



PALLIATIVE CARE MEDICINE - HOSPICE CARE

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General Description

Elective Rotation

A rotation in Palliative Care Medicine- Hospice Care is an elective experience available to Year III or IV students in the College of Osteopathic Medicine. This rotation is a four (4) week introductory, structured clinical experience under direct supervision, intended to develop the student's decision-making, cognitive skills and to apply didactic material in a clinical setting. There is *no* post-rotation exam for the elective.

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

- Inpatient palliative care ward
- Outpatient pain and palliative care clinic
- Palliative care consultative service
- Ancillary and home care settings
- Pain management consultation
- Inpatient Hospice ward or center
- 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 or 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;
- an understanding of the health and wellness issues of underserved and indigent patients and populations;
- improved clinical skills, including both diagnostic and therapeutic procedures.

We recognize that four weeks is insufficient time to cover a comprehensive list of objectives; experience gained is dependent on the numbers of patients and types of disease. Nevertheless, certain minimum content **must** be addressed, either by clinical exposure or by didactic material to assist the student in preparing for Board examinations and other evaluations.

Objectives have been formulated with the goal of incorporating the seven Core Competencies of the Osteopathic Profession. It is assumed that appropriate increases in knowledge, skills and attitude/awareness will take place in each of these competencies. By the end of this clinical rotation experience, students will be able to:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- Utilize osteopathic principles and philosophy including the physical, emotional, social, psychological, economic, and environmental factors affecting the patient's health and disease.
- Integrate the osteopathic philosophy of wellness, holistic care, and prevention in patient care.
- Outline a plan of osteopathic manual treatment utilizing the appropriate modality (HVLA, muscle energy, facilitated release, Still techniques, etc).
- Carry out the treatment plan under the level of supervision available.

2. Patient Care

- Demonstrate knowledge and a student level of proficiency in evaluation of patients at the end of life, and patients with specific symptom palliation needs
- Perform a careful and complete history and physical, with emphasis on communication with the patient and/or his/her family about end-of-life issues such as advance directives and prognosis
- Develop a basic treatment plan for patients with common symptoms associated with lifelimiting illnesses
- Demonstrate knowledge of hospice, including the interdisciplinary meeting, and knowledge in determining a patients' eligibility and appropriateness for hospice referral
- Identify indications for transferring patients to the inpatient Palliative Care service

3. Medical Knowledge

- Acquire basic knowledge of the following topics:
 - Symptom evaluation and management:
 - Pain: The student should demonstrate a knowledge of pain evaluation and management, including knowledge of pharmacologic, complementary and anesthetic measures to manage pain
 - Dyspnea
 - Constipation and diarrhea
 - Nausea and vomiting
 - Anorexia and weight loss
 - Delirium and agitation, including terminal delirium
 - Anxiety and depression
 - End of life issues: ethics and communication
 - Breaking bad news
 - Advance directives
 - Resuscitation status
 - Artificial nutrition and hydration
 - Surrogate decision making
 - The family meeting
 - Prognosis
 - Chronic medical conditions
 - Patients near the end of life

4. Practice-Based Learning and Improvement

- Utilize available resources to assist in making both timely and appropriate diagnostic and management decisions during palliative care consultations
- Discuss outcomes of patient management plans with the attending physician
- Evaluate and target areas for self-improvement

5. Interpersonal and Communication Skills

- Identify the qualities of a good consultant, incorporating professionalism into the process. Such qualities include promptness, efficiency, courtesy and respect for colleagues. The student should demonstrate excellent communication skills, and the ability to correspond effectively with consulting clinicians and outside physicians
- Develop aptitude, sensitivity and comfort discussing patient care issues related to advanced disease, life limiting illness and end of life care with staff, patients, and families
- Demonstrate consciousness of and respect for cultural differences in response to severe illness and death
- Demonstrate consciousness of and respect for spiritual values held by patients and families

- Demonstrate awareness of their own reactions to grief and stress and discuss ways to deal with them
- Understand the value of and how to conduct a family meeting for discussion of goals of care

6. Professionalism

- Demonstrate respect for patients, families, and palliative care staff
- Professional appearance
- Promptness in arrival
- Demonstrating an eagerness for learning and self improvement

7. Systems-Based Practice

- Demonstrate an understanding of cost-effective, evidence-based medicine when treating palliative care patients
- Access appropriate interdisciplinary consultants for patient care
- Demonstrate proficiency at operating within the context of an interdisciplinary group managing patients
- Demonstrate cost efficiency in ordering tests and in discharge planning, and fundamental knowledge of hospice and other case management financial plans

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. Watson, Max. et al. *Oxford Handbook of Palliative Care*. 2nd Ed., Oxford University Press, 2009
3. Eduardo, Bruera et al. *Textbook of Palliative Medicine*, Hodder Arnold, 2006.

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)

POST-ROTATION EXAMINATION

There is *no* written post-rotation examination for this clinical rotation.

POST-ROTATION 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.

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.