

## **Palliative Care Rotation Goals and Objectives**

*The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies.*

### **Goals**

Learners will:

- Develop the skills necessary to gather essential and accurate information about patient's current condition, prognosis, treatment plan, and goals of care.
- Participate as an active member of an interdisciplinary palliative care team which, based on the patient, may include the members from representatives from medical, nursing, social work, chaplaincy, counseling, and pharmacy disciplines.
- Promote the attitudes and knowledge central to providing compassionate, effective and appropriate patient care to patients living with serious, chronic, painful, debilitating and/or life limiting illness.

### **Objectives**

By the conclusion of this two-week elective participants will be expected to:

- Complete self-assessment
- Understand and appropriately use the terms palliative care and hospice
- Complete and be prepared to discuss the daily reading assignments
- Evaluate the psychological, social and spiritual needs of patients and their family members, then link these needs with the appropriate interdisciplinary team members
- Compare the indications, appropriateness, and adverse effects of ten medications commonly used in palliative care (e.g. morphine, oxycodone, hydromorphone, fentanyl, methadone, lorazepam, glycopyrrolate,, haloperidol, and promethazine)
- Achieve cognitive proficiency in the diagnosis of non-pain symptoms (delirium/hallucinations, anorexia/cachexia, dyspnea, constipation, nausea/vomiting, fatigue/asthenia)
- Define eight terms and principles often encountered in palliative care (advance care directives, goals of care, disease trajectory, quality of life, withholding/withdrawing therapy, palliative sedation, assisted suicide, and euthanasia)
- Review and explain how to complete Utah Advance Directives forms
- Complete at least 2 POLST forms during the rotation
- Complete the Family Meeting Role Play exercise during your final week

## Palliative Care Rotation Overview

Numerous studies have suggested that medical care for patients with complex and serious illness is often characterized by: the under treatment of symptoms; conflict about who should make decisions regarding patient care; and impairments in caregiver's physical and psychological health. Patients with serious illness may receive inadequate care for a variety of reasons. Pivotal to this predicament is a medical philosophy that is focused almost exclusively on curing illness and prolonging life, often to the exclusion of adequate symptom management, identification of patient goals of care and when appropriate, transition from futile interventions to palliative management.

This elective will focus on an alternative to the traditional acute management philosophy: improving the quality of life and relieving suffering of patients and their families. It is our intention to demonstrate that patients benefit most from care that includes a combination of life-prolonging treatment (when possible and appropriate), palliation of symptoms, patient-centered communication, rehabilitation and support for caregivers.

The need for improved care of patients and families at the end of life by health care professionals, especially physicians, has been well established. By 2030, 20% of the US population will be over the age of 65. Typically this population will suffer one or more chronic illnesses with which they may live years before they die. The increasing demand for management of chronic disease as well as end-of-life care generated by this aging demographic adds urgency to the need for adequate palliative care training and services.

Health care providers can greatly benefit patients and families with chronic illness and at the end of life by providing optimal palliative care sooner in the trajectory of illness and much more regularly. Despite many efforts to improve palliative care in the U.S., a number of barriers and challenges remain. Those most relevant to the palliative care track are described as follows by the *Institute of Medicine Report: Approaching Death*.

- *"Too many people suffer needlessly at the end of life both from errors of omission when [medical professionals] fail to provide palliative and supportive care known to be effective and from errors of commission when [medical professionals] do what is known to be ineffective and even harmful."*
- *"The education and training of physicians and other health care professionals fails to provide them with knowledge, skills, and attitudes required to care well for the dying patient [and family]. "Many deficiencies in practice stem from fundamental prior failures in professional education."*
- *"Undergraduate, graduate and continuing education do not sufficiently prepare health professionals to recognize the final stages of illness."*