

Palliative Care - Medicine Residency Curriculum

Educational Purpose

Palliative Care is a newly recognized subspecialty focusing on symptom control and supportive care for patients with advanced illness. This encompasses severe illnesses and/or chronic illnesses along with end-of-life issues. General internists, Internal Medicine subspecialists and all physicians deal regularly with patients in these situations. This rotation will provide a core base of knowledge and clinical skills to improve each learner's competencies and confidence in these cases. It will also help strengthen their physician-patient relationships and enhance personal satisfaction in chronic illness and end of life care.

Learning Venue

- A. Rotation Description: The Palliative Care rotation at University hospital involves being on an acute inpatient consultation service. Multiple services regularly are involved in palliative care. These include General Medicine, Cardiology, Nephrology, Pulmonary, Infectious Disease, Oncology, Neurology, Medical, Surgical and Neuro ICU services, the Burn service, Trauma Surgery, General Surgery, Otolaryngology, Orthopedic Surgery and Emergency Medicine.

The team includes our attending physicians, advance practitioners, social workers, and spiritual care support.

- Suman Swarnkar, MD - Director (315 464-6098)
- Gabriela Palacio, MD - Education Director (315 464- 6098)
- Natalie Mulholland is our administrative assistant (315 464-1952)

Inpatient Team: Suman Swarnkar, MD Tanya George, MD Gabriela Palacio, MD Kaylin Brainerd, NP Lisa Cico, NP Marijo DiMora, NP Kerry Goessling, NP Jennifer Helmer, NP Kelsey Marks, NP Maura Stanton, NP Tammy Root, NP Douglas Milano-Johnson, PA Brittany Root, LMSW Danielle Katanga, LMSW	Outpatient Team Emily Albert, MD Abha Harish, MD Silviu Pasniciuc, MD Denise Karsten, NP Tracey Gilgallon, LSW Spiritual Care Father Eric Malcolm, MDiv (In/outpatient) Rev. Perry Mouncey (In/Out Patient)
---	---

Rotating learners include pain fellows, nephrology fellows, geriatrics fellows, medicine residents, neurology residents, anesthesia residents, MSIV students and nursing students on electives. We also have occasional palliative care volunteers.

Rotation hours are Monday-Friday 8:30 AM- 5 PM. Rounds occur in the morning. The medical resident is expected to attend rounds, perform consults, and attend family and hospice meetings. The resident is expected to take an active role in the treatment and

management of patients. Active reading on current palliative care topics is required. In addition, the learner is expected to complete EPEC modules during this rotation.

An appreciation of the team approach to palliative care is vital. Part of the palliative care experience will be interactions with other team members such as the primary team and consultants, social workers and case managers, spiritual care providers, ethics consultants, and other consultants including physical and occupational therapy, the acute pain service, dietary services, respiratory therapists, pharmacists, and others.

At one of the palliative care meetings during the learners' rotation, it is expected that the learners will do a brief (10 to 15 minutes) presentation based on the patient issue encountered during the rotation.

There will be the need to do literature searches/check other resources on an ad hoc basis based on patient issues that arise.

Residents are expected to join the Center for Advanced Palliative Care at the beginning of the rotation.

B. Teaching Methods:

I. The primary method of learning on this rotation is being actively involved in direct patient care. There is also a PCS conference once a week (Thursday, 8:30- 9:30 am).

II. Unique learning opportunities:

- Weekly conference on palliative care issues
- Journal club every other month
- Ability to actively participate in many patient/family meetings involving goals of care, advanced directives, symptom control and hospice opportunities.

Patient characteristics: Expect to see patients of any age 18 years and up.

IV. Mix of disease/Core topics

- Common physical symptoms
- Pain management
- Depression, anxiety, and delirium
- Medications
- Sudden illness
- Medical futility
- Communicating bad news
- Advanced Planning
- Goals of care
- End-of-Life care
- Withholding/withdrawing care
- Care of the dying patient
- Last hours of living
- Hospice benefits
- Grief and bereavement issues
- Psychosocial issues
- Legal issues
- Coding and reimbursement

V. Procedure Skills

- Running family meetings
- PCA use.

Mandatory Reading

- Palliative Care Curriculum Modules from Center to Advance Palliative Care website
[Online Clinical Training Courses | CE credits | ABIM MOC credits | Center to Advance Palliative Care \(capc.org\)](#)

- Folder of materials (to be presented to the learner on the first day of the rotation)
- Recommended Reading: - Fast Facts website:
[Fast Facts - Palliative Care Network of Wisconsin \(mypcnow.org\)](#)

Evaluations

Evaluations are based on the six core competencies. The resident is evaluated by the Attending based on these attributes using the online evaluation system, MedHub. All residents should seek clear guidelines and expectations for reporting and learning at the beginning of their rotation. Residents should also seek verbal feedback after their first week.

Rotation-Specific Competencies

1. Patient care: At the end of the rotation the resident should be able to provide palliative care to patients with many different advanced illnesses and dying patients. This includes caring for the psychosocial and physical needs of the patient and their families. Improved skills in communication, decision making, management of complications and symptoms control will be achieved.
2. Medical Knowledge: To have completed the EPEC (Education of Physicians on End-of-Life Care) curriculum.
3. Professionalism, interpersonal and communication skills: The resident will improve their skills working directly with patient and families during highly stressful situations. They will see the benefits of patient and family meetings. They will develop whole patient assessment skills. They will develop skills utilizing other patient care providers, such as social work, chaplains, physical therapy, dietary, etc.
4. Practice-based learning: Be able to use the necessary tools to find the most effective and proven management plans for their patients.
5. Systems based practice: Be able to utilize services in a cost-effective manner, including understanding cost of hospice in the home setting, at a residential hospice or a skilled nursing facility. Additionally, residents will need to work closely with extended care providers, knowledgeable nursing staff, respiratory therapy and hospital administration.

Reviewed and Revised on: 06/01/2023 by: Suman Swarnkar, MD.