### Palliative Care
#### Curriculum Objectives

#### Family Medicine Expert

1. **A family medicine residents will be able to assess and manage common symptoms seen in palliative care.**

1.1. Assess and manage pain and symptoms effectively via a pain history, appropriate physical exam and relevant investigations.

1.1.1. Demonstrate the knowledge of classification and neurophysiology of pain.

1.1.2. Demonstrate the use of the standard tools used in symptom assessment.

1.1.3. Prescribe opioids effectively including initiating dosage, titration, breakthrough dosing, prevention of side effects, monitoring, dose equivalency and opioid rotation.

1.1.4. Describe the clinical presentation of opioid neurotoxicity and be able to put a management plan in place to address the problem.

1.1.5. Prescribe adjuvant modalities and medications for pain and symptom relief.

1.1.6. Be aware of non-pharmacologic strategies for pain and symptom management.

1.1.7. Develop and implement management plans for other symptoms including: A) fatigue; B) anorexia and cachexia; C) constipation; D) dyspnea; E) nausea and vomiting; F) delirium; G) skin and mouth care; H) anxiety and depression.

1.1.8. Monitor the efficacy of symptom management plans.

1.2. Describe a management plan for urgent/emergent problems in the palliative setting including spinal cord compression, hypercalcemia, superior vena cava syndrome and terminal agitation.

1.3. Review and adjust management plans to accommodate the changes that may occur as the end of life approaches.

1.2. On completion of training, family medicine residents will be able to assess and manage psychosocial and spiritual needs of patients.

1.2.1. Demonstrate the role of the family physician in assessing and managing grief in patients and families.

1.2.1.1. Be able to identify normal and atypical grief.

1.2.2. Identify and assess spiritual issues in end-of-life care.

1.2.3. Develop and implement a care plan to address these issues in collaboration with other disciplines.

1.2.4. Describe the concept of total pain.

1.3. On completion of training, family medicine residents will be able to demonstrate a patient centered approach to palliative and end-of-life care for patients and their families.

1.3.1. Demonstrate an understanding of the personal, family and social consequences of life-threatening illness.

1.3.1.1. Demonstrate cultural, gender, religious and aboriginal sensitivity in addressing end-of-life care.

1.3.2. Demonstrate the ability to develop a management plan that appropriately balances disease specific treatment and symptom management according to the individual needs of the patient and family.

#### Manager

2.1. On completion of training, family medicine residents will be able to demonstrate the skills of manager in palliative and end-of-life care using basic bioethical and legal framework.

2.1.1. Determine, record, revise and implement goals of care through effective communication with patient, family and other caregivers.
2.2. A family medicine resident will demonstrate the ability to discuss advance care planning, including developing, revising and implementing advance directives with patients and families.

- 2.2.1 Understand informed consent and capacity issues as well as substitute decision making.

2.3. A family medicine resident will demonstrate the ability to manage and/or coordinate care of patients across health care setting including the use of appropriate referrals.

2.4. A family medicine resident will describe models of end-of-life care and the role of family physicians in the provision of such care.

2.5. A family medicine resident will distinguish between physician assisted suicide and euthanasia and terminal sedation, and withholding and withdrawing therapy.

**Communicator**

3.1. On completion of training, family medicine residents will be able to communicate effectively with patients, families, and other caregivers.

- 3.1.1. Communicate information about the illness effectively including bad news.
  - 3.1.1.1. Understand the value of maintaining hope in the face of reality.
  - 3.1.1.2. Demonstrate the ability to show compassion and respect.

3.2. A family medicine resident will initiate and conduct effective patient and family meetings.

3.3. A family medicine resident will educate patients and family about end-of-life care issues and pain and symptom management

- 3.3.1. Demonstrate the ability to work with patients and families to establish goals of care.
- 3.3.2. Demonstrate the ability to address concerns about initiating and using opiates.

3.4. A family medicine resident will demonstrate the ability to provide supportive counseling and resources to those coping with loss.

**Collaborator**

4.1. On completion of training, family medicine residents will be able to collaborate as a member of an interdisciplinary team across health care settings.

- 4.1.1. Demonstrate the role of family physicians in end-of-life care and describe the roles of other formal caregivers.

4.2. A family medicine resident will demonstrate interprofessional palliative care in formal and informal teams across various settings.

4.3. A family medicine resident will demonstrate the ability to provide home care to dying patients.

**Health Advocate**

5.1. On completion of training, family medicine residents will be able to be a health advocate for their palliative patients

- 5.1.1. Demonstrate the ability to define the elements of and attend to suffering in end-of-life care for patients, families and caregivers.
- 5.1.2. Demonstrate advocacy and commitment to a patient and family in palliative and end-of-life care.

**Professional**

6.1. On completion of training, family medicine residents will be able to deliver palliative and end-of-life care in a professional manner.

  - 6.1.1.1. Understand how these feelings may impact care.

6.2. A family medicine resident will ensure the privacy and dignity of the patient.

6.3. A family medicine resident will demonstrate integrity and honesty in the care of patients and their families.
6.4. A family resident will demonstrate an ethical approach when discussing issues involving caring for the terminally ill and their families including euthanasia, consent and capacity, physician assisted suicide, principle of double effect, and palliative sedation.

### Scholar

7.1. On completion of training, family medicine residents will be able to demonstrate the role of scholar in palliative care.

| 7.1.1. Demonstrate knowledge of standards of care as defined by the Canadian Hospice Palliative Care Association. |
| 7.1.2. Demonstrate an evidence-based decision making into their practice of caring for dying and those living with life-threatening illness. |

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