

NAME OF ROTATION: IM Palliative Care

FOCUS OF THIS ROTATION

The goal of this elective rotation is to provide the Internal Medicine trainee with the opportunity to develop competencies in the assessment and management of patients requiring palliative care. This rotation can be completed by residents in PGY2 and PGY3 in the Internal Medicine training program. The goals listed will be completed, in part, during the subspecialty rotation. Completion of all goals is expected by the end of the PGY3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize goals during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY2
- PGY3

Locations for rotation:

- SHS-BPH
- UHN-TGH
- UHN-PMCC

Required training experiences included in this rotation: indicate all that apply

- **Required training experiences (Core of Discipline = PGY2s and PGY3s)**
 - COD 1 Clinical training experiences:
 - 1.1.1 Palliative care inpatient service
 - 1.1.2 Ambulatory care: clinic and/or day hospital.
 - 1.1.3 Service providing Palliative care consultation to other disciplines or to medical subspecialty inpatient units
- **Other training experiences (Core of Discipline = PGY2s and PGY3s)**
 - COD 4 Methods of delivery of internal medicine care
 - 4.4.2 Interprofessional ambulatory care

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
CORE OF DISCIPLINE (COD) PGY2 AND PGY3	
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	Optional
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	Optional

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
CORE OF DISCIPLINE (COD) PGY2 AND PGY3	
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	Optional
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	Optional
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	Optional
COD 5 Performing the procedures of Internal Medicine	Always do when you can
COD 6 Assessing capacity for medical decision-making	1
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	1
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Always do when you can
COD 9A Caring for patients at the end of life: Part A: Symptom Management in End of Life Care	1
COD 9A Caring for patients at the end of life: Part B: Discussion about transition away from disease modifying treatment	1

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Perform a comprehensive palliative care consultation, including assessing history, physical, social, psychological, spiritual and functional parameters.	Medical expert
2.	Formulate an appropriate plan for the investigation and treatment (including pharmacological and non-pharmacological treatments) for common symptoms in palliative care patients..	Medical expert
3.	Develop a patient-centered, evidence-based, cost-effective approach to the management of patients requiring palliative care.	Medical expert
4.	Apply knowledge of unique aspects of pharmacotherapy in the patient requiring palliative care.	Medical expert
5.	Demonstrate an ability to work with the patient and family to establish patient-centered goals of care.	Communicator
6.	Participate in interdisciplinary care of patients, including family meetings.	Communicator
7.	Collaborate appropriately with other MRP, consulting and allied health care teams involved in the patient's care when formulating a care plan.	Collaborator
8.	Appreciate palliative care resources available for disposition planning.	Leader
9.	Identify and engage in opportunities to optimize alignment of care plan and patient's goals and values.	Health Advocate
10.	Demonstrate an understanding of the evidence base for palliative care in the literature.	Scholar

Royal College Internal Medicine Competencies emphasized on the Geriatrics rotation.

Numbers refer to items identified in the Royal College Competencies document

End of life 1.4.13.7.

Symptoms

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for the following:

- Constipation 1.4.13.7.1.1.
- Delirium 1.4.13.7.1.2.
- Dyspnea 1.4.13.7.1.3.
- Nausea and vomiting 1.4.13.7.1.4.
- Pain 1.4.13.7.1.5.

Establishing management plan

- Assess the patient's capacity to make decisions about hi/her medical care 2.2.6 _
- Establish goals of care in collaboration with patients and their families¹, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation 2.3.
- Recognize and respond to changes in patient status that indicate a need to reassess goals of care 2.3.1.
- Identify and respond to symptoms affecting patient comfort 2.3.2.
- Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued 2.3.3.
- Understand principles of palliative care and medical assistance in dying (MAID) 1.4.13.7.3.2.

Communicate effectively with patients and their families about terminal illness and bereavement, including: 1.5.2.

- Care of the dying 1.5.2.1.
- Goals of care 1.5.2.2.
- Explore desire to die statements and navigate requests for medical assistance in dying 1.5.2.3
- Immediate aftermath of bereavement 1.5.2.4.
- Organ donation requests 1.5.2.5.
- Requests for postmortem autopsies 1.5.2.6.

Therapies 1.4.13.7.3.

Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients with geriatric conditions:

- Use of opioids and other medications 1.4.13.7.3.1.