professionalism**

- a. Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all dying patients and their families.

- b. Appreciate the effects of cultural and religious background on a patient's approach to decision making, to their disease, and to treatment.
- c. Recognize the importance of psychological and spiritual support for patients and their families during the dying process.
- d. Reflect awareness of common ethical issues facing patients, their families and caregivers related to end of life care.
- e. Sensitively respond to patient and family questions and decisions regarding advanced directives, DNR status, futility, and withholding/withdrawing therapy.

**IV. Practice-Based Learning and Improvement**

- a. Exhibit self-directed learning through patient-centered learning and independent use of recommended resources.
- b. Use information technology to access and retrieve materials for self-education. Utilize clinical practice guidelines and current literature to generate appropriate palliative care plans.
- c. Demonstrate improvement in clinical management of dying patients by continually improving palliative knowledge and skills during the rotation.

**V. Systems-Based Practice**

- a. Correctly complete death certificates under faculty direct supervision and authority.
- b. Demonstrate understanding of a spectrum of palliative care delivery systems, including residential hospice facilities and home hospice resources.
- c. Participate within multidisciplinary care, including hospice nurses, chaplains, social workers and other providers in team settings.
- d. Provide cost effective care, cognizant of the limitations of hospice funding.

**Teaching Methods**

**I. Supervised Patient Care**

- a. The emphasis of this rotation is on experiential learning through supervised management of terminal care patients. Patient care experiences rotate between outpatient palliative care clinic, inpatient palliative care consultation service, inpatient hospice wards, and outpatient hospice services. During inpatient services (consultation or hospice ward), residents perform initial evaluations and daily management care under the supervision of a faculty physician. During palliative care clinic, residents perform focused evaluation and management care under attending physician supervision. During outpatient hospice services, residents provide care within a multidisciplinary team led by a nurse practitioner. Patient-centered, case-based faculty discussions review each patient. Residents interact with nursing, fellows, chaplains, social workers, and medical students while providing patient care; residents should consider all such interactions as opportunities for education. Patients present from a broad range of socioeconomic backgrounds.
- b. Specific training sites include:
  - i. Ann Arbor VA (25-50%)
    - 1. Palliative Care Clinic
    - 2. Palliative Care Consultation inpatient service

3. Inpatient Hospice service
- ii. University Hospital (25-50%)
  1. Hospice and palliative care consults
- iii. Arbor Hospice [2366 Oak Valley Drive, Ann Arbor  
<http://www.arborhospice.org/>] (25%)
  1. Inpatient hospice unit – a 24 bed unit
  2. Outpatient hospice service

## II. Structured Didactics and Small Group Learning

- a. Palliative Care Lecture: Thursdays at noon
- b. Schwartz rounds are scheduled monthly; check with your fellow for the next scheduled date and time.

## III. Independent study

- a. Clinical practice guidelines
  - i. National Comprehensive Cancer Network clinical guidelines on palliative care: sign up for a free 30 day trial access to the guidelines at [http://www.nccn.org/professionals/physician\\_gls/f\\_guidelines.asp](http://www.nccn.org/professionals/physician_gls/f_guidelines.asp)
- b. General websites
  - i. American Academy of Hospice and Palliative Medicine: <http://www.aahpm.org/>
- c. Core clinical journals, with free access available through the Taubman Medical Library: American Journal of Hospice and Palliative Care
- d. Other online resources
  - i. Medical College of Wisconsin's End of Life / Palliative Education Resource Center (EPEC) has a wealth of educational content: <http://www.eperc.mcw.edu/>
  - ii. The University of Maryland School of Medicine hosts an online course for medical residents in End-of-Life and Palliative Care. The course covers content on 1) pain management, 2) management of non-pain symptoms, 3) communication, 4) psychosocial, cultural, and spiritual issues, 5) legal and ethical issues, and 6) hospice care. Access the curriculum by registering at: <http://134.192.120.12/canRes/htdocs/login.asp>
  - iii. Stanford "End of Life Online Curriculum" modules are provided by the US Veterans Administration and SUMMIT. The online course includes comprehensive content and clinical cases. The course is freely available at: <http://endoflife.stanford.edu/>
  - iv. Death and dying is approached in a thought-provoking documentary produced by Bailey Barash, a freelance television producer and journalist. The video, "203 Days" chronicles the death of Sarah, age 89. Consider the associated discussion questions on the website before and after viewing the 27 minute long video (which can be started and stopped as needed.) <http://fitsweb.uchc.edu/Days/days.html>
  - v. Johns Hopkins Internet Learning Center palliative care modules are available to all Michigan residents using their ambulatory care login (select from the list of "Available Modules"): <http://www.hopkinsilc.org/>

## ***Rotation Schedule***

*First day protocol:* Email Dr. Susan Urba **in advance** of the rotation to identify your individualized schedule and to arrange a meeting time. Schedules are prepared for each individual resident, based on faculty and resident schedules. Page Dr. Urba for any concerns.

*Call duty:* No in house call. Call from home with faculty back-up can be arranged once weekly.

*Weekend duty:* none

*Continuity Clinic:* General medicine continuity clinic continues during this rotation, one half-day weekly. Discuss your continuity clinic schedule with your attending and fellow.

Teaching sites and clinics will be distributed as an individual schedule. Conference participation includes:

	Monday	Tuesday	Wednesday	Thursday	Friday	Sa/Sun
AM	10:30 Morning Report	10:30 Morning Report	10:30 Morning Report	10:30 Morning Report	10:30 Morning Report	No duties
PM	12:00 Noon Conference		12:00 Noon Conference	12:00 Palliative Care Lecture (or residency Noon Conference)	12:00 Grand Rounds	

## **Evaluation Methods**

Formative face-to-face feedback to residents by attendings occurs at mid-month. Each month, attendings complete online competency-based evaluations of each resident. The evaluation is shared with the resident, is available for on-line review by the resident at his/her convenience, and is sent to the residency office for internal review. The evaluation is part of the resident file and is incorporated into semiannual performance reviews for directed resident feedback. Residents also complete a service evaluation of the rotation faculty monthly.