

Hospice and Palliative Care Curriculum

Goal

Palliative medicine is the study and management of patients with active, progressive life-limiting illness who have elected to focus their care on improving their remaining quality of life rather than prolonging life. The emphasis is on advanced planning and continuous care rather than diagnosis and treatment. Care is directed toward addressing suffering, both in the form of treating the patient's physical symptoms as well as meeting the psychosocial and spiritual needs of the patient and family. Care often takes place at home, involving an intimate interaction with both patient and family caregivers.

Proficiency in palliative care involves developing a unique set of competencies to focus on quality of life and the whole patient. Effective management of patient issues is complex and managed by an interdisciplinary approach. Rotation on the Hospice and Palliative care rotation will provide training for the resident to (1) develop an understanding and a sense of compassion for patients and families facing a life-limiting illness, (2) understand hospice services and eligibility, (3) develop competence in pain and symptom management at the end of life, (4) understand the use of spirituality in providing physical and psychological care to patients and family as well as professional support for the physician, (5) become familiar with working as part of a hospice multidisciplinary team, (6) gain experience in providing care in the home, and (7) gain experience in guiding patients and families through the stages of death and providing bereavement support, and (8) appreciate the ethical and legal complexities of end-of-life care.

Objectives

Patient Care

- I. Provide patient care that is compassionate, appropriate and effective for the treatment of hospice patients.

Medical Knowledge

- I. Develop the knowledge and skills to obtain a focused history and physical on new hospice patients or patients with symptoms.
- II. Become competent in developing a treatment plan for hospice patients.
- III. Conduct follow-up via telephone and home visits with a hospice nurse.
 - a. Handle phone requests from the hospice team regarding resident patients.
 - b. Fill out and sign the death certificate after review by the attending.
 - c. Attend the funeral of resident patients or call the patient's family within one week of the date of death for bereavement follow-up.
- II. Develop an approach to managing the following common symptoms:
 - anorexia

- bowel obstruction
 - constipation
 - delirium
 - depression
 - dyspnea
 - edema/ascites
 - fatigue
 - nausea
 - pain
- III. Recognize sources of stress for caregivers providing palliative care.
 - a. Identify signs of caregiver burnout.
 - a. Become familiar with community resources to provide coping strategies.
 - II. Become competent in pain management.
 - a. Use standardized scale to assess pain (intensity and type – neuropathic, somatic, visceral, spiritual and psychological)
 - b. Identify pharmacologic and nonpharmacologic options for pain control.
 - c. Understand pharmacologic properties of narcotics including short versus long-acting regimens, options for route of delivery, calculation of escalating doses and breakthrough dosing, equianalgesic potentials and conversion from one drug to another
 - d. Become familiar with adjuvant therapies.
 - e. Understand the side effects of pain alleviating drugs
 - f. Understand concepts of addiction and tolerance in the hospice setting.
 - II. Recognize symptoms and signs of imminent death and comfort measures appropriate to that time.
 - a. Understand the legal and ethical issues involved in withdrawing or withholding fluids and feeding.

Practice-Based Learning and Improvement

- I. Be able to access clinical practice guidelines to help improve patient care.
- II. Be aware of community resources to address care-giver needs including grief counseling, coping strategies, and additional home support.
- III. Review charts of patients with life-limiting illnesses for consideration for hospice referral.

Interpersonal and Communication Skills

- I. Communicate with hospice patients and family caregivers in a compassionate, culturally-sensitive manner to enrich interactions.
- II. Become familiar with strategies for broaching difficult subjects/delivering bad news.
- III. Become an active listener.

- IV. Ensure charting is legible, thoughtful, complete and timely to facilitate communication within the hospice team.

Professionalism

- III. Act as a team leader to establish care plans for hospice patients.
- IV. Understand impact of choosing hospice on patient and family.
- III. Respect patient wishes to explore alternative therapies to reduce symptoms, including music therapy, acupuncture, aromatherapy, meditation, and special diets.
- IV. Respect patient confidentiality.

Systems-Based Practice

- I. Communicate with primary care physician to effectively transition patient to hospice.
- II. Interact with hospice team, including faculty attending, medical director, hospice nurse, social worker, chaplain and family care givers to meet medical, psychological, social and spiritual needs for end-of-life care.
- III. Recognize what Medicare hospice benefit covers and its regulations.

Teaching Methods

- I. Attending supervision of resident activities in patient care
- II. Teaching rounds
- V. End of Life Issues noon conference series
- IV. Recommended reading

Resident Evaluation

- I. Attending feedback to residents on strengths and weaknesses throughout the rotation
- II. Attending written evaluation of residents at the end of the rotation
- III. Mini-CEX bedside evaluation tool
- IV. 360 evaluation by family, hospice nurse, social worker and chaplain.

Resources

American Academy of Hospice and Palliative Medicine's Hospice and Palliative Medicine Core Pocket Guide to Hospice/Palliative Medicine

On-line Resources

- UptoDate
- MDConsult
- American Academy of Hospice and Palliative Medicine - www.aahpm.org