

## Palliative Care

**Goal:** To provide the opportunity for the fellow to learn about, and gain experience in, the practice of palliative care

**Locations:** Montefiore and Presbyterian hospitals

**Preceptors:** Robert Arnold MD - a board-certified physician and Chief, Section of Palliative Care and Medical Ethics, Director of the Palliative Care services at UPMC Presbyterian

David Barnard, PhD - Professor and Director of Palliative Care Education and Director of the Institute to Enhance Palliative Care

Emily Jaffe MD, MBA - a board-certified geriatrician, who also has a subspecialty certification in Palliative Care and is Director of the Palliative Care Unit at VAMC Aspinwall and attending physician in the Geriatric Research, Education and Clinical Center (GRECC) at the VA Healthcare System in Pittsburgh

**Experience:** The fellow will be based with Dr. Arnold, Dr Barnard and other members of the interdisciplinary team on the palliative care consultative service at the Oakland campus hospitals. They will also spend time with hospice in different settings arranged by Dr. Barnard. Fellows will also spend one week with Dr. Jaffe on the palliative care unit at the Aspinwall VA.

### Competency-based Objectives:

#### Medical Knowledge

1. Understand the course of chronic illnesses and the difficulty in predicting when death will occur
2. Recognize the clinical parameters associated with end-stage disease in CHF, COPD, renal disease and cancer

#### Patient Care (Clinical Skills)

3. Learn how to perform a comprehensive patient assessment including pertinent disease history, physical symptoms, psychological symptoms, functional limitations, social circumstances, spiritual needs, practical needs and decision-making capacity with a view to planning end-of life care
4. Recognize and become comfortable addressing the physical and emotional needs of actively dying patients and their families

Patient Care (Patient Management Skills)

5. Learn how to manage syndromes commonly encountered in palliative care including pain, constipation, bowel obstruction, dyspnea, anxiety, depression and delirium

Practice-based Learning

6. Gain experience in the advanced care planning process through participation in goal-setting discussions with patients and families, with a particular focus on becoming aware of the limitations of treatment and pitfalls that may occur
7. Master the techniques of listening to patients and family members and avoiding taking a dominant role in conversation

Communication and Interpersonal Skills

8. Learn to deliver bad news using a 6-step protocol:
  - Getting the conversation started
  - How much does the patient know?
  - How much does the patient want to know?
  - Sharing information
  - Responding to the patient's and family's feelings
  - Planning and follow-up

Professionalism

9. Appreciate the patient's ambivalence and uncertainty about making the transition from curative or life-prolonging treatment to palliative care
10. Learn how to negotiate with patients and families to resolve conflict in futile patient care situations

System-based Practice

11. Understand the role of other disciplines in end of life care and learn how to refer appropriately
12. Learn about the role of specific interventions that may alleviate distress such as dream work, meditation, music therapy etc.

**Evaluations:** Direct observation and feedback by faculty  
Competency-based faculty evaluation form at end of rotation

**Recommended Reading:**

Fox E, Landrum-McNiff K, Zhong Z, Dawson NV, Wu AW, Lynn J. Evaluation of prognostic criteria for determining hospice eligibility in patients with advanced lung, heart, or liver disease. SUPPORT Investigators. Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments. [JAMA. 1999 Nov 3;282\(17\):1638-45.](#)

Inuoye SK, et al. Importance of functional measures in predicting mortality of older hospitalized patients. [JAMA. 1998; 279:1187-1193.](#)

Morrison RS, Meier DE. Introduction. In Morrison RS, Meier DE, eds. Geriatric Palliative Care. New York: Oxford University Press, 2003, pp. Xxi-xxx, 1, 3, 9, 25

SUPPORT Principal Investigators. A Controlled Trial to improve care for seriously ill hospitalized patients. The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments. [JAMA 1995;274:1591-8.](#)

Walters LC, Covinsky KE. Cancer screening in elderly patients: a framework for individualized decision making. [JAMA. 2001;285:2750-6.](#)

Standards and Accreditation Committee Medical Guidelines Taskforce. Medical guidelines for determining prognosis in selective non-cancer diseases. The National Hospice and Palliative Care Organization. 1996; 2<sup>nd</sup> ed.

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Preceptor

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Fellow

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Date: \_\_\_\_\_