



Division of Hematology and Hematologic Malignancies

Adult Hematology Residency Training Program

Goals & Objectives
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Palliative Medicine

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UNIVERSITY OF CALGARY PALLIATIVE MEDICINE ROTATION FOR HEMATOLOGY RESIDENTS

Palliative care, pain and symptom management and end of life decision making are critically important aspects of the care of patients with both malignant and non-malignant Hematologic disease. The Palliative Medicine rotation is an elective clinical rotation with teaching provided by the faculty and staff of Regional Division of Palliative Medicine at the University of Calgary. The clinical rotation takes place principally at the Foothills Medical Centre with two weeks on the tertiary palliative care unit (NU47) and two weeks on the Palliative Medicine consultation service (assignments are at the discretion of the rotation coordinator).

In order to optimize exposure to clinical learning opportunities during this rotation the Hematology Resident is released from on call responsibilities to Hematology but does attend the half day and longitudinal fellows clinic. Residents will perform on call service with Palliative Medicine during this rotation.

Residents' effective use of knowledge and attitudes in providing holistic comprehensive care to palliative patients and their families in acute care setting, both in inpatient institutions and in the community based primary care and consultant capacity are assessed during each clinical rotation with regular feed-back from preceptor(s) and an ITER that is tied to these objectives.

Rotation Coordinator:

Dr. Sara Pawlik

Resident Responsibilities:

- Attend all clinical assignments and review clinical cases with preceptors
- Provide on call duties as outlined by the Palliative Medicine elective coordinator
- Attend all palliative medicine educational sessions provided through the elective (weekly education rounds, Journal club-where appropriate)
- Ensure that rotation evaluations are received by the Hematology Program Administrator within 2 weeks of completion of the rotation.

MEDICAL EXPERT/CLINICAL DECISION-MAKER

Hematologists must possess specialized knowledge and procedural skills necessary to provide symptoms control and end of life care to patients with hematologic disease. This includes ability to collect and interpret data, make appropriate clinical decisions and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise.

- Recognize and describe the interrelated physical, psychological, social and spiritual domains involved in care of palliative patients and their families and perform comprehensive examinations and assessments that reflect these.
- Demonstrate advanced knowledge of the epidemiology and pathophysiology of pain and other symptoms including dyspnea, nausea and vomiting, bowel obstruction, constipation, depression, anxiety, anorexia, cachexia, infections, edema, thromboembolic disease
- Select appropriate use of investigations and therapies consistent with the patient's informed wishes, point in the illness trajectory, goals of care and reality of the specific setting of care.
 - Includes surgery, radiotherapy, chemotherapy, antibiotics, artificial nutrition and hydration, symptom control medications
- Apply advanced knowledge of pharmacology and mechanisms of action of drugs and other treatments used in the palliation of pain and other symptoms.
- Apply non-pharmacological approaches to managing pain and other symptoms.
- Characterize the clinical presentation and management of the concept of existential pain within the medical domain.
- Define palliative sedation, list the indications for this treatment option and learn the steps to take when considering initiating palliative sedation.

COMMUNICATOR

- Establish rapport, trust and ethical therapeutic relationships with patients and families by demonstrating sensitive, empathic, skilful and appropriate communication skills and effective listening skills.
- Demonstrate skills in breaking bad news, and conduct discussions around goals of care in a sensitive manner that does not promote unrealistic expectations, including discussion around life expectancy and advanced planning.
- Develop a common understanding on issues, problems and plans with patients and their families to develop a shared plan of care.
- Respond effectively to requests about alternative and complementary therapies that promote the MD/patient relationship but does not compromise patient safety, well being or evidence based care.

COLLABORATOR

- Work with others in the interdisciplinary team to provide, plan and integrate care for patients and participate effectively in interdisciplinary team meetings.

- Provide leadership and role - modeling on effective interactions with other interdisciplinary professional for medical students, residents and other physicians.
- Understand effective co-operation, consultation, education and communication skills in working with referring physicians (such as radiotherapy, chemotherapy, psychology, psychiatry or surgery) by understanding your role and respecting the roles of others
- Effectively refer patients from one setting to another (home, ambulatory, hospice, acute care or tertiary palliative) in a way that best meets the needs of the patient and uses resources wisely.
- Demonstrate the ability to work effectively in consultative, primary and shared-care models
- Develop holistic strategies to manage nociceptive, psychological, social and spiritual problems and issues.

MANAGER

- Allocate finite health care resources wisely and understand the structure of community resources available to facilitate appropriate and efficient resource access to improve patient care.
- Employ time management strategies that balance a healthy personal/family life with professional obligations.
- Characterize various models of palliative care delivery, their utilization and their respective strengths, advantages and limitations (consultative, primary, shared care, primary-, secondary- and tertiary-level).
- Use information technology to optimize patient care, practice evidence-based medicine and support self-directed learning.

HEALTH ADVOCATE

- Identify the important determinants of health affecting patients and current barriers (health professional, patient and system) in providing better care for the dying.
- Recognize and respond to those issues where advocacy is appropriate to contribute effectively to improved health of patients and communities.
- Outline medical and societal myths surrounding palliative care and how these serve as barriers to the timely and appropriate provision of palliative care.

SCHOLAR

- Develop, implement and monitor a personal continuing education strategy including accessing the relevant literature to help provide care and address clinical problems. Demonstrate an awareness and understanding of current palliative care and related medical literature.
- Assess and reflect on a teaching encounter and provide effective feedback as indicated.
- Pose an appropriate learning question and apply critical appraisal skills to literature related to palliative care.

PROFESSIONAL

- Exhibit appropriate personal and interpersonal professional behaviours and deliver highest quality care with integrity, honesty and compassion.
- Apply a general framework for ethical decision-making (e.g., the Four-quadrant model Learnd by D. Kuhl in J Palliative Medicine. 1998).
- Apply an ethically sound approach to managing ethical issues in providing terminal care, including withdrawing or withholding therapy, advanced directives, nutrition and hydration, and requests for euthanasia and assisted suicide.
- Respect the privacy and confidentiality of the patient and family.