

Palliative Medicine Rotation Objectives

Anesthesia residents may take the opportunity to perform a rotation(s) in palliative medicine during their residency which will allow for a broad exposure to the care of terminally ill patients along with the numerous and often-times challenging problems. Due to the nature of the work in palliative care, the resident will find that many of the skills required to perform effectively during this rotation are very well representative of the goals and objectives associated with the CanMeds roles as established by the Royal College of Physicians and Surgeons of Canada.

Medical Expert:

The specialist trainee must be able to:

- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care
- Access and apply relevant information to clinical practice
- Demonstrate effective consultation services with respect to patient care, education and legal opinions
- Understand ethics, law and policy governing palliative care delivery in Canada

Symptom Management – Education will be based on clinical situations that present during the rotation.

Pain

- How to assess and treat different types of pain and pain syndromes associated with cancer
- The current theories on how cancerous growth excites a pain response
- The pharmacology of NSAIDs, opioids, and adjuvant drugs used in the treatment of pain
- About tolerance, physical dependence, addiction and routes of administration of opioids, especially morphine, hydromorphone and methadone
- About non-pharmacologic approaches to pain management including anesthetic and surgical options
- Demonstrate a clear understanding of the various interventional pain treatment options which includes indication, contraindications and complications

Dyspnea, delirium, nausea and vomiting, constipation, bowel obstruction, decubitus ulcers, anxiety, depression, etc.

- What is currently known about the pathophysiology and treatment of these different symptoms
- The common syndromes associated with cancer

Emergencies

- The management of hypercalcemia, severe dyspnea, severe pain, spinal cord compression, SVC syndrome, pathologic fractures, seizures and hemorrhage in the palliative setting.

Communicator:

- Establish therapeutic relationships with patients/families

- Obtain and synthesize relevant history from patients/families/communities
- Listen effectively
- Discuss appropriate information with patients/families and the health care team

Psychosocial issues

- Communication
 - different techniques and approaches for communicating distressing information to patients/families
 - to work in an interdisciplinary team with participation in rounds, team and family conferences and death reviews
 - to work with patients and families to determine appropriate goals of treatment for stage of disease
- Patient and family care
 - Issues related to outpatient management and management of symptoms in a home setting
 - Cultural/spiritual issues and alternative/unorthodox therapies as they relate to the palliative care situation
 - Issues related to bereavement of families and caregivers, including management of grief
- Recognize personal limitations – ask for assistance when exposed to new situations or information, whether it be ethical, clinical, investigational or management strategies

Collaborator:

- Consult effectively with other physicians and health care professionals
- Contribute effectively to other interdisciplinary team activities

Consultation

- Demonstrate timely and appropriate consultation skills directed towards various medical specialties including oncology, interventional radiology, orthopedics, as well as others

Multidisciplinary rounds

- Participate effectively in the numerous multidisciplinary rounds
- Recognize the importance of the contributions from various paramedical, psychosocial and spiritual experts

Manager:

- Utilize resources effectively to balance patient care, learning needs and outside activities
- Allocate finite health care resources wisely
- Work effectively in health care organization
- Utilize information technology to optimize patient care, life-long learning and other activities

Resource allocation

- Collaborate effectively with the various care coordinators in order to ensure that resources are used as efficiently as possible

Health Advocate:

- Identify the important determinants of health affecting patients
- Contribute effectively to improved health of patients and communities
- Recognize and respond to those issues where advocacy is appropriate

Health Advocacy

- Understand through observation the important role of health advocacy for patients that the physician plays at various levels of hospital administration and government

Scholar:

- Develop, implement, and monitor a personal continuing education strategy
- Critically appraise sources of medical information
- Facilitate learning of patients, house staff/students and other health care professionals
- Contribute to development of new knowledge

Medical information

- Demonstrate effective skills and techniques necessary to acquire information related to patient care from various sources including the library and internet based searches
- Will have the opportunity to present in an informal setting a topic of interest that is relevant to the delivery of palliative care

Professional:

- Deliver the highest quality of care with integrity, honesty and compassion
- Exhibit appropriate personal and interpersonal professional behaviours
- Practice medicine ethically, consistent with the obligations of a physician

Ethics

- Will be exposed to numerous ethical issues that will require careful attention and skill in order to manage these issues effectively

Compassion

- Recognize as with all areas of medicine the delivery of compassionate care is tantamount however during the terminal phase of illness these skills are of particular importance

Relevance to practice

- Anesthesiologists are often identified as pain and symptom control physicians. Their expertise may be requested to assist with patients dying in their community with controlled symptoms, even if they do not practice palliative medicine

- Many patients admitted to ICU do not survive, requiring delivery of palliative care principles in the ICU setting

Evaluation:

- Residents/fellows will be evaluated on their assessment and care of the patients, relationships with patients, families and interdisciplinary team members. The trainee will be required to present in an informal setting a topic of interest that is relevant to delivery of palliative care, at least one article for Journal Club. Attendance at weekly Palliative Care Rounds is encouraged.