

HOSPICE – PALLIATIVE MEDICINE

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General Description

Elective Rotation

A rotation in Hospice – Palliative Medicine is an elective experience available to Year III or IV students in the College of Osteopathic Medicine. This rotation is a two (2) week introductory, structured clinical experience under direct supervision, intended to develop the student's decision-making and cognitive skills and to assist the student in applying didactic material in a clinical setting.

This rotation may require patient evaluation and care in the following settings:

- Inpatient palliative medicine service
- Outpatient pain and palliative medicine clinic
- Palliative medicine consultation service
- Ancillary and home care settings
- Pain management consultation service
- Inpatient hospice facility
- Outpatient and home hospice

Definitions

The definition of Palliative Care and Hospice for the purposes of this clinical experience shall be:

- **Hospice and Palliative Care** is the active care of patients with advanced, progressive and incurable disease. Depending on the country, the meaning of Hospice varies from a philosophy of care to the type of setting where the care is provided.
- **Palliative Care** (WHO) is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
- **Palliative Care:**
 - ✓ provides relief from pain and other distressing symptoms;
 - ✓ affirms life and regards dying as a normal process;
 - ✓ intends neither to hasten nor postpone death;
 - ✓ integrates the psychological and spiritual aspects of patient care;
 - ✓ offers a support system to help patients live as actively as possible until death;

- ✓ offers a support system to help the family cope during the patient's illness and in their own bereavement;
- ✓ uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- ✓ will enhance quality of life, and may also positively influence the course of illness;
- ✓ is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Source: National Cancer Control Programmes: Policies and Managerial Guidelines, 2nd Ed. Geneva: WHO, 2002 (Accessed 4/12/2012)

Purpose

Clinical experiences are intended to assist the students' transition from didactics to integrated clinical evaluation, decision-making, and management of patients. In addition, the student should continue to develop skills in systematic clinical problem solving and patient management abilities, establish and reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

Course Objectives

General Overview

At the completion of this clinical rotation, the student should have reached certain broad educational goals, including:

- continued development of systematic medical problem solving, patient management abilities, and appropriate preventative medicine strategies in the context of a debilitating illness;
- expanded knowledge of both communicable and non-communicable diseases;
- improved clinical skills, including both diagnostic and therapeutic procedures

Learning Objectives

- Describe the philosophy, goals and practice of palliative medicine and hospice for patients facing life-threatening illness and their families.
- Compare and contrast palliative medicine and hospice care
- Demonstrate the ability to evaluate patients with life limiting disease using history and physical examination skills regarding pain and other distressing symptoms.
- Describe the process utilized by the interdisciplinary team and explain the roles of individual members of the team, including that of the physician
- Demonstrate the ability to explore the patient's goals of care and utilize them in formulating a plan of care that honors the patient's philosophy and values
- Develop in consultation with team members a basic treatment plan for patients with common symptoms encountered by patients with life limiting diseases
- Demonstrate knowledge of hospice eligibility and appropriateness for hospice referral
- Demonstrate basic knowledge of pain and symptom management, including clinical assessment tools and modalities of treatment
- List and utilize criteria in determining prognosis for patients with advanced medical conditions and explain the importance of conveying prognostic information to patients
- List and describe the four elements of total pain
- Describe multiple determinants of suffering

- Demonstrate knowledge and ability to discuss with patients/family members: advance directives, surrogate decision making, resuscitation status, artificial nutrition and hydration
- Demonstrate professionalism in personal appearance and behavior and in respect for patients, families and team members

TEXTS AND RESOURCES

Required Assignment Texts

Kasper, et al (eds), Harrison's Principles of Internal Medicine 18th Ed., McGraw-Hill, 2012. **Chapter 9 Palliative and End-of-Life Care** and **Chapter 81 Approach to the Patient with Cancer** ([Available through DMU Library Portal-AccessMedicine](#))

Optional Reference Texts

1. Walsh, D, et al. Palliative Medicine, Saunders, 2008. [Available through DMU Library Portal-MDConsult](#))
2. Eduardo, Bruera et al. Textbook of Palliative Medicine, Hodder Arnold, 2006.
3. Hanks, Geoffrey, Cherny, Nathan I., Christakis, Nicholas A., et al (Eds) Oxford Textbook of Palliative Medicine, 2011. New York: Oxford University Press
4. Watson, Max. et al. Oxford Handbook of Palliative Care. 2nd Ed., Oxford University Press, 2009
5. Goldman, Ann, Hain, Richard, and Stephen Lieben, Oxford Textbook of Palliative Care for Children, 2nd Edition, 2012. New York: Oxford University Press

Recommended Websites

1. American Academy of Hospice and Palliative Medicine- <http://www.aahpm.org/> (accessed 4/12/2012)
2. National Hospice and Palliative Organization- <http://www.nhpco.org/templates/1/homepage.cfm> (accessed 4/12/2012)
3. Growthhouse- <http://www.growthhouse.org/> (accessed 4/12/2012)
4. City of Hope Pain and Palliative Care Resource Center- <http://prc.coh.org/> (accessed 4/12/2012)
5. End of Life/Palliative Care Resource Center- www.eperc.mcw.edu (accessed 4/12/2012)
6. Onco-Talk <http://depts.washington.edu/oncotalk/> (assessed 4/22/2013)

READING ASSIGNMENTS

Supplemental readings may be assigned to address diseases and disorders of patients seen during the clerkship. During this rotation, the student must make continuing efforts to review and understand all material listed in order to be adequately prepared for licensure examinations and College evaluations and must do so by all means available.

Dependent upon student's interest/skills, and the clinical site, students may be expected and/or encouraged to develop or participate in a clinical project to enhance the following skills:

- Formulation of research questions
- Data collection
- Data analysis
- Presentation skills

ELECTRONIC RESOURCES

(All are available through DMU library portal)

Evidence-Based Medicine:

- **Cochrane Library for Evidence-Based Medicine**- The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making.
- **UpToDate**[®] - an evidence-based knowledge system authored by physicians to help clinicians make the right decisions at the point of care. All UpToDate content is written and edited by a global community of 4,800 physicians, world-renowned experts in their specialties..
- **Essential Evidence Plus**- A powerful resource packed with content, tools, calculators and alerts for clinicians who deliver first-contact care.
- **ACP Medicine**- ACP Medicine is a comprehensive, evidence-based reference for fast, current answers on the best clinical care.

Electronic Texts:

- **Palliative Medicine**- [MD Consult](#)
- **Cecil Medicine**-[MD Consult](#)
- **Harrison's Online**-[AccessMedicine](#)
- **Current Medical Diagnosis and Treatment 2012** -[AccessMedicine](#)
- **MD Consult**- Provides full-text access to approximately 40 medical textbooks, 50 medical journals, comprehensive drug information, and more than 600 clinical practice guidelines
- **eJournals A-to-Z**- Database provides link and coverage information to more than 124,000 unique titles from more than 1,100 database and e-journal packages.
- **The Medical Letter on Drugs and Therapeutics**- An independent, peer-reviewed, nonprofit publication that offers unbiased critical evaluations of drugs, with special emphasis on new drugs.

EVALUATION

At the beginning of the rotation, the physician/mentor should review expectations/guidelines of performance with the student. A mid-rotation evaluation is encouraged. On the last day of service, the supervising physician should review the student's performance with the student and have the student sign the evaluation form before submission. A student's signature simply indicates that the student has received a grade directly from the attending; it does not indicate agreement with the grade. Evaluations of students must be completed within two weeks of completion of the rotation.

Utilizing the vignettes at Onco-Talk (see recommended videos above) and the patient encounters during the clinical rotation, the student will submit a two page reflection paper to Debra Bustad, Administrative Assistant, Behavioral Medicine, Medical Humanities & Bioethics (debra.bustad@dmu.edu). There is *no* written post-rotation examination for this clinical rotation.